

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Judge David NICKNAME LAST SUFFIX Glickler		OFFICE USE ONLY Date Received <div style="font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">JAN 16 2018</div> <div style="font-size: 3em; border: 1px solid black; border-radius: 50%; width: 60px; height: 60px; margin: 10px auto; display: flex; align-items: center; justify-content: center;">DS</div> Date Hand-delivered or Date Postmarked <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width: 50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged			
	Receipt #	Amount \$									
Date Processed											
Date Imaged											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 224, Buda, TX 78610 <input type="checkbox"/> Change of Address											
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 573-9067											
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Jonathan NICKNAME LAST SUFFIX White										
	7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 568 Tranquility Mtn., Buda, TX, 78610										
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 971-5062											
9 REPORT TYPE <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>				<input checked="" 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 type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<input checked="" 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 type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED Month Day Year THROUGH Month Day Year 7 / 1 / 17 12 / 31 / 17											
11 ELECTION <table style="width: 100%;"> <tr> <td style="width: 30%;"> ELECTION DATE Month Day Year 3 / 6 / 18 </td> <td style="width: 70%;"> ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>				ELECTION DATE Month Day Year 3 / 6 / 18	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special						
ELECTION DATE Month Day Year 3 / 6 / 18	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE OFFICE HELD (if any) Hays County Court-at-Law #2		13 OFFICE SOUGHT (if known) Same									
GO TO PAGE 2											

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

14 JC/OH NAME

Judge David S. Glickler

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

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 557.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 10,921.70

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 874.82

4. TOTAL POLITICAL EXPENDITURES

\$ 7130.45

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

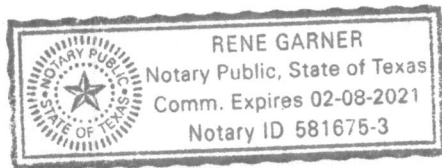
\$ 3130.52

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

[Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said DAVID GLICKLER, this the 17th day of JANUARY, 20 18, to certify which, witness my hand and seal of office.

Rene Garner

Signature of officer administering oath

RENE GARNER

Printed name of officer administering oath

NOTARY PUBLIC

Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME

Judge David S. Glickler

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 9675.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 689.70
3.	<input type="checkbox"/>	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/>	SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4991.97
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1263.66
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	\$

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

2 FILER NAME

Judge David Glickler

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/12/17

5 Full name of contributor

☐ out-of-state PAC (ID#)

Wayne Ebenfeld

6 Contributor address; City; State; Zip Code

821 Summit Ave., Alexandria, VA
22302

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Business Development

10 Contributor's job title

Manager

11 Contributor's employer/law firm

AAC, Inc.

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

7/27/17

Full name of contributor

☐ out-of-state PAC (ID#)

Dan Gattis

Contributor address; City; State; Zip Code

213B W. 8th St. Georgetown,
TX 78626

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Gattis Law Firm, PC

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

8/8/17

Full name of contributor

☐ out-of-state PAC (ID#)

Robert A. Caine

Contributor address; City; State; Zip Code

510 S. Congress Ave. Ste. 103
Austin TX 78704

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Law

Contributor's job title

Attorney

Contributor's employer/law firm

Self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

2 FILER NAME

Judge David Glickler

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/10/17

5 Full name of contributor

☐ out-of-state PAC (ID#)

Jonathan White

6 Contributor address; City; State; Zip Code

568 Tranquility Mtn. Buda, TX
78610

7 Amount of contribution (\$)

\$75.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Law

10 Contributor's job title

Asst. Attorney Gen.

11 Contributor's employer/law firm

Texas Attorney General

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

8/15/17

Full name of contributor

☐ out-of-state PAC (ID#)

David Brooks

Contributor address; City; State; Zip Code

#7103 4300 Cromwell, Kyle,
TX 78640

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Retired

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

10/13/17

Full name of contributor

☐ out-of-state PAC (ID#)

David Crowell

Contributor address; City; State; Zip Code

P.O. Box 455, Kyle, TX
78640

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Retired

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

Judge David Glickler

3 Filer ID (Ethics Commission Filers)

4 Date

11/7/17

5 Full name of contributor

☐ out-of-state PAC ID#:

Jen Motor Sales

7 Amount of contribution (\$)

\$1000.00

6 Contributor address;

City; State; Zip Code

369 Millenium Dr, Kyle, TX, 78640

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

11/13/17

Full name of contributor

☐ out-of-state PAC ID#:

David Morris

Amount of contribution (\$)

\$1000.00

Contributor address;

City; State; Zip Code

1921 Corporate Dr. Ste. 102, SMTX 78666

Contributor's principal occupation

Law

Contributor's job title

Attorney

Contributor's employer/law firm

Morris & Wise

Law firm of contributor's spouse (if any)

Morris & Wise

If contributor is a child, law firm of parent(s) (if any)

Date

11/13/17

Full name of contributor

☐ out-of-state PAC ID#:

Colin Wise

Amount of contribution (\$)

\$1000.00

Contributor address;

City; State; Zip Code

1921 Corporate Dr. Ste. 102 SMTX 78666

Contributor's principal occupation

Law

Contributor's job title

Attorney

Contributor's employer/law firm

Morris & Wise

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Judge David Glickler		3 Filer ID (Ethics Commission Filers)
4 Date 11/7/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Covenant Exchange, Inc. 6 Contributor address; City; State; Zip Code 2009 RR 620 N Ste. 140 Austin, TX 78734	7 Amount of contribution (\$) \$1000.00
8 Contributor's principal occupation		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 11/22/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ James Hernandez Contributor address; City; State; Zip Code 600 Travis St. Ste. 4200 Houston, TX 77002	Amount of contribution (\$) \$250.00
Contributor's principal occupation Law		Contributor's job title Attorney
Contributor's employer/law firm Andrews Kurth LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 12/1/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Billy McNabb Contributor address; City; State; Zip Code 144 E. San Antonio, S.M. TX 78666	Amount of contribution (\$) \$100.00
Contributor's principal occupation Law		Contributor's job title Attorney
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Judge David Glickler		3 Filer ID (Ethics Commission Filers)
4 Date 11/7/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Asset Recall Specialist	7 Amount of contribution (\$) \$1000.00
6 Contributor address; City; State; Zip Code 369 Millenium, #B Kyle, TX, 78640		
8 Contributor's principal occupation		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 12/1/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Shypenn LTD.	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2686 Black Bear Dr. New Braunfels, TX 78130		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 12/1/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Jim Clements	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 722 Saddleridge, Wimberley, TX 78676		
Contributor's principal occupation Retired		Contributor's job title Retired
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Judge David S. Glickler		3 Filer ID (Ethics Commission Filers)
4 Date 12/1/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Frank Schultz	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 4925 Cromwell, Ste. 1102, Kyle, TX 78640		
8 Contributor's principal occupation Retired		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/1/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Shaune Maycock	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 225 Sheep Trail Dr. Kyle, TX 78640		
Contributor's principal occupation Aviation		Contributor's job title C.E.O.
Contributor's employer/law firm Blue Skies Aviation		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/1/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Collin McFerrin	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 187 Elmhurst, Ste. A, Kyle, TX 78640		
Contributor's principal occupation Law		Contributor's job title Attorney
Contributor's employer/law firm McFerrin + Zayed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Judge David S. Glickler		3 Filer ID (Ethics Commission Filers)
4 Date 12/1/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: David Crowell	7 Amount of contribution (\$) \$250⁰⁰
6 Contributor address; City; State; Zip Code P.O. Box 455, Kyle, TX, 78640		
8 Contributor's principal occupation Retired		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/1/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Lucinda R. Doyle	Amount of contribution (\$) \$300⁰⁰
Contributor address; City; State; Zip Code P.O. Box 1733, Buda, TX, 78610		
Contributor's principal occupation Law		Contributor's job title Attorney
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/1/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: David Watts	Amount of contribution (\$) \$500⁰⁰
Contributor address; City; State; Zip Code 174 S. Guadalupe, #101, SMTX 78666		
Contributor's principal occupation Law - Attorney →		Contributor's job title
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

