

**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: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Robert NICKNAME LAST SUFFIX Bobby Sherwood	OFFICE USE ONLY Date Received FILED FOR RECORD AT 3:20p M JUL 09 2020 KARA SANDS CLERK, COUNTY CLERK, NUECES COUNTY, TEXAS BY: DEPUTY Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; Z P CODE P.O. BOX 1060 Port Aransas, TX 78373		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 816-7322		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Erin A. NICKNAME LAST SUFFIX Johnson		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 643 Pez Vela Port Aransas TX 78373		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 483-1159		
9 REPORT TYPE	<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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before elec ion <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 02 / 19 / 2020 THROUGH 07 / 06 / 2020		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description 07 / 14 / 2020 <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Nueces County Constable Precinct 4	13 OFFICE SOUGHT (if known) Nueces County Constable Precinct 4	

GO TO PAGE 2

2020-0093

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2


14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
--------------	--

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.	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,570.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$4,761.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$6,158.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

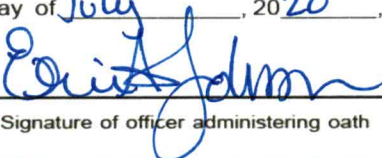
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



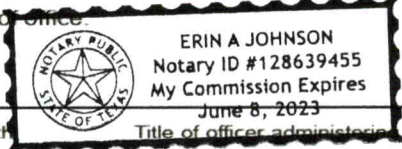
 Signature of Candidate or Officeholder

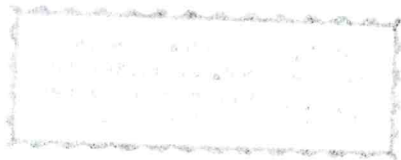
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ROBERT SHERWOOD, this the 6 day of July, 2020, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

ERIN A. JOHNSON
 Printed name of officer administering oath


 Title of officer administering oath



SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****Robert W. Sherwood****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,570.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 800.00
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	\$ 4,761.25
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:
2 FILER NAME Robert W. Sherwood		3 Filer ID (Ethics Commission Filers)
4 Date 02/21/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Kilber 6 Contributor address; City; State; Zip Code 400 Rolling Hills Dr Wimberley TX 78676	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 02/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Shamsie Contributor address; City; State; Zip Code 4002 Castle Valley Dr Corpus Christi, TX 78410	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 02/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victoria Roberson Contributor address; City; State; Zip Code 111 Pebble Creek Dr. Rockport, TX 78382	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) K.R. Coogan Contributor address; City; State; Zip Code 5900 Newgate Lane Planto, TX 75093	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Self
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Robert W. Sherwood

3 Filer ID (Ethics Commission Filers)

4 Date
03/10/2020

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

7 Amount of contribution (\$) \$200.00

6 Contributor address; City; State; Zip Code
1000 N. Station #508 Port Aransas, TX 78373

8 Principal occupation / Job title (See Instructions)
Business Owner

9 Employer (See Instructions)
Self

Date
03/12/2020

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

Amount of contribution (\$) \$20.00

Contributor address; City; State; Zip Code
3306 Gentry Dr. Austin, TX 78746

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date
03/12/2020

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

Amount of contribution (\$) \$500.00

Contributor address; City; State; Zip Code
30414 Fairway Run Boerne, TX 78015

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Self

Date
03/12/2020

Full name of contributor out-of-state PAC (ID# _____)
Chesley I. Swann

Amount of contribution (\$) \$100.00

Contributor address; City; State; Zip Code
P.O. Box 6862 San Antonio, TX 78209

Principal occupation / Job title (See Instructions)
Restaurant Owner

Employer (See Instructions)
Self

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 Robert W. Sherwood		3 Filer ID (Ethics Commission Filers)
4 Date 03/22/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John G. McDonough	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 4300 Edmondson Ave Dallas, TX 75205		
8 Principal occupation / Job title (See Instructions) Investor		9 Employer (See Instructions) Self
Date 04/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Welch	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code 11824 Sandman San Antonio, TX 78216		
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Self
Date 04/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry R. Uetrecht	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code P.O. Box 937 Portland, TX 7874		
Principal occupation / Job title (See Instructions) Retired Peace Officer		Employer (See Instructions)
Date 04/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luann O'Connor	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code P.O. Box 1878 Victoria, TX 77902		
Principal occupation / Job title (See Instructions) U.S. Marshall		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Robert W. Sherwood

3 Filer ID (Ethics Commission Filers)

4 Date

06/10/2020

5 Full name of contributor

Bill Gavitt

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City;

State;

Zip Code

1014 Karnak

Corpus Christi, TX 78412

8 Principal occupation / Job title (See Instructions)

Contractor

9 Employer (See Instructions)

Self

Date

05/28/2020

Full name of contributor

K.R. Coogan

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

5900 Newgate Lane Plano, TX 75093

Principal occupation / Job title (See Instructions)

Property Manager

Employer (See Instructions)

Self

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:	
2 FILER NAME Robert Sherwood		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 800.00	
5 Date 06/28/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Herndon	8 Amount of Contribution \$	9 In-kind contribution description \$800.00 Food for Event
7 Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) SELF		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#: <u>K.R. Coogan</u>)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions) Tarpon Inn	
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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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: 3	2 FILER NAME Robert Sherwood	3 Filer ID (Ethics Commission Filers)
4 Date 06/22/2020	5 Payee name Port Aransas South Jetty Newspaper	
6 Amount (\$) \$454.41	7 Payee address; City; State; Zip Code P.O. Box 1117 Port Aransas TX 78373	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Weekly advertising expense
	(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 Robert Sherwood	Office sought Nueces County Pct. 4 Constable
		Office held Pct. 4 Constable
Date 06/24/2020	Payee name The Island Moon Newspaper	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 14493 S.P.I.D. Ste. A Corpus Christi TX 78418	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Weekly Advertising
	<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 Robert Sherwood	Office sought Nueces County Pct. 4 Constable
		Office held Pct. 4 Constable
Date 06/29/2020	Payee name Sams Club	
Amount (\$) \$166.18	Payee address; City; State; Zip Code 4833 S.P.I.D. Corpus Christi , TX 78411	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies	Description Supplies for event
	<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 Robert Sherwood	Office sought Nueces County Pct. 4 Constable
		Office held Pct. 4 Constable

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: 3	2 FILER NAME Robert Sherwood	3 Filer ID (Ethics Commission Filers)
4 Date 06/30/2020	5 Payee name Padre Island Business Association	
6 Amount (\$) \$295.00	7 Payee address; City; State; Zip Code 14493 S.P.I.D. Ste. A Corpus Christi, TX 78418	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Monthly advertising expense
	(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 Robert Sherwood	Office sought Nueces County Pct. 4 Constable
		Office held Pct. 4 Constable
Date 06/30/2020	Payee name The South Jetty Newspaper	
Amount (\$) \$454.41	Payee address; City; State; Zip Code P.O. Box 1117 Port Aransas TX 78373	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Weekly Advertising
	<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 Robert Sherwood	Office sought Nueces County Pct. 4 Constable
		Office held Pct. 4 Constable
Date 06/30/2020	Payee name The Island Moon Newspaper	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 14493 S.P.I.D. Ste.A Corpus Christi , TX 78418	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Weekly Adverting
	<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 Robert Sherwood	Office sought Nueces County Pct. 4 Constable
		Office held Pct. 4 Constable

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: 3	2 FILER NAME Robert Sherwood	3 Filer ID (Ethics Commission Filers)
4 Date 07/06/2020	5 Payee name Port Aransas South Jetty Newspaper	
6 Amount (\$) \$1,691.25	7 Payee address; P.O. Box 1117	City; State; Zip Code Port Aransas TX 78373
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Weekly advertising expense
	(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 07/06/2020	Payee name The Island Moon Newspaper		
Amount (\$) \$1,200.00	Payee address; 14493 S.P.I.D. Ste. A	City; State; Zip Code Corpus Christi TX 78418	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Weekly Advertising	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

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

Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED