

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:
17

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

Mr

FIRST

Jude

MI

J

NICKNAME

Prather

SUFFIX

OFFICE USE ONLY

Date Received

City Clerk

OCT 25 2021

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

400 Browne Terrace
San Marcos TX 78664

City of San Marcos

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 749-7311

Date Received
Date Processed
Date Imaged

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

Mr

FIRST

Jude

MI

J

NICKNAME

Prather

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

415 N. Guadalupe St. PMB # 299
San Marcos TX 78664

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 749 7311

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

9 / 25 / 2021

THROUGH

Month Day Year

10 / 25 / 2021

11 ELECTION

ELECTION DATE

Month Day Year

11 / 2 / 2021

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (If any)

None

13 OFFICE SOUGHT (If known)

San Marcos City Council Place 6

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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages


GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

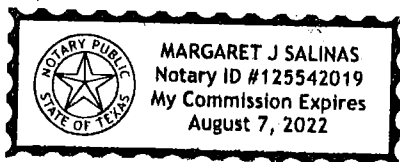
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
Jude Prather		
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 100
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,325
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 30.10
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,559.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,386.92
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.


 Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jude Prather this the 25th day of October, 2021, to certify which, witness my hand and seal of office.

Margaret J. Salinas Margaret J. Salinas Acting Local Registrar
 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 - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Jude Prather

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,475
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 750
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	\$ 7,440 ⁸⁷
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	\$ 4,098 ²⁶
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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 Page 1
2 FILER NAME Jude Perther		3 Filer ID (Ethics Commission Filers)
4 Date 9/30/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Rogers	7 Amount of contribution (\$) \$100⁰⁰
6 Contributor address; City; State; Zip Code 623 W. Hopkins St San Marcos TX 78666		
8 Principal occupation / Job title (See Instructions) Unknown & not required		9 Employer (See Instructions) Unknown & not required
Date 10/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abigail Gilfillan	Amount of contribution (\$) \$50⁰⁰
Contributor address; City; State; Zip Code 516 Valley View West San Marcos TX 78666		
Principal occupation / Job title (See Instructions) Unknown & not required		Employer (See Instructions) Unknown & not required
Date 10/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred Poston	Amount of contribution (\$) \$50⁰⁰
Contributor address; City; State; Zip Code 2141 W. Mimosa Cir San Marcos TX 78666		
Principal occupation / Job title (See Instructions) Unknown & not required		Employer (See Instructions) Unknown & not required
Date 10/2/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Nichols	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code 1231 Windy Dawn San Marcos TX 78666		
Principal occupation / Job title (See Instructions) Police Chief		Employer (See Instructions) City of Seguin

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

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 Page 2
2 FILER NAME Jude Prather		3 Filer ID (Ethics Commission Filers)
4 Date 10/4/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Sims	7 Amount of contribution (\$) \$200 ⁰⁰
6 Contributor address; City; State; Zip Code 304 Oakridge Dr San Marcos TX 78666		
8 Principal occupation / Job title (See Instructions) Unknown & not required		9 Employer (See Instructions) Unknown & not required
Date 10/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert McDonald III	Amount of contribution (\$) \$300 ⁰⁰
Contributor address; City; State; Zip Code 375 Warming Side Dr San Antonio TX 78209		
Principal occupation / Job title (See Instructions) Unknown & not required		Employer (See Instructions) Unknown & not required
Date 10/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Dameron	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 220 Summit Ridge San Marcos TX 78666		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Dameron Group
Date 10/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnny Riven	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 1125 Burlison St San Marcos TX 78666		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Unknown & not required

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

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6 Page 3

2 FILER NAME

Jude Prothro

3 Filer ID (Ethics Commission Filers)

4 Date

10/10/21

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

Gene Martin

7 Amount of contribution (\$)

\$100⁰⁰

6 Contributor address; City; State; Zip Code

2001 W. McCarty Ln San Marcos TX 78666

8 Principal occupation / Job title (See Instructions)

Unknown + not required

9 Employer (See Instructions)

unknown + not required

Date

10/18/21

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

Linda Nadeau

Amount of contribution (\$)

\$50⁰⁰

Contributor address; City; State; Zip Code

1202 Thorpe Lane 40911 San Marcos TX 78666

Principal occupation / Job title (See Instructions)

Unknown + not required

Employer (See Instructions)

Unknown + not required

Date

10/20/21

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

Joe DeLaCerna

Amount of contribution (\$)

\$300⁰⁰

Contributor address; City; State; Zip Code

25802 Thomas Oaks San Antonio, TX 78641

Principal occupation / Job title (See Instructions)

Unknown + not required

Employer (See Instructions)

Unknown + not required

Date

10/14/21

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

Trudy Hilliard

Amount of contribution (\$)

\$300⁰⁰

Contributor address; City; State; Zip Code

129 Kathryn Cove San Marcos TX 78666

Principal occupation / Job title (See Instructions)

Unknown + not required

Employer (See Instructions)

Unknown + not required

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

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6 Page 4

2 FILER NAME

Jude Preather

3 Filer ID (Ethics Commission Filers)

4 Date

10/16/21

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

Zelina Roca

7 Amount of contribution (\$)

\$100⁰⁰

6 Contributor address; City; State; Zip Code

106 Chula Vista San Marcos TX 78666

8 Principal occupation / Job title (See Instructions)

unknown & not required

9 Employer (See Instructions)

unknown & not required

Date

10/18/21

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

Allen Shy

Amount of contribution (\$)

\$300

Contributor address; City; State; Zip Code

139 E Hopkins St San Marcos TX 78666

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Self employed Business Owner

Date

10/20/21

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

John Hardy

Amount of contribution (\$)

\$300⁰⁰

Contributor address; City; State; Zip Code

609 Snyder Hill San Marcos TX 78666

Principal occupation / Job title (See Instructions)

Business owner

Employer (See Instructions)

Self employed Divided Sky

Date

10/22/21

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

Joe Kenworthy

Amount of contribution (\$)

\$100⁰⁰

Contributor address; City; State; Zip Code

104 Valley Circle San Marcos TX 78666

Principal occupation / Job title (See Instructions)

unknown & not required

Employer (See Instructions)

unknown & not required

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

SCHEDULE A1

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

The instruction guide explains how to complete this form.

1 Total pages Schedule A1:

6 Page 5

2 FILER NAME

Jude Pether

3 Filer ID (Ethics Commission Filers)

4 Date

10/14/21

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

San Little

7 Amount of contribution (\$)

\$25

6 Contributor address; City; State; Zip Code

131 E. Sierra Circle San Marcos TX 78043

8 Principal occupation / Job title (See Instructions)

Unknown + not required

9 Employer (See Instructions)

Unknown + not required

Date

10/14/21

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

Judy Allen

Amount of contribution (\$)

\$500

Contributor address; City; State; Zip Code

24 Burtson St San Marcos TX 78064

Principal occupation / Job title (See Instructions)

Unknown + not required

Employer (See Instructions)

Unknown + not required

Date

10/18/21

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

Billy McNab

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

144 E San Antonio St. San Marcos TX 78064

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self employed

Date

10/21/21

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

Home Builders Association Home PAC

Amount of contribution (\$)

\$250

Contributor address; City; State; Zip Code

8140 Exchange Dr Austin TX 78754

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

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

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6 Page 4

2 FILER NAME

Jude Packer

3 Filer ID (Ethics Commission Filers)

4 Date

10/19/21

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

Carol Overall

7 Amount of contribution (\$)

\$200

6 Contributor address; City; State; Zip Code

113 Camaro Way San Marcos TX 78666

8 Principal occupation / Job title (See Instructions)

Not required + unknown

9 Employer (See Instructions)

Not required + unknown

Date

10/20/21

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

Fraye Stokes

Amount of contribution (\$)

\$300⁰⁰

Contributor address; City; State; Zip Code

P.O. Box 609 San Marcos TX 78666

Principal occupation / Job title (See Instructions)

Not required + unknown

Employer (See Instructions)

Not required + unknown

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 2 Page 1	
2 FILER NAME Sude Prather		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 750	
5 Date 9/30/21	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Dupont	8 Amount of Contribution \$ 147	9 In-kind contribution description Food + Beverages
7 Contributor address; City; State; Zip Code 1024 W San Antonio St San Marcos TX 78666		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Not Required		11 Employer (FOR NON-JUDICIAL)(See Instructions) Not Required	
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 9/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooke Damon	Amount of Contribution \$ 144	In-kind contribution description Food + Beverages
Contributor address; City; State; Zip Code 313 Quarry St San Marcos TX 78666		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Not Required		Employer (FOR NON-JUDICIAL)(See Instructions) Not Required	
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 2 Page 2	
2 FILER NAME Jude Prother		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 750	
5 Date 9/30/21	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seth Katz	8 Amount of Contribution \$ 250	9 In-kind contribution description Food & Beverages
7 Contributor address; City; State; Zip Code 721 Aquifer Oaks Trail San Marcos TX 78666		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Not required		11 Employer (FOR NON-JUDICIAL)(See Instructions) Not required	
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 9/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica Marlojas	Amount of Contribution \$ 607	In-kind contribution description Food & Beverages
Contributor address; City; State; Zip Code 721 Aquifer Oaks Trail San Marcos TX 78666		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Not required		Employer (FOR NON-JUDICIAL)(See Instructions) Not required	
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

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

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 <i>Page 1</i>		2 FILER NAME Jude Parker		3 Filer ID (Ethics Commission Filers)	
4 Date 9/27/21		5 Payee name HEB			
6 Amount (\$) 36.14		7 Payee address; City; State; Zip Code 200 W. Hopkins St San Marcos TX 78666			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other		(b) Description Stamps + Cards		
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 9/27/21		Payee name HEB			
Amount (\$) 12.97		Payee address; City; State; Zip Code 200 W. Hopkins St San Marcos TX 78666			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Balloons + Decorations		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 9/30/21		Payee name Office Dept			
Amount (\$) 94.15		Payee address; City; State; Zip Code 201 Springtown Way San Marcos TX 78666			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Campaign Printed Materials		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		

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

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

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 pages	2 FILER NAME Jude Pether	3 Filer ID (Ethics Commission Filers)
4 Date 10/1/21	5 Payee name Office Dept	
6 Amount (\$) 64.94	7 Payee address; City; State; Zip Code 201 Springtown Way San Marcos TX 78666	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description campaign printed materials
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10/6/21	Payee name Corridor News		
Amount (\$) \$450	Payee address; City; State; Zip Code P.O. Box 2512 San Marcos TX 78667		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website Ad
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10/15/21	Payee name McCays		
Amount (\$) 20.54	Payee address; City; State; Zip Code 110 Wander World Dr San Marcos TX 78666		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Campaign signs materials
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

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

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 Page 3	2 FILER NAME Jude Parker	3 Filer ID (Ethics Commission Filers)
4 Date 10/22/21	5 Payee name Sweetwater Promotions	
6 Amount (\$) \$1,265.07	7 Payee address; City; State; Zip Code P.O. Box 1943 San Marcos TX 78669	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Facebook Ads, Google Ads & website subscription
	(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 10/17/21	Payee name Colormix Graphics	
Amount (\$) \$5,497	Payee address; City; State; Zip Code 808 El Camino Way Suite B San Marcos TX 78669	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign mailer & cards
	<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	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 Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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 G: 3 pages	2 FILER NAME Jude Prather	3 Filer ID (Ethics Commission Filers)
4 Date 10/19/21	5 Payee name Academy Sports	
6 Amount (\$) 40 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 550 Barnes Dr. San Marcos TX 78666	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Tent + Wagon
	(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 ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
-------------------------------	---------------	-------------

Date 10/4/21	Payee name Jims Mobile Notary of Central Texas	
Amount (\$) 60 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 801 Easton Dr San Marcos TX 78666	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Notary
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
-------------------------------	---------------	-------------

Date 10/19/21	Payee name Color Mix Graphics	
Amount (\$) 226.25 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 808 El Camino Way Suite B San Marcos TX 78664	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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 PERSONAL FUNDS

SCHEDULE G

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

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3 <i>Pages</i>	2 FILER NAME Jude Prethner	3 Filer ID (Ethics Commission Filers)
--	--------------------------------------	---------------------------------------

4 Date 10/17/21	5 Payee name Colormix Graphics
---------------------------	--

6 Amount (\$) 235.28 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 808 El Camino Way Suite B San Marcos TX 78666
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Campaign signs
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10/17/21	Payee name Sweetwater Promotions
-------------------------	--

Amount (\$) 522.50 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 1943 San Marcos TX 78666
---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Facebook Ads, Google Ads & website subscription
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10/8/21	Payee name Super Cheap Signs
------------------------	--

Amount (\$) 1,109.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4200 Waterford Centre Blvd #100 Austin TX 78758
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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 PERSONAL FUNDS

SCHEDULE G

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

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 G: <i>3</i> <i>Page 3</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/15/21</i>	5 Payee name <i>San Marcos Daily Record</i>	
6 Amount (\$) <i>817</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>1910 I-35 San Marcos TX 78664</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>News Paper ad</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>10/23/21</i>	Payee name <i>San Marcos Daily Record</i>	
Amount (\$) <i>817</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1910 I-35 San Marcos TX 78666</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>News Paper ad</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>10/17/21</i>	Payee name <i>Lowes</i>	
Amount (\$) <i>204.29</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>2211 S. I-35 San Marcos TX 78664</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>	Description <i>Campaign Signs Materials</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