

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 24px;">17</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs. NICKNAME	FIRST Lisa LAST	MI C SUFFIX
	Prewitt		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 619 Maury St. San Marcos TX 78666		
	AREA CODE PHONE NUMBER EXTENSION (512) 644-8967		
5 CANDIDATE / OFFICEHOLDER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 401 Green Acres Dr. Ste 100 Wimberley, TX 78676-5025		
	AREA CODE PHONE NUMBER EXTENSION (512) 722-3190		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Jimmy LAST	MI Alan SUFFIX
	Hall		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 401 Green Acres Dr. Ste 100 Wimberley, TX 78676-5025		
	AREA CODE PHONE NUMBER EXTENSION (512) 722-3190		
8 CAMPAIGN TREASURER PHONE	REPORT TYPE		
	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
9 REPORT TYPE	PERIOD COVERED		
	Month Day Year THROUGH Month Day Year 9 / 25 / 20 10 / 24 / 20		
10 PERIOD COVERED	ELECTION DATE		
	Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 11 / 03 / 20 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 ELECTION	OFFICE HELD (if any)		
	OFFICE SOUGHT (if known) Hays County Commissioner Pct. 3		

OFFICE USE ONLY

Date Received ②

RECEIVED
OCT 26 2020

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Lisa C. Prewitt 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

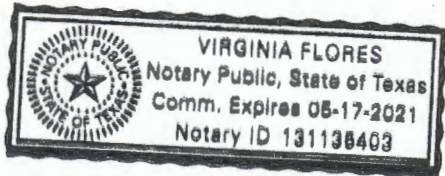
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4,454.50</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>9761.22</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3610.42</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>2207.74</u>

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Lisa Prewitt

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lisa C. Prewitt, this the 26 day of Oct, 2020, to certify which, witness my hand and seal of office.

[Signature]

Virginia Flores

Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Lisa C. Prewitt

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4454.50
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ -
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9761.22
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Lisa C. Prewitt

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

PLEASE SEE

6 Contributor address; City; State; Zip Code

Attached Documents

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

9-30	Wendy Walter	2929 1 st Avenue #1202 Seattle, WA. 98121	\$ 50.00
9-30	Emily Gavin	21 Ashmead Philadelphia, PA. 19144	\$15.00
9-30	Peggy Sannerud	P.O. Box 5838 Winona, MN. 55987	\$10.00
9-30	Mary Gilroy	300 Buffalo Speedway Driftwood, TX. 78619	\$50.00
9-30	Jill Holencheck	4900 East Oltorf Austin TX 78741	\$100.00
9-30	Margo Case	2876 Paso Del Robles San Marcos, TX. 78666	\$ 50.00
9-30	Brigid Shea	2604 Geraghty Austin, TX. 78758	\$ 100.00
9-30	Misty Sailors	1400 Egan St Denton, TX 76201	\$100.00
9-30	Patricia Nilsson	1611 Kings Castle Drive Katy, TX 77450	\$50.00

Lisa C. Prewitt

SCHEDULE A1 MONETARY CONTRIBUTIONS page 2 of 7

9-26	Anne Halsey	1236 Belvin San Marcos, TX 78666	\$50.00
9-26	Cat Yuraka	317 Quarry St. San Marcos, TX 78666	\$25.00
9-26	Lynny Moore	814 N. Loop San Marcos, TX. 78666	\$ 100.00

9-26	Tara Racine	21 Brunson Wimberley, TX. 78667	\$ 50.0
9-26	Gina Rogers	833 Sunfish Austin, TX 78734	\$ 50.00
9-26	Kim Clogston	808 W BLUEBONNET DR San Marcos, TX. 78666	\$ 50.00
9-26	Ashley Edwards	1109 W MLK Dr San Marcos, TX. 78666	\$ 20.00
9-26	Mary Seaborne	111 W. Mimosa Circle San Marcos, TX	\$ 25.00
9-26	Heiko Stang	380 Turkey Hollow Wimberley TX.	\$25.00
9-26	Jay Edwards	P.O. Box 551 Wimberley TX	\$ 25.00
9-26	Eileen Sudlea	102 Wonderworld San Marcos, TX	\$ 100.00
9-26	Sandra Pedrazas	990 Windmill Run Wimberley TX	\$20.00

9-30	Anna Hargrove	5012 Thousand Oak Loop San Marcos, TX	\$49.50
9-30	Lea Rice	104 W. Laurel Ln San Marcos, TX	\$100.00
9-30	Margaret Lockett	10 Greenpointe San Marcos, TX	\$ 25.00
9-30	Joe Cox	800 Franklin Dr. San Marcos, TX	\$ 35.00
9-30	Margaret Adie	115 Olive St. San Marcos, TX	\$25.00
9-30	Barbara Piersol	100 E. Laurel Ln San Marcos, TX	\$25.00
9-30	Mike Sullivan	101 Rainbow Ranch Wimberley, TX	\$50.00
9-30	Carl Furry	811 W. San Antonio St. San Marcos, TX	\$ 25.00
9-30	Michelle Rumbaut	888 Cottonseed Run Martindale, TX.	\$25.00
9-30	Amanda Golian	71 Elm Hill San Marcos, TX	\$25.00
9-30	Mark Jackson	213 Hunter Ridge San Marcos, TX	\$25.00
9-30	Melanie Liddle	615 W. Hutchinson San Marcos, TX.	\$25.00
9-30	Shirley Ogeltree	812 Hillyer San Marcos, TX	\$25.00
9-30	Jerry Whitus	108 Spring Hollow Cove San Marcos, TX	\$ 50.00
9-30	Patty Nelisson	270 Bluffview Wimberley TX	\$ 50.00

10-10	Margo Case	2876 Paso Del Robles San Marcos TX	\$100.00
10-10	Susan Hanson	510 Deerwood Trail San Marcos, TX.	\$25.00
10-10	Jimmy Allen Hall	401 Green Acres Wimberley TX	\$25.00
10-10	Leslie Carnes	351 Limestone Ln Driftwood, TX	\$250.00
10-10	Kim Blackson	808 Bluebonnet San Marcos, TX	\$100.00
10-10	Suzanne Miller	546 Lindsey San Marcos, TX	\$25.00
10-10	Roland Ortiz	100 Juniper Ct. San Marcos, TX	\$50.00
10-10	Melissa Hodgkins	215 W. San Antonio St. San Marcos, Tx	\$50.00

10-15	Margaret Adie	115 Olive St San Marcos, TX	\$5.00
10-15	Sana Giesler	26 Wide Canyon Dr. Wimberley, TX	\$ 25.00
10-15	Susan Cook	1600 East Gatlin Creed Rd Driftwood, TX	\$25.00
10-15	Crystal Alexandra	3970 Shedd Terrace Culver City, CA	\$100.00
10-15	Danie Loise	700 Rogers San Marcos, TX	\$100.00
10-15	Kirk Mitchell	Austin TX	\$ 400.00
10-15	Jonathon Grant	600 Leah Ave San Marcos, TX	\$25.00
10-15	Jim Camp	3803 Cattleman Dr Manchacha, TX	\$250.00
10-15	Rose Morris	2403 Hallie Ln. Round Rock TX	\$25.00
10-15	Margaret Lockett	10 Greenpointe San Marcos, TX	\$25.00
10-15	Susan Cook	1600 East Gatlin Creek Rd Driftwood, TX	\$25.00
10-15	Jay Edwards	Wimberley TX	\$25.00
10-15	Jessica Cain	950 CR 1492 Wimberley, TX	\$25.00
10-15	Eileen Sudela	102 Wonderworld San Marcos, TX	\$ 50.00

9-19 Hays County Womens Political Caucus
Camaro Way \$300.00
San Marcos, TX

9-28 Stephanie Boles / Vicki Geire
P.O. Box
San Marcos, TX \$100.00

9-28 Elizabeth Flock
Wimberley TX \$ 100.00

October 1st -----

10-08 Kay Westbrook
45 Longbow
Wimberley Texas \$ 50.00

10-08 Susan Agee
270 Lone Man Overlook
Wimberley TX \$25.00

10-08 Duanne Redus
33 Creekside
Wimberley TX \$25.00

10-12 Jennifer Smith
Wimberley, TX \$200.00

October 16th -----

10-22 Karl Brown \$100.00
824 W. Hopkins
San Marcos

10-22 Sherwood Bishop \$50.00
124 Elmhill Court
San Marcos, TX

10-22 Ray Jacobson \$ 50.00
1423 Oakwood Loop
San Marcos, TX

10-22 Stephanie Langenkamp \$50.00
191 Riverbend
Martindale, TX

October 22nd -----

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1 of 6</i>	2 FILER NAME <i>Lisa C Drevitt</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9.29.20</i>	5 Payee name <i>Taylor Hogeland</i>	
6 Amount (\$) <i>\$2500.00</i>	7 Payee address; City; State; Zip Code <i>Dallas Tx</i>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	
	(b) Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date <i>9-30-20</i>	Payee name <i>Broadway Bank</i>	
Amount (\$) <i>4.00</i>	Payee address; City; State; Zip Code <i>Kyle, TX</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Maintenance Fee</i>	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date <i>9.30.20</i>	Payee name <i>David Dornbrack</i>	
Amount (\$) <i>499.50</i>	Payee address; City; State; Zip Code <i>San Marcos Tx</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>consulting</i>	
	Description <i>photography</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 6	2 FILER NAME Lisa C Prewitt	3 Filer ID (Ethics Commission Filers)
4 Date 10-13-20 10-5-20	5 Payee name Facebook	
6 Amount (\$) \$ 85.00	7 Payee address; City; State; Zip Code online	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ad	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-9-20	Payee name Taylor Hogeland	
Amount (\$) \$ 2066.55	Payee address; City; State; Zip Code Dallas	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description Printing Expense
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-9-20	Payee name Vista Prints	
Amount (\$) \$ 101.74	Payee address; City; State; Zip Code online	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 6	2 FILER NAME Lisa C. Prewitt	3 Filer ID (Ethics Commission Filers)
4 Date 10-13-20	5 Payee name Mailchimp	
6 Amount (\$) \$ 79.94	7 Payee address; City; State; Zip Code online	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) electronic Mail	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-13-20	Payee name Office Depot	
Amount (\$) \$ 106.78	Payee address; City; State; Zip Code San Marcos	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Supplies	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-13-20	Payee name Brooklyn Boreing	
Amount (\$) \$ 400.00	Payee address; City; State; Zip Code Austin TX TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) web site	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 6	2 FILER NAME Lisa C. Prewitt	3 Filer ID (Ethics Commission Filers)
4 Date 10.14	5 Payee name DOS GATOS	
6 Amount (\$) \$ 24.44	7 Payee address; City; State; Zip Code San Marcos	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/Volunteers	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10.19.20	Candidate / Officeholder name Taylor Hogeland	
Amount (\$) \$ 2416.89	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting/Printing	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10.19	Candidate / Officeholder name Facebook	
Amount (\$) \$ 75 ⁰⁰	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertisement	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 of 6	2 FILER NAME Lisa C. Prewitt	3 Filer ID (Ethics Commission Filers)
4 Date 10-22-20	5 Payee name San Marcos Daily Record	
6 Amount (\$) \$ 765.50	7 Payee address; City; State; Zip Code San Marcos TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement	(b) Description
	<input type="checkbox"/> (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-23-20	Payee name Facebook	
Amount (\$) \$ 23.21	Payee address; City; State; Zip Code online	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertisement	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-23-20	Payee name Lizette Gonzalez	
Amount (\$) \$ 120.00	Payee address; City; State; Zip Code San Marcos TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) labor	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>6 of 6</i>	2 FILER NAME <i>Lisa C Prewitt</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9-30-20</i>	5 Payee name <i>Jasmine Belleau</i>	
6 Amount (\$) <i>\$120⁰⁰</i>	7 Payee address; City; State; Zip Code <i>Wimberley</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>contract labor</i>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>9-30-20</i> <i>10-20-20</i>	Payee name <i>Isabella Perez</i>	
Amount (\$) <i>\$240⁰⁰</i>	Payee address; City; State; Zip Code <i>Wimberley</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>contract labor</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10-22-20</i>	Payee name <i>ACT Blue</i>	
Amount (\$) <i>132.67</i>	Payee address; City; State; Zip Code <i>online</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>fee</i>	Description <i>donation processing fee</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED