

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

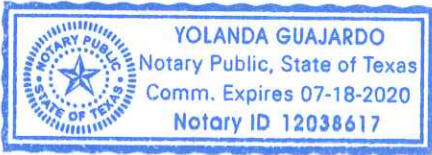
14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO 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 <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME JAMES O GARDNER CAMPAIGN ACCT
		COMMITTEE ADDRESS P.O. Box 81393 Corpus Christi TX 78468
		COMMITTEE CAMPAIGN TREASURER NAME CHRISTOPHER LAWRENCE
		COMMITTEE CAMPAIGN TREASURER ADDRESS 1743 3rd St. Corpus Christi TX 78404-1808

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 175. ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,260. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 316.70
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,967.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,292.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

James O Gardner

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said JAMES O GARDNER, this the 17th day of OCTOBER, 2016, to certify which, witness my hand and seal of office.

Yolanda Guajardo

Signature of officer administering oath

Yolanda Guajardo

Printed name of officer administering oath

Notary

Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,260 ⁰⁰
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	\$ 10,967. ⁰⁵
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

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME

JAMES O GARDOER

3 Filer ID (Ethics Commission Filers)

4 Date

7/27/16

5 Full name of contributor

out-of-state PAC (ID#: _____)

WILLARD HAMMONDS

7 Amount of contribution (\$)

\$6,000.00

6 Contributor address;

City; State; Zip Code

4418 OCEAN DRIVE CORPUS CHRISTI, TX 78412

8 Principal occupation / Job title (See Instructions)

BUSINESS OWNER

9 Employer (See Instructions)

Date

7/29/16

Full name of contributor

out-of-state PAC (ID#: _____)

JOSEPHINE HERRO

Amount of contribution (\$)

\$60.00

Contributor address;

City; State; Zip Code

561 DELMAR CORPUS CHRISTI TX 78404

Principal occupation / Job title (See Instructions)

VOLUNTEER/RETIRED

Employer (See Instructions)

Date

7/29/16

Full name of contributor

out-of-state PAC (ID#: _____)

ASHLEY ISAAC

Amount of contribution (\$)

\$75.00

Contributor address;

City; State; Zip Code

3801 CARAVELLE PKWY CORPUS CHRISTI TX 78415 #5

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27/16

Full name of contributor

out-of-state PAC (ID#: _____)

DOUGLAS MAW

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

4817 WOODRIDGE CORPUS CHRISTI TX 78413

Principal occupation / Job title (See Instructions)

LAWYER

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JAMES O GARDNER

3 Filer ID (Ethics Commission Filers)

4 Date

8/10/16

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

LESTER KAUFFMAN

7 Amount of contribution (\$)

\$ 25.00

6 Contributor address; City; State; Zip Code

4106 Round Rock St Corpus Christi TX 78410

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

8/10/16

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

FRED BRASGTON

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

6916 Sir Paine St Corpus Christi TX 78413

Principal occupation / Job title (See Instructions)

HOME BUILDER

Employer (See Instructions)

Date

8/15/16

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

TOM WHEAT

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

101 D. SHORELINE BLVD #201 Corpus Christi TX 78461

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

Date

8/11/16

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

LEO GILBERSUEVE

Amount of contribution (\$)

\$ 50.00

Contributor address; City; State; Zip Code

6234 SWEENEY PL Corpus Christi TX 78413

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">JAMES O. GARDNER</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="font-size: 1.2em;">8/25/16</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">SAM SUSSER</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">\$500.⁰⁰</p>
6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">800 W STROBELME BLVD CORON CARUTI TX 78401 STE 2200</p>		
8 Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">BUSINESS OWNER</p>		9 Employer (See Instructions)
Date <p style="font-size: 1.2em;">8/29/16</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">REPUBLICAN PARTY OF TX</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$1,500.⁰⁰</p>
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">P.O. Box 2205 AUSTIN TX 78733</p>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="font-size: 1.2em;">9/12/16</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">DUECK G. REPUBLICAN WOMEN</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$2,000.⁰⁰</p>
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">P.O. Box 276054 CORON CARUTI TX 78427</p>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="font-size: 1.2em;">9/12/16</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">BB PAJAR</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">\$100.⁰⁰</p>
Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">10606 ATLANTA CORON CARUTI TX 78410</p>		
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME JAMES O GAROWER		3 Filer ID (Ethics Commission Filers)
4 Date 9/14/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL HUMMELL	7 Amount of contribution (\$) \$ 1000.00
6 Contributor address; City; State; Zip Code P.O. Box 6323 Cresson CHRYST TX 78464		
8 Principal occupation / Job title (See Instructions) LAWYER		9 Employer (See Instructions)
Date 9/22/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANTHONY KING	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code P.O. Box 508 ROBSTOWN TX 78380		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/22/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSE GARCIA	Amount of contribution (\$) 850.00
Contributor address; City; State; Zip Code 5014 GOLDFEYE Cresson CHRYST TX 78413		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/28/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REPUBLICAN PARTY OF TX	Amount of contribution (\$) \$ 2,750.00
Contributor address; City; State; Zip Code 211 E 7th Street # 915 AUSTIN TX 78701		
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME JAMES O GARDNER		3 Filer ID (Ethics Commission Filers)
4 Date 9/29/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOUG & ANNE WILLIAMS	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 5513 DEN HURST SAN ANTONIO TX 78229		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 7	2 FILER NAME JAMES O GARDNER	3 Filer ID (Ethics Commission Filers)
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4 Date 07/05/16	5 Payee name AUTHNET GARDNER BILLVA
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6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code P.O. Box 947 AMERICAN FORK, UT 84003-0947
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07/13/14	Payee name QUEENBORO
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Amount (\$) \$143.64	Payee address; City; State; Zip Code 1406 MARSTON AVE WILMANTON, NC 28401
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07/26/16	Payee name USPS
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Amount (\$) \$65.00	Payee address; City; State; Zip Code 902 AYLES CORPUS CHRISTI TX 78404
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POSTAGE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 7/28/16	5 Payee name OFFICE DEPOT #46
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6 Amount (\$) \$13.51	7 Payee address; City; State; Zip Code 1737 So. STAPLES CORVUS CHRISTI TX 78404
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/29/16	Payee name REPUBLIC OF TEXAS
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 900 N SHREVE BLVD CORVUS CHRIST TX 78401
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/2/16	Payee name AUTHNET GATEWAY
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Amount (\$) \$25.00	Payee address; City; State; Zip Code P.O. Box 947 AMERICAN FORK, UT 84003-0947
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 8/3/16	5 Payee name SPEEDY BUTTONS	
6 Amount (\$) 729.91	7 Payee address; City; State; Zip Code County Rd 26 PLAINVIEW, MN 55964	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 8/3/14	Payee name QUEUSPOZO	
Amount (\$) 7250.85	Payee address; City; State; Zip Code 1400 MARSTELLAR ST WILMINGTON, NC 28401	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 8/4/14	Payee name GRAPHICLAND INC	
Amount (\$) 7369.95	Payee address; City; State; Zip Code 8061 W 186th STREET TIDELEY PARK IL 60487	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING	Description <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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 8/9/16	5 Payee name Home Depot # 6584
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6 Amount (\$) 7473.89	7 Payee address; City; State; Zip Code 4036 So. Post Ave Coran CHEVY TX 78415
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/10/16	Payee name AT&T
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Amount (\$) 8615.16	Payee address; City; State; Zip Code P.O. Box 537104 ATLANTA, GA 30353
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/15/16	Payee name SUPER CHEMP SUPER
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Amount (\$) 73,350.34	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 8/17/14	5 Payee name NATON BUILDER
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6 Amount (\$) \$28.03	7 Payee address; City; State; Zip Code 520 S GRAND AVE, LOS ANGELES, CA 90071
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/19/14	Payee name ZUBIE WEAR
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Amount (\$) \$1,267.34	Payee address; City; State; Zip Code 1516 UNIVERSAL CITY BLVD, UNIVERSAL CITY, TX 78148
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/23/14	Payee name USPS
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Amount (\$) 65.06	Payee address; City; State; Zip Code 902 AYLES COURT CHARLTON TX 78404
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 8/26/16	5 Payee name 7-Eleven
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6 Amount (\$) 141. ⁰⁰	7 Payee address; City; State; Zip Code AUSTIN TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRANSPORTATION	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/2/16	Payee name AUTHNET GATEWAY
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Amount (\$) 425. ⁰⁰	Payee address; City; State; Zip Code P.O. Box 949 AMERICAN FORK, UT 84003-0949
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/6/16	Payee name NATION BUILDERS
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Amount (\$) 429. ⁰⁰	Payee address; City; State; Zip Code 520 S GRAND AVE. LOS ANGELES, CA 90071
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 9/23/16	5 Payee name DOWNTOWN GALL
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6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 622 N. WATER STREET CORONA CHARLTON TX 78401
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/23/16	Payee name EL TEJANO MAGAZINE
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Amount (\$) \$575.00	Payee address; City; State; Zip Code 2505 SARITA, CORONA CHARLTON TX 78405
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/23/16	Payee name GULF COAST MAILING & PRINTING
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Amount (\$) 2,184.24	Payee address; City; State; Zip Code P.O. Box 9312 EC TX 78469
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING PRINTING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED