

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI		OFFICE USE ONLY Date Received City Clerk OCT 09 2018 City of San Marcos
	NICKNAME LAST SUFFIX		
Mark Gleason			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE		
	909 Conway Dr. San Marcos TX 78666		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(217) 871-5535		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI		
	NICKNAME LAST SUFFIX		
Angie Ramirez		Receipt #	Amount \$
		Date Processed	
		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE		
	612 Barbara Dr. San Marcos TX 78666		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(512) 738-1800		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year		
	07 / 26 / 2018 THROUGH 10 / 09 / 2018		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE		13 OFFICE SOUGHT (if known)	
OFFICE HELD (if any)		San Marcos City Council Place 5	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Mark Gleason 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.

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

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 805.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2285.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 127.83
	4. TOTAL POLITICAL EXPENDITURES	\$ 2061.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 221.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Mark Gleason
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mark Gleason, this the 9th day of October, 2018, to certify which, witness my hand and seal of office.

Margaret J. Salinas
Signature of officer administering oath

Margaret J. Salinas
Printed name of officer administering oath

Staff
Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:
3

2 FILER NAME **Mark Gleason** 3 Filer ID (Ethics Commission Filers)

4 Date Sept. 15, 2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry and Ruth Reinhart	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 12 Clover Hill Circle Bloomington IL 61705		

8 Principal occupation / Job title (See Instructions) **retired** 9 Employer (See Instructions)
retired

Date Oct. 5, 2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Krusemark	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 12287 Monroe Rd. 959 Madison MO 65263		

Principal occupation / Job title (See Instructions) **farmer** Employer (See Instructions)
Self employed

Date Sept. 29, 2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph and Keren Jackson	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1203 W. San Antonio Street San Marcos TX 78666		

Principal occupation / Job title (See Instructions) **store manager; teacher** Employer (See Instructions)
Panera; San Marcos CISD

Date Oct. 1, 2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken and Ann Harris	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 503 Colorado St. Smithville TX 78957		

Principal occupation / Job title (See Instructions) **retired teachers** Employer (See Instructions)
retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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 type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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 type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mark Gleason		3 Filer ID (Ethics Commission Filers)
4 Date Oct. 1, 2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin + Elyse Fitzjarrald 6 Contributor address; City; State; Zip Code 1121 Corrales Ln. Chula Vista CA	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Lt. Commander, Navy wife		9 Employer (See Instructions) US Navy
Date Aug. 15, 2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ed Mihalkamin Contributor address; City; State; Zip Code 517 W. Hopkins St. San Marcos TX 78666	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) professor - political science		Employer (See Instructions) Texas State University
Date Sept. 10, 2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diana Baker Contributor address; City; State; Zip Code 727 Belvin St. San Marcos TX 78666	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Producer, Writer, Filmmaker		Employer (See Instructions) Self-employed
Date Aug. 31, 2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Maria Coppoletta Contributor address; City; State; Zip Code 1322 Belvin St. San Marcos TX 78666	Amount of contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) adjunct professor of communication studies		Employer (See Instructions) Austin Community College

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mark Gleason

3 Filer ID (Ethics Commission Filers)

4 Date

Oct. 5,
2018

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

William Agnew

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

714 Belvin St. San Marcos TX 78666

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

retired

Date

Sept. 3,
2018

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

Travis Kelsey - The Taproom/
The Porch

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

129 E Hopkins St. San Marcos TX 78666

Principal occupation / Job title (See Instructions)

Owner - The Porch / The Taproom

Employer (See Instructions)

Self employed

Date

Oct. 9,
2018

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

Liz Rios - Redbud Roasters

Amount of contribution (\$)

\$150.00

Contributor address; City; State; Zip Code

169 S. LBJ Dr. San Marcos TX 78666

Principal occupation / Job title (See Instructions)

Owner - Redbud Roasters, Jo's Cafe, the Go

Employer (See Instructions)

Self employed

Date

Full name of contributor 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Mark Gleason		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 225.00	
5 Date 9/3/18	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Vargas - Casa Maria 7 Contributor address; City; State; Zip Code 706 S. Guadalupe St. San Marcos TX 78666	8 Amount of Contribution \$ 75.00	9 In-kind contribution description nachobar
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Owner - Casa Maria		11 Employer (FOR NON-JUDICIAL) (See Instructions) Casa Maria - self	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 9/29/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Gilbert - Sunset Lanes Bowling Alley Contributor address; City; State; Zip Code 1304 TX 123 San Marcos TX 78666	Amount of Contribution \$ 150.00	In-kind contribution description Bowling
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Owner - Sunset Lanes Bowling Alley		Employer (FOR NON-JUDICIAL) (See Instructions) self - Sunset Lanes	
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>			
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PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

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

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Mark Gleason</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>Aug Sept 2018</i>	5 Payee name <i>UPS Store</i>
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6 Amount (\$) <i>\$307.32</i>	7 Payee address; City; State; Zip Code <i>415 N. Guadalupe St. San Marcos TX 78666</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(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 <i>Sept. 2, 2018</i>	Payee name <i>Fed Ex</i>
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Amount (\$) <i>\$12.99</i>	Payee address; City; State; Zip Code <i>303 N. Edward Gary Suite C San Marcos TX 78666</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	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 <i>Aug. 13, 2018</i>	Payee name <i>Office Depot</i>
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Amount (\$) <i>\$27.91</i>	Payee address; City; State; Zip Code <i>201 Springdown Way San Marcos TX 78666</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>	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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>2</u>		2 FILER NAME <u>Mark Gleason</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>Oct. 5, 2018</u>		5 Payee name <u>Advance Autoparts</u>			
6 Amount (\$) <u>\$4.32</u>		7 Payee address; City; State; Zip Code <u>103 E. Center St Kyle TX 78666</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Other - Sign Supplies</u>		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>Aug. 10, 2018</u>		Payee name <u>US Post Office</u>			
Amount (\$) <u>\$10.00</u>		Payee address; City; State; Zip Code <u>210 S. Stagecoach Trail San Marcos TX 78666</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Solicitation/Fundraising Expense</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>Sept. 14, 2018</u>		Payee name <u>Lowe's</u>			
Amount (\$) <u>\$85.60</u>		Payee address; City; State; Zip Code <u>2211 N. IH 35 Frontage Rd. San Marcos TX 78666</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Other - sign supplies</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Mark Gleason</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>Aug. 31, 2018</i>	5 Payee name <i>Courtney Bowden</i>
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6 Amount (\$) <i>\$120.00</i>	7 Payee address; City; State; Zip Code <i>826 Burleson Unit A San Marcos TX 78666</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	(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 <i>Oct. 3, 2018</i>	Payee name <i>Super Cheap Signs</i>
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Amount (\$) <i>\$1440.36</i>	Payee address; City; State; Zip Code <i>9200 Waterford Ctr. Blvd #100 Austin TX 78758</i>
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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
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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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

