1		ICEHOLDER CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction (Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	Jude	MI	OFFICE USE ONLY
NAME	NICKNAME	Presther	STIECK	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING		towne terrace	CITY; STATE; ZIP CODE	City Clerk 007 2 5 2021
ADDRESS Change of Address	San Mai	rcos TV 780	· · · · · · · · · · · · · · · · · · ·	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (S(2) =	PHONE NUMBER 149-7311	EXTENSION CITY	Ofate Sade North Age Consed
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	Z _{M1}	Date Processed
NAME	NICKNAME	D J.	SUFFIX	Date Imaged
		rrather.	OLDA.	OTATE ZID CODE
7 CAMPAIGN TREASURER ADDRESS	415 N. C	(NO PO BOX PLEASE); APT / SI Guadalupe St. !		STATE; ZIP CODE
(Residence or Business)	San Ma	ireas TR DE	3666	
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before el	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 🔄	Day Year	THROUGH Month	Day Year
	7	182/3091		<u> </u>
11 ELECTION	ELECTION DA Month Day	Year Primary	ELECTION TYPE Runoff Other Description	
	11/2/	General General	Special	<u> </u>
12 OFFICE	OFFICE HELD (If any)	E	13 OFFICE SOUGHT (If known) Marcos Ci	$i \in A \cup A$
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
Į.	<u></u>	GO TO I	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		······································	
15 C/OH NAME	Jide Prank	kr	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITY PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE EL		* 100
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, LC	RIBUTIONS DANS, OR GUARANTEES OF LOANS	\$4,325
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITI	CAL EXPENDITURE.	\$ 30.10
	4. TOTAL POLITICAL EXPEN	IDITURES	\$ 11,559,83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIB OF REPORTING PERIOD	UTIONS MAINTAINED AS OF THE LA	1,386, a2
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS AS O	OF THE \$
	Please com	Signature of C	andidate or Officeholder
	. 100.00	.р. с. с. с. с. р. с.	
(1) Affidavit	MARGARET J SALINA Notary ID #1255420 My Commission Expir August 7, 2022	19	
NOTARY STAMP/SEAL		Prather this the	25th day of October.
	before me by		.
Marquely Signature of officer administer	JOUNGS MOLOGIA Printed name of c	ef J. Sauras A	Acting Local Registrar Title of officer administering oath
		OR	
(2) Unsworn Declaration	on		
My name is		, and my date of birth is	s
	(street)	(city)	(state) (zip code) (country)
Executed in	County, State of	, on the day of (mont	, 20
		Signature of Cand	idate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Con	mmission Filers)
. 21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,475
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 750
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7440.8
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 4,088. Sp
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

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

The Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule A1:
2 FILER NAME	ie/	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-	of-state PAC (ID#:)	7 Amount of contribution (\$)
6 Contributor address; City		,
623 W. Hopkins St.	San Marios TR 78664	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instruc	etions)
Un Known + not Required	MIKNOW THE	quired
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of-state PAC (ID#:)	Amount of contribution (\$)
10/1/21 Contributor address; City		\$50
5/ce Valley View West	+ San Maron RTHOUS	
Principal occupation / Job title (See Instructions)	Employer (See Instruct	·
Unknown + not required	Unknown	4 Not robrines
Date Full name of contributor out-o	of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City	r; State; Zip Code	\$500
21-1 W. Minosa Ci	San Marios TX 78lay	
Principal occupation / Job title (See Instructions)	Employer (See Instruct	
Unknow + not required	Th Known 4	- Not lequired
Date Full name of contributor ☐ out-o	of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City;	; State; Zip Code	\$1000
1231 Windy Down So	on Marios TX 786004	
Principal occupation / Job title (See Instructions)	Employer (See Instruct	
Yolize Chief	City of	- Sequin
		3

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:
2 FILER NAME	Jule Prather		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
10/4/21	6 Contributor address; City;	State; Zip Code	\$200"
	304 Oakridge Dr S	n Mercas Tx 78an	
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
U	Michael + Not leguired	MKnow + Not	required
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
10/4/21	Contributor address; City;	State; Zip Code	\$ 300 %
	375 Marningside Dr San An	1000 TX 78209	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	•
<u>u</u>	N Chaun + Not required	MKNOW 4 LOS	t required
Date	Full name of contributor		Amount of contribution (\$)
10/4/21	•	State; Zip Code	\$100
	220 Summit Ridge Son Mar	105 TX 78666	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	
	Kento	Dames (droc
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10/4/21	Contributor address; City;	State; Zip Code	\$100
	1125 Burloon St Son M	11/02 /x 7 8/06/b	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructi	•
	Business Overor	inknow 4 r	of Franch

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.						
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:					
2 FILER NAME	Jule Profler		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)			
1011017	6 Contributor address; City; State;	Zip Code	\$100			
	pation / Job title (See Instructions) 9 Emplo	78666	,			
			· \			
<u>Un Ch</u>	own 4 Not lequired Unli	(Now + W	of legular			
Date	Full name of contributor)	Amount of contribution (\$)			
10/12/21	Contributor address; City; State;	- I	\$50~			
	(202 Thorpe Lane 4081) San Marzos T	2 Bloop				
		yer (See Instruction	4			
UN W	Nown + Not legulred Unk	NOVEN +	not lequired			
Date	Full name of contributor)	Amount of contribution (\$)			
10/20/21		Zip Code	\$ 3060			
	25802 Thomas Oaks San Antons, T	1 18641				
Principal occup	eation / Job title (See Instructions) Employ	yer (See Instruction				
<u> </u>	naun + not leavined un	Krony 4	Yarlugar ton-			
Date	Full name of contributor		Amount of contribution (\$)			
10/14/21	Contributor address; City; State;	Zip Code	\$ 3000			
,	129 Kathryn Care San Marios Ti	× 78064				
Principal occup	ation / Job title (See Instructions) Employ	yer (See Instructio				
	Unknown + 11st required un	1 Known 4	not required			
	ATTACH ADDITIONAL COPIES OF THIS SO	HEDULE AS NE	EDED			

SCHEDULE A1

If the reques	sted 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:
2 FILER NAME	Jude Preither	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
10/16/21	6 Contributor address; City; State; Zip Code	$ \mathcal{L} _{O0}$
	De Chula UB & Sn Maras TX Hubbs pation / Job title (See Instructions) 9 Employer (See Instructions)	
1.	pation / Job title (See Instructions) 9 Employer (See Instructions) 10 Million to 1	
		or required
Date	Full name of contributor	Amount of contribution (\$)
10/18/21	Contributor address; City; State; Zip Code	\$300
	139 E. Hopkins St San Marces TX 7 8664	
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	nplayed Byres Overer
Date	Full name of contributor	Amount of contribution (\$)
10/2012	Contributor address; City; State; Zip Code	\$ 300"
	609 Snyder Hill Jan Marces TX720	
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
	Bushess owner Self en	played Divided Sky
Date	Full name of contributor	Amount of contribution (\$)
(D/38/21)	Contributor address; City; State; Zip Code	\$1990
	104 Valley Circle Son Marcos TR 78666	:
	ation / Job title (See Instructions) Employer (See Instructions)	, ' _
	Unknown + not lequired unknown + no	H lovuled
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

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	s form.	1 Total pages Schedule A1:
2 FILER NAME	Jude Krother		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)
10/14/21	6 Contributor address; City; 131 E. Sierra Circle Sy	State; Zip Code	\$25-
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
W	Known 4 not required	Unknown +	not required
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/M/21	Contributor address: City;	State; Zip Code	\$ 500
	" By Burleson St Son	Marcos 12 Mary	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
unk	nom + not required	maknow 4 NO	F POUNCY
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
0/18/21	Contributor address; City;	State; Zip Code	\$100
,	144 E San Antonio St. San	Marcos TX 74664	
Principal occup	ation (Job title (See Instructions)	Employer (See Instruct	ions)
	14 Horney	Self Pryday	ed
Date	Full name of contributor cut-of-state PAC	121	Amount of contribution (\$)
,	8140 Exchange Dr Austra	TX 72754	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	•		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

11 11.0 10400			
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Inte Prather		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PA	C (ID#:)	7 Amount of contribution (\$)
10/19/21	Carol Overall 6 Contributor address; City;	\$ 200	
	113 Camaro Way San M	arios 1x 78666	ali danadadelemberkadakan osalaha ere kalimore anadi seshibi ki seliki morama a aramanan asan asan asan asan a
· .	Pation / Job title (See Instructions) (9 Employer (See Instruction 1997)	1 + UNKnan
Date		C (ID#:)	Amount of contribution (\$)
10/99/21	Contributor address; City; P.O. Box COQ Son Marco	State; Zip Code	\$300"
	4.0. Box CO9 Jan Marca	s 1x 18666	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	4.
<u> </u>	tregulated tunknow	Not regulard	4 Myknow
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
			The state of the s
		·	
	ATTACH ADDITIONAL COPIES C		

NON-MONETARY (IN-KIND) POLITICAL **CONTRIBUTIONS**

SCHEDULE A2

if the requested information is not applicable, b	O NOT Include this page in the report.
The Instruction Guide explains how to co	mplete this form. 1 Total pages Schedule A2:
2 FILER NAME ARE POPULATION ARE POPU	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITIC	cal contributions \$ 750
5 Date 6 Full name of contributor out-of-stat C(U/C) DUPDD AT 7 Contributor address; City;	State; Zip Code State; Zip Code State: Zip Code State: Zip Code Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (Se	ee Instructions) 11 Employer (FOR NON-JUDICIAL)(See Instructions)
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	I JUDICIAL)
Pate Full name of contributor out-of-state Brooke	Amount of Contribution \$ In-kind contribution description State; Zip Code Amount of Contribution \$ In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (Se	Marcos TX 7864 C Check if travel outside of Texas. Complete Schedule T. ee Instructions) Employer (FOR NON-JUDICIAL) (See Instructions) IN 162 Work
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)
	L COPIES OF THIS SCHEDULE AS NEEDED e 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	m.	1 Total pages Sched	ule A2:	
2 FILER NAME	Inde Prother		3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$ 750		
5 Date 6 Full name of contributor out-of-state PAC (ID#:) 7/30/2(7 Contributor address; City; State; Zip Code 22(Aguster Oaks Toil Sup Marias TX 74106).			 	9 In-kind contribution description Beverys de of Texas. Complete Schedule T.	
10 Principal occup	Pation / Job title (FOR NON-JUDICIAL) (See Instructions)	, · · · · · · · · · · · · · · · · · · 	er (FOR NON-JUDICIA		
	Not required	\\s\\\	+ ropulier		
12 Contributor's pr	rincipal occupation (FOR JUDICIAL)	13 Contribu		DICIAL) (See Instructions)	
14 Contributor's er	mployer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)	
16 If contributor is	a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution \$	In-kind contribution description	
76		Zip Code	Check if travel outsid	Haw H Bevery de of Texas. Complete Schedule T.	
	ation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIA		
	Not required	N	st reaural	,	
Contributor's pr	rincipal occupation (FOR JUDICIAL)	Contribu		DICIAL) (See Instructions)	
Contributor's er	nployer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is	a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACK ADDITIONAL CODIES OF T		· - AO AITEDED		
If c	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see Instruction			requirements.	

Revised 8/17/2020

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

		EXPENDITOR	CALEGORIES	FOR BOX 0(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Glift/Awards/Memorials Ex Legal Services The Instruction Guid	Office Ov Polling Ex pense Printing E Salaries/V	Expense Wages/Contract Labor	Transportation Travel In Distr Travel Out Of	
	T				10-11 15	(FILL 6 1 1 FILL)
1 Total pages Schedule F1:	2 FILER N	AME Le Prest	he/		3 Filer ID ((Ethics Commission Filers)
4 Date /27/21	5 Payee na	HER)			
6 Amount (\$)	7 Payee ad	ldress;	·	City;	State	
36.14	300 (w. Hopking :	st Sm	Marcos T	Í 786	66
8	(a) Categor	y (See Categories listed at the	top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	7	ther		Stamps	, 4 Car	ds
	(c)	Check if travel outside of Texas.	Complete Schedule T.	Check If Aus	stin, TX, officeholder	r living expense
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
9/27/21		HEB				
Amount (\$)	Payee ad	dress;		City;	State	; Zip Code
(2.97	200	w. Hopkins	St San	Marroz	TR ?	18664
	Category	(See Categories listed at the t	op of this schedule)	Description		
PURPOSE OF		the		Ballookt	News	r)
EXPENDITURE		7112			UCC 01 A	11215
		Check if travel outside of Texas. C		kmd	tin, TX, officeholder	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ite / Officeholder name		Office sought		Office held
Date	Payee na	me		<u> </u>		
9/30/21		Office	Dept	-		
Amount (\$)	Payee add	dress;	•	City;	State	; Zip Code
94 15	20	1 Sprmytown	Way	San Marco	s KX	78666
	Category	(See Categories listed at the to	p of this schedule)	Description		
PURPOSE OF EXPENDITURE	Prit	My Expense		Campaign (Sciute 7	Mectenials
		Check if travel outside of Texas. C	omplete Schedule T.	Check if Austi	in, TX, officeholder	living expense
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name	<u> </u>	Office sought		Office held
	ATT	ACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS NEE	EDED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Loan Repayment/Reimbursem Office Overhead/Rental Exper Polling Expense Printing Expense Salaries/Wages/Contract Labo	Transportation Equipment & Related Expense Travel In District Travel Out Of District		
Credit Card Payment	The Instruction Guide	explains how to complete this for	m.		
1 Total pages Schedule F1:	2 FILER NAME	Me	3 Filer ID (Ethics Commission Filers)		
4 Bate 0/1/21	5 Payee name	Dept			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
64.94	201 Springtown W	Day Son Marco	s tx 78664		
8	(a) Category (See Categories listed at the to	op of this schedule) (b) Descriptio	n		
PURPOSE OF EXPENDITURE	Printing Exper	se Campai	in printer miterials		
	(c) Check if travel outside of Texas. Co	omplete Schedule T. Check	If Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office soug	ht Office held		
Date	Payee name				
10/4/21	Corridor	News			
Amount (\$)	Payee address;	City;	State; Zip Code		
\$450	P.O. Box 25	old Son Marco	s TX 78667		
	Category (See Categories listed at the lop	of this schedule) Description	1		
PURPOSE OF EXPENDITURE	Advortising Expens	e Webs	ite Ad		
	Check if travel outside of Texas. Co	mplete Schedule T. Check	if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office soug	ht Office held		
Date	Payee name	The second secon			
10/15/21	. McCays				
Amount (\$)	Payee address;	City;	State; Zip Code		
20.54	llo Wader Wor	14 Dr San Mar	103 TX 78666		
	Category (See Categories listed at the top	of this schedule) Description			
PURPOSE OF EXPENDITURE	Other	Campaix	in Styris roaterials		
	Check if travel outside of Texas. Cor	nplete Schedule T. Check in	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office soug	ht Office held		
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS	NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

		EXPENDIT	TURE CATE	GORIES	FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politics		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense ee Legal Services		Office Ove Polling Exp Printing Ex		Transportation Equ Travel in District Travel Out Of Dist	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment		The Instruction	Guide explain	s how to c	omplete this form.				
1 Total pages Schedule F1:	2 FILER N	AMELUCE	Path	Q/		3 Filer ID (Ethi	ics Commission Filers)		
4 Date (8/2/2)	5 Payee na	Sw.	eetw.	ter f	Promotions	narasa anno a satu-alara — — dhata à Mhàra à —			
6 Amount (\$)	7 Payee ad	idress;	_		City;	State;	Zip Code		
\$1,265.09	7.0.8	35X 1943	San Ma	crios T	1 7866	φ			
8	(a) Categor	y (See Categories liste	d at the top of this	schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Adve	ertBing Ex	ferse		Facebook A	lds, Google Ad	s 4 website subscip		
	(c)	Check if travel outside of	Texas. Complete So	chedule T.	Check if A	ustin, TX, officeholder livir	ng expense		
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder	name		Office sought		Office held		
Date	Payee na	me							
t0/7/21		(Olon	niz C	Jraph	2 37				
Amount (\$)	Payee ad	dress;		·V	City;	State;	Zip Code		
\$5,497	808	El Camino	Way 5	uite B	Sm M	vios TX 7	<i>в</i>		
•	Category	(See Categories listed	at the top of this sc	hedule)	Description				
PURPOSE OF EXPENDITURE	Adve	rtismy E,	epense		Campaign	mail-or t	Cards		
		Check if travel outside of T	Texas. Complete Sch	nedule T.	Check if Au	stin, TX, officeholder livin	g expense		
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder n	ame		Office sought		Office held		
Date	Payee na	me				1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +			
Amount (\$)	Payee add	dress;			City;	State;	Zip Code		
				·			AND 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		
PURPOSE OF EXPENDITURE	Category	(See Categories listed a	it the top of this sch	nedule)	Description				
		Check if travel outside of Te	exas. Complete Sch	edule T.	Check if Aus	stin, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/OH	Candida	ite / Officeholder i	name		Office sought		Office held		
	ATT	ACH ADDITIONA	AL COPIES C	OF THIS S	CHEDULE AS NE	EDED			

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) Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District 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. 3 Filer ID (Ethics Commission Filers) Total pages Schedule G: 2 FILER NAME Date 5 Payee name ¿ Amount City; State; Zìp Code Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. (c) Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Payee address; Zip Code nbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF *γ*6 EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$ Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

						
EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Fees (Food/Beverage Expense F e By Gift/Awards/Memorials Expense F	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule G:	2 FILER NAME PENC		3 Filer ID (Ethics Commission Filers)			
4 Date (8/17/3)	5 Payee name	aphics				
6 Amount (\$) 28 Reimbursement from political contributions intended	7 Payee address; 808 El Camho Way	Suite B San Mar	State; Zip Code			
8 PURPOSE	(a) Category (See Categories listed at the top of this sched					
OF EXPENDITURE	trinting Expense Campaign signs					
9	(c) Check if travel outside of Texas. Complete Schedu Candidate / Officeholder name	Office sought	TX, officeholder living expense Office held			
Complete ONLY if direct expenditure to benefit C/OH		Onice sought	Office field			
Date [0/7/2]	Payee name Suppetuate	Promotions				
Amount (\$) SQL Reimbursement from political contributions intended	Payee address; P.O. Box 1943 San	City; Marzas TX 7860	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Facebook Ads, G	roogle Ads Lwebsite Subscript			
Complete ONLY if direct expenditure to benefit C/		Office sought	Office held			
Date (0/8/2)	Payee name, Super Chap	Sizwi				
Amount (\$) Reimbursement from political contributions intended	Payee address: 1200 Waterfard Contre Bl	vd #100 Austrn	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Printy Expec Check if travel outside of Texas. Complete Schedul	Campaign	Signs x, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donatlons Made Candidate/Officeholder/Polit Credit Card Payment	F By G	Event Expense Fees Food/Beverage Expense Sift/Awards/Memorials Expense .egal Services The Instruction Guide exp	Office Ov Polling E Printing & Salaries/	xpense Wages/Contract Labor	Solicitation/Fundrals Transportation Equi Travel In District Travel Out Of Distri Other (enter a categ	oment & Related Expense
1 Total pages Schedule G:	2 FILER NAM	E			3 Filer ID (Ethic	s Commission Filers)
10/15/21	5 Payee name	Warras	Dail	Person	1	
6 Amount (\$) Reimbursement from political contributions intended	7 Payee addre	:33 Sn Ma	Lr52 (12 77664	State;	Zip Code
8 PURPOSE OF EXPENDITURE	Adve	ee Categories listed at the top of the Categories listed at the top of the Categories of Texas. Complete	ns-		aper aid	axpanse
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate	e / Officeholder name		Office sought		Office held
Date 23/21	Payee name	an Maries	Dul.	Record		
Amount (\$) Reimbursement from political contributions intended	Payee addre	2-35 San	Maries	TX 786	State;	Zip Code
PURPOSE OF EXPENDITURE	Adu	ee Categories listed at the top of the earth	nse		Production of the control of the con	expense
Complete ONLY if direct expenditure to benefit C/C	Candidate	/ Officeholder name	,	Office sought	, , , , , , , , , , , , , , , , , , , ,	Office held
Date [0/17/3]	Payee name	DWES				
Amount (\$) 201	Payee addres	ss; 5. I-35	San 1	city: Narcos DR 1	State;	Zip Code
PURPOSE OF EXPENDITURE	04	e Categories listed at the top of thi		Description Company Check if Austin,	SMS MATERIA TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate	/ Officeholder name		Office sought		Office held
	ATTACH	ADDITIONAL COPIES	OF THIS SC	HEDULE AS NEED	ED	