

# 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: <span style="font-size: 2em; margin-left: 100px;">12</span>																	
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8px;">MS / MRS / MR</td> <td style="width:35%; font-size: 8px;">FIRST</td> <td style="width:15%; font-size: 8px;">MI</td> </tr> <tr> <td colspan="3" style="text-align: center; font-size: 1.5em;">David</td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> </tr> <tr> <td colspan="3" style="text-align: center; font-size: 1.5em;">"Matt" Farias</td> </tr> </table>	MS / MRS / MR	FIRST	MI	David			NICKNAME	LAST	SUFFIX	"Matt" Farias			<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>OFFICE USE ONLY</b></p> <p style="font-size: 8px; margin: 5px 0;">Date Received</p> <p style="text-align: center; margin: 5px 0;">FILED FOR RECORD AT 11:45 AM</p> <p style="text-align: center; margin: 5px 0;">JUL 14 2020</p> <p style="font-size: 8px; margin: 5px 0;">KARA SANDS CLERK, COUNTY CLERK, NUECES COUNTY, TEXAS BY: <u>[Signature]</u> DEPUTY</p> <p style="font-size: 8px; margin: 5px 0;">Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table> </div>	Receipt #	Amount \$	Date Processed		Date Imaged	
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"Matt" Farias																				
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Date Processed																				
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="width:25%;">ADDRESS / PO BOX;</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:20%;">CITY;</td> <td style="width:15%;">STATE;</td> <td style="width:25%;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center; font-size: 1.5em;">834 Alhambra Dr Corpus Christi, Texas 78418</td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	834 Alhambra Dr Corpus Christi, Texas 78418													
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5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="width:15%;">AREA CODE</td> <td style="width:40%;">PHONE NUMBER</td> <td style="width:45%;">EXTENSION</td> </tr> <tr> <td colspan="3" style="text-align: center; font-size: 1.5em;">(361) 903-2000</td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(361) 903-2000															
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6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8px;">MS / MRS / MR</td> <td style="width:35%; font-size: 8px;">FIRST</td> <td style="width:15%; font-size: 8px;">MI</td> </tr> <tr> <td colspan="3" style="text-align: center; font-size: 1.5em;">Norma</td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> </tr> <tr> <td colspan="3" style="text-align: center; font-size: 1.5em;">Marshall</td> </tr> </table>	MS / MRS / MR	FIRST	MI	Norma			NICKNAME	LAST	SUFFIX	Marshall									
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Norma																				
NICKNAME	LAST	SUFFIX																		
Marshall																				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="width:45%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:20%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:10%;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center; font-size: 1.5em;">2825 Debra Lane Corpus Christi, Texas 78418</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	2825 Debra Lane Corpus Christi, Texas 78418											
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse; font-size: 8px;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)									
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="width:15%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:15%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> </tr> <tr> <td colspan="7" style="text-align: center; font-size: 1.5em;">1 / 1 / 2020 THROUGH 6 / 30 / 2020</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	1 / 1 / 2020 THROUGH 6 / 30 / 2020									
Month	Day	Year	THROUGH	Month	Day	Year														
1 / 1 / 2020 THROUGH 6 / 30 / 2020																				
11 ELECTION	<table style="width:100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="width:30%;">ELECTION DATE</td> <td colspan="2">ELECTION TYPE</td> </tr> <tr> <td style="font-size: 8px;">Month    Day    Year</td> <td><input checked="" type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> </tr> <tr> <td style="text-align: center; font-size: 1.5em;">3 / 3 / 2020</td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td></td> <td colspan="2"><input type="checkbox"/> Other Description</td> </tr> </table>			ELECTION DATE	ELECTION TYPE		Month    Day    Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	3 / 3 / 2020	<input type="checkbox"/> General	<input type="checkbox"/> Special		<input type="checkbox"/> Other Description						
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Month    Day    Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff																		
3 / 3 / 2020	<input type="checkbox"/> General	<input type="checkbox"/> Special																		
	<input type="checkbox"/> Other Description																			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)																		
		Justice of the Peace Pct. 2 PL. 1																		

GO TO PAGE 2

2020-0099

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

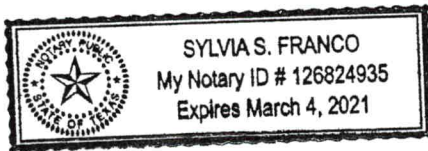
14 C/OH NAME David M. Farias 15 Filer ID (Ethics Commission Filers)

16 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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 510. <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,000. <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <del>0</del>
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,725.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 784.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ N/A

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.

*David M. Farias*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David Maria Farias, this the 14th day of July, 2020, to certify which, witness my hand and seal of office.

*Sylvia S. Franco (Notary)*

Signature of officer administering oath

Printed name of officer administering oath

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	\$ 4,510. <sup>00</sup>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 93.80
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,725.93
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME <b>David M. Farias</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/10/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Theodore + Tina Garcia</b> 6 Contributor address; City; State; Zip Code <b>1529 Oakville, Corpus Christi, TX 78418</b>	7 Amount of contribution (\$) <b>\$ 250.00</b>
8 Principal occupation / Job title (See Instructions) <b>Retired U.S. Army</b>		9 Employer (See Instructions)
Date <b>1/11/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Guilevaldo + Arva Farias</b> Contributor address; City; State; Zip Code <b>2021 Overland Trail, Corpus Christi, TX 78410</b>	Amount of contribution (\$) <b>\$ 250.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>1/21/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jose F. Farias Sr.</b> Contributor address; City; State; Zip Code <b>2606 Rose St, Harlingen, TX 78550</b>	Amount of contribution (\$) <b>\$ 500.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>1/17/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Javier + Lydia Davila</b> Contributor address; City; State; Zip Code <b>2226 Versailles, Corpus Christi, TX 78418</b>	Amount of contribution (\$) <b>\$ 100.00</b>
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: **4**

2 FILER NAME

**David M. Farias**

3 Filer ID (Ethics Commission Filers)

4 Date

**2/13/2020**

5 Full name of contributor

**Javier + Kayla Davile**

6 Contributor address;

**934 St. Michael, Corpus Christi, TX 78418**

City;

State;

Zip Code

7 Amount of contribution (\$)

**\$ 100.00**

8 Principal occupation / Job title (See Instructions)

**Engineer**

9 Employer (See Instructions)

**Port of Corpus Christi**

Date

**2/15/2020**

Full name of contributor

**Robert Alatorre III**

Contributor address;

**9619 Single Spur, San Antonio, TX 78254**

City;

State;

Zip Code

Amount of contribution (\$)

**\$ 100.00**

Principal occupation / Job title (See Instructions)

**Systems Administrator**

Employer (See Instructions)

**U.S. Courts**

Date

**2/15/2020**

Full name of contributor

**Marvin + Norma Marshall**

Contributor address;

**2825 Debra Lane, Corpus Christi, TX 78418**

City;

State;

Zip Code

Amount of contribution (\$)

**\$ 200.00**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

Date

**2/15/2020**

Full name of contributor

**Arnoldo Farias Sr.**

Contributor address;

**23398 Hwy 83, San Benito, TX 78586**

City;

State;

Zip Code

Amount of contribution (\$)

**\$ 100.00**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME <b>David M. Farias</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/15/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Arnoldo Jr + Herlinda Farias</b> 6 Contributor address; City; State; Zip Code <b>4691 Beaver Pond, Brownsville, TX 78520</b>	7 Amount of contribution (\$) <b>\$ 100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Supervisor</b>		9 Employer (See Instructions) <b>U.S. Border Patrol</b>
Date <b>2/16/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alfonso + Elena Perez</b> Contributor address; City; State; Zip Code <b>2906 Rose, Harlingen, TX 78550</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>2/26/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Randall + McKenzie Marshall</b> Contributor address; City; State; Zip Code <b>10071 Isle Circle, Parker, CO 80134</b>	Amount of contribution (\$) <b>\$ 1,000.00</b>
Principal occupation / Job title (See Instructions) <b>Surveyor</b>		Employer (See Instructions) <b>British Petroleum</b>
Date <b>2/27/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CWA-COPE PCC</b> Contributor address; City; State; Zip Code <b>501 3<sup>rd</sup> Street NW, Washington D.C. 20001</b>	Amount of contribution (\$) <b>\$ 800.00</b>
Principal occupation / Job title (See Instructions) <b>CWA</b>		Employer (See Instructions) <b>Union</b>

**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: **4**

2 FILER NAME

**David M. Farias**

3 Filer ID (Ethics Commission Filers)

4 Date

**6/18/2020**

5 Full name of contributor

**DR. EDGAR L. CORTES**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**\$100.00**

6 Contributor address;

City;

State; Zip Code

**27 Camden Place, Corpus Christi, TX 78412**

8 Principal occupation / Job title (See Instructions)

**Doctor - Pediatrics**

9 Employer (See Instructions)

**Children's Clinic**

Date

**6/18/2020**

Full name of contributor

**Diana T. Barrera**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$300.00**

Contributor address;

City;

State; Zip Code

**11621 Hondo Creek, Corpus Christi, TX 78410**

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)

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <span style="float: right;">1</span>	
2 FILER NAME <i>David M. Farias</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>93.80</i>	
5 Date <i>3/2/2020</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jason Hudson</i>	8 Amount of Contribution \$ <i>\$93.80</i>	9 In-kind contribution description <i>Lumber for Signs "LOWE'S"</i>
7 Contributor address; City; State; Zip Code <i>3510 Rosedown, Corpus Christi, TX 78418</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Retired U.S. Navy</i>		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 JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
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)			

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# 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: <b>4</b>	2 FILER NAME <b>David M. Farias</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1/7/2020</b>	5 Payee name <b>Vistaprint</b>	
6 Amount (\$) <b>\$64.95</b>	7 Payee address; City; State; Zip Code <b>95 Hayden Ave, Lexington MA 02421-7942</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <b>Campaign Business Cards</b>
	(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 <b>1/22/2020</b>	Payee name <b>Trophyland</b>	City; State; Zip Code
Amount (\$) <b>\$43.80</b>	Payee address; <b>5301 Everhart, Corpus Christi, TX 78411</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>NAME TAGS</b>
	<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 <b>1/28/2020</b>	Payee name <b>GRUNWALD PRINTING CO.</b>	City; State; Zip Code
Amount (\$) <b>\$1,462.35</b>	Payee address; <b>1418 Morgan Ave, Corpus Christi, TX 78404</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Campaign Signs</b>
	<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

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# 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: <b>4</b>	2 FILER NAME <b>David M. Farias</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2/4/2020</b>	5 Payee name <b>McCoy's Building Supply</b> City; State; Zip Code	
6 Amount (\$) <b>\$259.26</b>	7 Payee address; <b>1602 North Padre Island Dr, Corpus Christi, TX 78408</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <b>Hardware "T" Posts for Campaign Signs</b>
	(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 <b>2/28/2020</b>	Payee name <b>Light House Graphics</b>	City; State; Zip Code
Amount (\$) <b>\$751.26</b>	Payee address; <b>3046 S. Padre Island Dr, Corpus Christi, TX 78415</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Campaign T-Shirts</b>
	<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 <b>2/28/2020</b>	Payee name <b>Geunwald Printing Co.</b>	City; State; Zip Code
Amount (\$) <b>\$253.56</b>	Payee address; <b>1418 Morgan Ave, Corpus Christi, TX 78404</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Campaign Signs</b>
	<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

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# 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: <b>4</b>	2 FILER NAME <b>David M. Farias</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3/1/2020</b>	5 Payee name <b>Dominos pizza</b>	City; State; Zip Code
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6 Amount (\$) <b>\$34.60</b>	7 Payee address; <b>2602 Waldron #B, Corpus Christi, TX 78418</b>	City; State; Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Food Expense</b>	(b) Description <b>Pizza for Campaign Meetings</b>
	(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
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Date <b>3/5/2020</b>	Payee name <b>Light House Graphics</b>	City; State; Zip Code
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Amount (\$) <b>\$235.99</b>	Payee address; <b>3046 So. Padre Island Dr, Corpus Christi, TX 78415</b>	City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Campaign Shirts</b>
	<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
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Date <b>3/10/2020</b>	Payee name <b>Amazon.com</b>	City; State; Zip Code
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Amount (\$) <b>\$24.89</b>	Payee address; <b>440 Terry Ave, North Seattle, WA 98109</b>	City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Campaign "Thank You" Cards</b>
	<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
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# 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: <b>4</b>	2 FILER NAME <b>David M. Farias</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/10/2020</b>	5 Payee name <b>Light House Graphics</b>	
6 Amount (\$) <b>\$562.90</b>	7 Payee address; City; State; Zip Code <b>3046 So. Padre Island Dr., Corpus Christi, TX 78415</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <b>Campaign Shirts</b>
	(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 <b>3/13/2020</b>	Payee name <b>Bird's Rubber Stamps</b>	City; State; Zip Code
Amount (\$) <b>\$32.37</b>	Payee address; <b>5230 Kostoryz, Suitell, Corpus Christi, TX 78415</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Campaign Rubber Stamp</b>
	<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	City; State; Zip Code
Amount (\$)	Payee address;	
<b>PURPOSE OF EXPENDITURE</b>	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

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