CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | Guide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages file | ^{d:} 5 |
|--|---|---|---|--|
| 3 CANDIDATE / OFFICEHOLDER | MS/MRS/MR FIRST | MI . | OFFICE | USE ONLY |
| NAME | NICKNAME LAST | SUFFIX | | eived |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | P.O. BOY 1845 San Marcos, TX | | Elections O | 721 |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER (512) 214-34 | EXTENSION | Date Hand-delivered Receipt # | |
| 6 CAMPAIGN TREASURER | MS/MRS/MR FIRST | MI | Date Processed | Amount \$ |
| NAME | NICKNAME LAST | SUFFIX | Date Imaged | |
| | DISON | | Date illiaged | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SI | r Loop | STATE; | ZIP CODE |
| (Residence or Business) | San Marcos, T | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (361) 771-561 | extension | | |
| 9 REPORT TYPE | January 15 30th day before el | - Funcaded Medified | 15th day after treasurer appropriate (Officeholder Final Report | pointment |
| 10 PERIOD | Month Day Year | Reporting Limit Month | Day Year | |
| COVERED | Month Day Year | | /31/20 | |
| 11 ELECTION | ELECTION DATE | ELECTION TYPE | | |
| | Month Day Year Primary 11 / 3 / 20 General | Runoff Other Description Special | | |
| 12 OFFICE | OFFICE HELD (If any) Tax Ossassor - College | 13 OFFICE SOUGHT (IF KNOWN | | alector |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS AT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED. | ACCEPTED OR POLITICAL EXPENDITURES MS MAY HAVE BEEN MADE WITHOUT THE CANE | IADE BY POLITICAL COMI | MITTEES TO SUPPORT DER'S KNOWLEDGE OR |
| COMMITTEE(S) | COMMITTEE TYPE COMMITTEE NAME | Ay Republic | an Par | ty |
| Additional Pages | GENERAL COMMITTEE ADDRESS | M 150 - KWE | TX 784 | 040 |
| | SPECIFIC COMMITTEE CAMPAIGN TRE | ASURER NAME | | |
| | COMMITTEE CAMPAIGN TRE | | | < |
| 310 Springwood Rd Dripping Springs. | | | | |
| | GO TO | PAGE 2 | 1000 | ~~ |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME | r Okane | | 16 Filer ID (Ethics Commission Filers) |
|--|--|--|---|
| - Chitt | " UNDINE | | |
| 17 CONTRIBUTION TOTALS | | | N \$ ⊅ |
| | 2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA | BUTIONS NS, OR GUARANTEES OF LOANS | \$1,030 |
| EXPENDITURE TOTALS | 3 TOTAL UNITEMIZED POLITICAL EXPENDITURE | | \$ 114.44 |
| | 4. TOTAL POLITICAL EXPEND | ITURES | \$ 114.44 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTOR OF REPORTING PERIOD | TIONS MAINTAINED AS OF THE LA | ST DAY \$ 2,909.61 |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT O LAST DAY OF THE REPORTIN | F ALL OUTSTANDING LOANS AS C G PERIOD | S \$ |
| | wear, or affirm, under penalty of perjury, t uired to be reported by me under Title 15, E | | ue and correct and includes all information |
| | | | |
| | | | |
| | | Janel Ot | have |
| , | | Signature of C | andidate or Officeholder |
| | | Service 6 | Ha- |
| | | 2 mg | |
| | | | |
| | Please comp | lete either option belov | w: |
| for the same of th | | | |
| The state of the s | JENNIFER ANDERSON | | |
| So. | Notary Public, State of Texas | | • |
| | Comm. Expires 10-01-2024 | | |
| (1) Affidavit | Notary ID 11208551 | | |
| | | | |
| | | • | |
| NOTARY STAMP/SEAL | | | |
| Swom to and subscribed | |) Kaine this the | 15 day of January. Notary Public |
| 20, to certify | which, witness my hand and seal of office. | | |
| 00011 | JAnderso | 20 | Whatan Public |
| Signature of officer administer | | | Title of officer administration and |
| organization of officer administer | Printed name of off | icer administering oath | Title of officer administering oath |
| | | OR | |
| (2) Unsworn Declaration | on | | |
| My name is | | , and my date of birth is | s |
| | | • | |
| wy address is | | | (4.4.) |
| | (street) | (city) | (state) (zip code) (country) |
| Executed in | County, State of | , on theday of(mont | , 20 (year) |
| | | | |
| | | Signature of Candi | idate/Officeholder (Declarant) |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 | FILER NAME 20 Filer ID (Ethics Co | mmission Filers) |
|-----|--|--------------------|
| 21 | SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1,030 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | SCHEDULE E: LOANS | \$. |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$0.50 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: | |
|--|--|---------------------------------------|--|
| 2 FILER NAME | enifer Oxone | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:) Tohn Kuckva 6 Contributor address; City; State; Zip Code LOTE TO | 7 Amount of contribution (\$) | |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Instructions) | tions) | |
| Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) | |
| 11.26,30 | Lond Forniter Shell Contributor address; City; State; Zip Code 1908 W. McCarty Ln. San Marcos, TX 78666 | 1,000 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | |
| Date | Full name of contributor | Amount of contribution (\$) | |
| | Contributor address; City; State; Zip Code | | |
| Principal occup | eation / Job title (See Instructions) Employer (See Instructions) | ions) | |
| Date | Full name of contributor | Amount of contribution (\$) | |
| | Contributor address; City; State; Zip Code | | |
| Principal occup | eation / Job title (See Instructions) Employer (See Instructions) | ions) | |
| | | | |
| | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

If the requested information is not applicable, DO NOT include this page in the report.

| The Instruction Guide explains how to complete this form. | | 1 Total pages Sche | edule K: | |
|---|--|------------------------|-------------------|--|
| 2 FILER NAME 3 Filer ID (Ethic | | s Commission Filers) | | |
| | 4-chiter UKZNE | | | |
| 4 Date | 5 Name of person from whom amount is received | | 8 Amount (\$) | |
| RBFCU 6 Address of person from whom amount is received; City; State; Zip Code 1 IKCA - RBFCU PKWY. Live Ook, TX 782333 | | | \$0.29 | |
| | 7 Purpose for which amount is received Check if | political contribution | returned to filer | |
| Date | Name of person from whom amount is received | | Amount (\$) | |
| 11.30.30 | Address of person from whom amount is received; City; State of the Council of the | ite; Zip Code | \$0.09 | |
| | Purpose for which amount is received Check if | political contribution | returned to filer | |
| Date | Name of person from whom amount is received | | Amount (\$) | |
| 12.31.20 | Address of person from whom amount is received; City; Start I Exca - RBFCU PKWy. Live Oak, TX 78233 | te; Zip Code | \$0.13 | |
| | Purpose for which amount is received Check if | political contribution | returned to filer | |
| Date | Name of person from whom amount is received | | Amount (\$) | |
| | Address of person from whom amount is received; City; Sta | ite; Zip Code | | |
| | Purpose for which amount is received | political contribution | returned to filer | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |