# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. МІ 3 CANDIDATE / OFFICEHOLDER OFFICE USE ONLY NAME Date Received PUDIENTAL . . SHEFIX 7-5 ¥1. **OFFICEHOLDER** MAILING ADDRESS 7-7. 1 ELECTION TYPE Other Description Runoff WILLIAM .



### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Fliers)

21 SO	SUBTOTAL AMOUNT		
	$\checkmark$	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 700.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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5.	<u> </u>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 17,073, <sup>49</sup>
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 17,073, <del>+9</del>
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
6. 7		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ \$
6. 7 8		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ \$
6. 7 8 9.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ \$

## MONETARY POLITICAL CONTR BUT ONS

#### SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1;
2 FILER NAME JASON D WN	3 Filer ID (Ethics Commission Filers)
4 Date tor te (ID	7 Amount of contribution (\$)
2614 Cockrell Fw Tx 76109  8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	ructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
5.2.17  r a  City;  Zip Code  Sih Oak Dr FW Tx 76110  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	100. °-
Date  Full name of contributor  Gout-of-state PAC (ID#:  Bill 4 Ton: Bocker  Contributor address;  City; State; Zip Code	Amount of contribution (\$)
200 Riverent Dr. FW TX 761	
Principal occupation / Job title (See Instructions) Employer (See Inst	tructions)
Date ontributor stat	) Amount of contribution (\$)
S-6.17 Gontributor address;  HUT Collinwood FW Tx 1610  Principal occupation / Job title (See Instructions)  Employer (See Inst	

### SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
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4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 7 Name of lender	ut-of-state PAC	9 Loan Amount (\$)
6 Is lender 8 Lender address;	City; State; Zlp Code	10 Interest rate
a financial Institution?		11 Maturity date
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# POL T CAL EXPENDITURES MADE FRO POL T CAL CONTR BUTIONS

### SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	_Solicitation/Fundraising Expanse
Accounting/Banking Consulting Expense			
Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Mages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enters extension not listed above)
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1,383.71	5716 ry (sEoalagori Roservation	schedule 809 Description	1 TX 76112
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OF	<b>A</b> .		
EXPENDITURE	Marketing		
	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
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## POL TICAL EXPENDITURES MADE FROM POL T CAL 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solloltation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 2 FILER NAME TASON 1 Total pages Schedule 3 Filer ID (Ethics Commission Filers) BROWN 4 Date 5 Payee name 7 Payee address; 6 Amount (\$) City; State; Zip Code (a) Category (See Categories listed at the top of this schedule) **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held Payee name Date City; State; Zip Code Amount (\$) Payee address;

# POLITICAL EXPEND TURES MADE FROM POL TICAL CONTRIBUT ONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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1 7/2		Check if travel outside of Texas. Complete Schedule T.
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