

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:

14

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Robert

E

Updegrave

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4710 Hwy 123
San Marcos Tx 78666

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

757

2248

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

David

S

Watts

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

108 E San Antonio
San Marcos Tx 78666

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

395 8538

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☒

July 15

☐

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

1 / 1 / 22

THROUGH

6 / 30 / 22

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month

Day

Year

☐

Primary

☐

Runoff

☐

Other
Description

☒

General

☐

Special

11 / 8 / 22

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Judge CCL*1

Judge CCL*1

14 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

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME

Robert Updegrave

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

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

\$

12,650⁰⁰

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

0

4. TOTAL POLITICAL EXPENDITURES

\$

728²³

CONTRIBUTION
BALANCE

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

\$

22,702⁵¹

OUTSTANDING
LOAN TOTALS

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

\$

18 SIGNATURE

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.

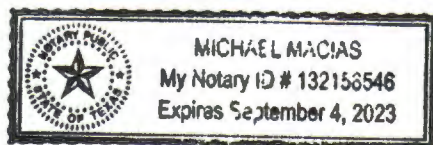
Robert Updegrave

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL



Sworn to and subscribed before me by Robert Updegrave this the 15th day of July,

20 22, to certify which, witness my hand and seal of office.

Michael Macias

Michael Macias

Texas Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____,

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME <i>Robert Updegraff</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>12650⁰⁰</i>
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>728²³</i>
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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1:
2 FILER NAME <i>Robert Updegrave</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Robert Buford III Attorney at Law</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>904 West Ave #100 Austin Tx 78701</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Attorney</i>
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 <i>2/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Brian Baker Attorney at Law</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; City; State; Zip Code <i>PO Box 2630 San Marcos Tx 78667</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
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 <i>4/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Del Prado Dietz PLLC</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>323 W. Hopkins San Marcos Tx 78666</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
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

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 A(J)1:
2 FILER NAME Robert Lydegrove		3 Filer ID (Ethics Commission Filers)
4 Date 3/8/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Law office of David Hardaway	7 Amount of contribution (\$) 1,000⁰⁰
6 Contributor address; City; State; Zip Code 100 E San Antonio Sm Tx 78666		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
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 3/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: David Morris Attorney at Law office	Amount of contribution (\$) 1,000⁰⁰
Contributor address; City; State; Zip Code 1921 Corporate Dr^{ste} 100 SmTx 78666		
Contributor's principal occupation Attorney		Contributor's job title Attorney
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 3/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Robert A Cain	Amount of contribution (\$) 500⁰⁰
Contributor address; City; State; Zip Code 5908 Charles Schreiner Austin Tx 78799		
Contributor's principal occupation Attorney		Contributor's job title Attorney
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Robert Updegrafe</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Billy Mc Nabbs</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>144 E San Antonio SM Tx 78666</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Attorney</i>
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 <i>2/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Richard M Ursha Attorney at Law</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>1921 Corporate dr #102 SM Tx 78666</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
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 <i>2/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Emmitt Ray & Patricia Green</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>5261 Hillside Terrace Buda Tx 78610</i>		
Contributor's principal occupation <i>Attorney / office manager</i>		Contributor's job title <i>Attorney / office manager</i>
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Robert E. Updegrate</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Dudley Law Firm</i>	7 Amount of contribution (\$) <i>500⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>100 N Edward Gary #100 5m TX 78446</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Attorney</i>
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 <i>2/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Richard Cofey</i>	Amount of contribution (\$) <i>500⁰⁰</i>
Contributor address; City; State; Zip Code <i>404 W 13th Street Austin Tx 78701</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
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 <i>2/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>David S. Walk</i>	Amount of contribution (\$) <i>500⁰⁰</i>
Contributor address; City; State; Zip Code <i>109 E SAN Antonio San Marcos Tx 78666</i>		
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.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Robert Updegrave</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Ann & Charles Sullivan</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>8115 FM 2673 Canyon Lake Tx 78133</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Attorney</i>
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 <i>2/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Law office of Texas Navar</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>PO Box 28286 San Antonio Tx 78228</i>		
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 <i>2/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Lyn Morris attorney at Law</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>PO Box 1343 Wimberly Tx 78676</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
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