Judge David S. Glickler

3 Filer ID (Ethics Commission Filers)

4 Date

12/7/17

5 Full name of contributor

☐ out-of-state PAC ID#:

Eric Nichols

7 Amount of contribution (\$)

\$100⁰⁰

6 Contributor address;

City; State; Zip Code

515 Congress Ave. Ste. 1900 Austin TX 78701

8 Contributor's principal occupation

Law

9 Contributor's job title

Attorney

10 Contributor's employer/law firm

Beck Redden LLP

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

12/21/17

Full name of contributor

☐ out-of-state PAC ID#:

David Sergi

Amount of contribution (\$)

\$500⁰⁰

Contributor address;

City; State; Zip Code

3295. Guadalupe, SMTX 78666

Contributor's principal occupation

Law

Contributor's job title

Attorney

Contributor's employer/law firm

Sergi and Associates PC

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

☐ out-of-state PAC ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME David Glickler		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 9/15/17	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Martinez	8 Amount of Contribution \$ 689.70	9 In-kind contribution description Shirts
7 Contributor address; City; State; Zip Code 123 Peck, Kyle, TX, 78640		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Homemaker		11 Employer (FOR NON-JUDICIAL) (See Instructions) None	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME David Glickler	3 Filer ID (Ethics Commission Filers)
----------------------------	------------------------------------	---------------------------------------

4 Date 7/3/17	5 Payee name Hays County Republican Women
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6 Amount (\$) *100.00	7 Payee address; City; State; Zip Code P.O. Box 1928, San Marcos, TX, 78666
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 7/3/17	Payee name Vistaprint
--------------------	------------------------------

Amount (\$) *347.48	Payee address; City; State; Zip Code 275 Wyman St. Waltham, MA 02451
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Brochures
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/3/17	Payee name Kyle Area Chamber of Commerce
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Amount (\$) *103⁰⁰	Payee address; City; State; Zip Code 401 W. Center St., Kyle, TX, 78640
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 FILER NAME **Judge David Glickler** 3 ACCOUNT # (Ethics Commission Filers)

4 Date
7/18/17

5 Payee name
Rhino Graphics

6 Amount (\$)
\$359.39

7 Payee address; City; State; Zip Code
133 S. LBJ, San Marcos, TX, 78666

8 PURPOSE
OF
EXPENDITURE

(a) Category (See categories listed at the top of this schedule)

Printing

(b) Description (If travel outside of Texas, complete Schedule T)

T-Shirts

9 Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date
7/18/17

Payee name
Go Daddy

Amount (\$)
\$191.75

Payee address; City; State; Zip Code
1445 S. Hayden Rd., Ste. 219, Scottsdale, AZ 85260

PURPOSE
OF
EXPENDITURE

Category (See categories listed at the top of this schedule)

Advertising Expense

Description (If travel outside of Texas, complete Schedule T)

Website

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date
8/21/17

Payee name
The Friends Foundation

Amount (\$)
\$250.00

Payee address; City; State; Zip Code
P.O. Box 8, Dripping Springs, TX, 78620

PURPOSE
OF
EXPENDITURE

Category (See categories listed at the top of this schedule)

Other-Sponsorship →

Description (If travel outside of Texas, complete Schedule T)

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date
8/22/17

Payee name
Central Texas Returning Heroes

Amount (\$)
\$600.00

Payee address; City; State; Zip Code
P.O. Box 841, Wimberley, TX, 78676

PURPOSE
OF
EXPENDITURE

Category (See categories listed at the top of this schedule)

Other-Sponsorship →

Description (If travel outside of Texas, complete Schedule T)

Complete ONLY 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Judge David Glickler		3 Filer ID (Ethics Commission Filers)	
4 Date 8/22/17		5 Payee name Color Mix Graphics & Printing			
6 Amount (\$) \$135.46		7 Payee address; City; State; Zip Code 404 S. CM Allen PKwy., San Marcos, TX, 78666			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stickers	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/16/17		Payee name Color Mix Graphics & Printing			
Amount (\$) \$127.03		Payee address; City; State; Zip Code 404 S. CM Allen PKwy. San Marcos, TX 78666			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banner	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/27/17		Payee name Oriental Trading			
Amount (\$) \$134.16		Payee address; City; State; Zip Code Omaha, NE 68127			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Lights		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME David S. Blickler	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9/1/17	5 Payee name Kyle Area Chamber of Commerce	
6 Amount (\$) \$225.00	7 Payee address; City; State; Zip Code 401 W. Center St. Kyle, TX 78640	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Sponsorship
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/5/17	Payee name San Sneteenth Foundation	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 447, San Marcos, TX, 78666	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Expense	Description (If travel outside of Texas, complete Schedule T) Lunch for Hurricane
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/5/17	Payee name Texas State College Republicans	
Amount (\$) \$150.00	Payee address; City; State; Zip Code San Marcos, TX, 78666	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Spa Fees	Description (If travel outside of Texas, complete Schedule T) Sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/11/17	Payee name Hays CISD Education Foundation	
Amount (\$) \$257.52	Payee address; City; State; Zip Code P.O. Box 1446, Kyle, TX, 78640	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Tickets
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME David S Glickler		3 Filer ID (Ethics Commission Filers)
4 Date 12/1/2017	5 Payee name Craft Central		
6 Amount (\$) \$340.00	7 Payee address; City; State; Zip Code 136 Park Dr. San Marcos, TX, 78666		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Stickers for signs	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 11/30/2017	Candidate / Officeholder name Rhinographics		
Amount (\$) \$350.73	Payee address; City; State; Zip Code 133 S. LBJ, San Marcos, TX 78666		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Shirts	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 12/1/2017	Candidate / Officeholder name A & E Signs and Graphics		
Amount (\$) \$233.82	Payee address; City; State; Zip Code 1030 W. Goforth, Ste. A, Buda, TX, 78610		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Judge David S Glickler		3 Filer ID (Ethics Commission Filers)	
4 Date 12/1/2017		5 Payee name Kent Black's			
6 Amount (\$) \$123.13		7 Payee address; City; State; Zip Code 510 Hull St. San Marcos, TX, 78666			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 12/18/17		Candidate / Officeholder name A & E Signs and Graphics			
Amount (\$) \$514.19		Payee address; City; State; Zip Code 1030 W. Goforth, Ste. A, Buda, TX, 78610			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 12/26/17		Candidate / Officeholder name National World War II Museum			
Amount (\$) \$139.31		Payee address; City; State; Zip Code 945 Magazine St., New Orleans, LA, 70130			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Gifts, Awards		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Incentives for Veterans Court	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
		Candidate / Officeholder name			
		Office sought			
		Office held			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Judge David S Glickler		3 Filer ID (Ethics Commission Filers)	
4 Date 12/21/2017		5 Payee name Barton Publications			
6 Amount (\$) \$210.00		7 Payee address; City; State; Zip Code 113 W. Center St., Kyle, TX, 78640-9450			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertisement	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description Check if travel outside of Texas. Complete Schedule T. 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		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description Check if travel outside of Texas. Complete Schedule T. 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	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Judge David Glickler	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 7/23/17	6 Payee name Fire Light Laser, LLC	
7 Amount (\$) \$417.85	8 Payee address; City; State; Zip Code P.O. Box 1702, Buda, TX, 78610	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cell wallets
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/20/17	Payee name A & E Signs and Graphics	
Amount (\$) \$415.68	Payee address; City; State; Zip Code 1030 W. Goforth Rd. Ste. A. Buda, TX 78610	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banners
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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Judge David Glickler	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 10/16/17	6 Payee name Color Mix Signs & Graphics	
7 Amount (\$) \$205.13	8 Payee address; City; State; Zip Code 404 S. CM Allen Pkwy, San Marcos, TX 78666	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banners
11 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 11/3/17	Payee name United Way of Hays County	
Amount (\$) \$225.00	Payee address; City; State; Zip Code 174 S. Guadalupe St. #105, San Marcos, TX, 78666	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tickets to Dinner
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		