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 A(J)1:
2 FILER NAME <i>Robert E Lydegrave</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Mark Jansson Attorney at Law</i>	7 Amount of contribution (\$) <i>250⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>110 E San Antonio St San Marcos Tx 78666</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Attorney</i>
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 <i>2/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Colin Wise</i>	Amount of contribution (\$) <i>200⁰⁰</i>
Contributor address; City; State; Zip Code <i>1921 Corporate Dr Ste 102 San Marcos Tx 78666</i>		
Contributor's principal occupation <i>Attorney</i>		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 <i>2/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Michael & Kathryn Shulman</i>	Amount of contribution (\$) <i>200⁰⁰</i>
Contributor address; City; State; Zip Code <i>10108 Talleyran Trail Austin Tx 78750</i>		
Contributor's principal occupation <i>Attorney</i>		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

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 A(J)1:
2 FILER NAME <i>Robert Updegraff</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Rene Garner</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>101 Crestview Wimberley TX 78676</i>		
8 Contributor's principal occupation <i>retired</i>		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 <i>2/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Erwin Law Firm</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>109 E Hopkins San Marcos TX 78666</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
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 <i>2/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Louis Obdyke</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>201 Blanco River Ranch SM TX 78666</i>		
Contributor's principal occupation <i>Professor</i>		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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Robert Lydegrunde</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Nicole Cloutier</i>	7 Amount of contribution (\$) <i>50⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>211 Caraway Kyle Tr 78646</i>		
8 Contributor's principal occupation <i>AG office</i>		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 <i>2/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Barrow Adler Clough & Oddo LLP</i>	Amount of contribution (\$) <i>2500⁰⁰</i>
Contributor address; City; State; Zip Code <i>POB Nueces St Austin TX 78701</i>		
Contributor's principal occupation <i>Law firm</i>		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 <i>2/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Charles Spechtling Law Firm</i>	Amount of contribution (\$) <i>500⁰⁰</i>
Contributor address; City; State; Zip Code <i>3331 RR12 San Marcos TX 78666</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
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
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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Robert Updegrave</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Mark E. Cusack PC</i>	7 Amount of contribution (\$) <i>200.00</i>
6 Contributor address; City; State; Zip Code <i>430 Savage Lane Wimberly TX 78676</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Attorney</i>
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 <i>2/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Rafael Heel Jr</i>	Amount of contribution (\$) <i>150.00</i>
Contributor address; City; State; Zip Code <i>Po Box 592056 San Antonio TX 78259</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
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 <i>2/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Case Darwin & Assoc PC</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>604 W. Hopkins St. Marazas TX 78666</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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 <i>Robert Lydenroave</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>2/1/22</i>		5 Payee name <i>Michaels</i>			
6 Amount (\$) <i>\$1287</i>		7 Payee address; <i>600 Barnes Drive</i>		City; <i>San Marcos</i>	State; <i>Tx</i> Zip Code <i>78666</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		(b) Description <i>Containers for checks at event</i>		
	(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>6/30/22</i>		Payee name <i>Lowes</i>			
Amount (\$) <i>100.56</i>		Payee address; <i>2211 IH35</i>		City; <i>San Marcos</i>	State; <i>Tx</i> Zip Code <i>78666</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description <i>4th Parade Float</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
Date <i>6/30/22</i>		Payee name <i>SAMS</i>			
Amount (\$) <i>139.80</i>		Payee address; <i>Leah ave</i>		City; <i>San Marcos</i>	State; <i>Tx</i> Zip Code <i>78666</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description <i>Pop ice for parade</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

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

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 <i>Robert Lydegrove</i>		3 Filer ID (Ethics Commission Filers)	
4 Date		5 Payee name <i>Dan Obrien</i>			
6 Amount (\$) <i>12500</i>		7 Payee address; <i>712 S Stagecoach</i>		City; <i>San Marcos Tx</i>	State; <i>Tx</i>
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		(b) Description <i>1/4 of Parade entry</i>	
		(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	
Date <i>6/17/22</i>		Payee name <i>David Peterson / Juneteenth</i>			
Amount (\$) <i>35000</i>		Payee address; <i>712 S Stagecoach</i>		City; <i>San Marcos Tx</i>	State; <i>Tx</i>
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising/Event</i>		Description <i>Juneteenth sponsorship</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	
Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		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	
Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED