

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: 88
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST LEWIS MI		OFFICE USE ONLY Date Received OCC RECEIVED AT OCT 15 '18 AM 10:17 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME LAST SUFFIX CONWAY JR		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 6101 Cherry Lane Ce APT H TX 78723		
	AREA CODE PHONE NUMBER EXTENSION (512) 202-9151		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI SAME		
	NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE SAME		
	AREA CODE PHONE NUMBER EXTENSION () SAME		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 18 10 / 6 / 18		
11 ELECTION	ELECTION DATE Month Day Year 11 / 6 / 18		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
GO TO PAGE 2			

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: <div style="text-align: center; font-size: 2em;">88</div>						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">LEWIS</div>		OFFICE USE ONLY Date Received <div style="border: 1px solid black; padding: 5px; font-weight: bold;"> OCC RECEIVED AT OCT 15 '18 AM 10:17 </div> Date Hand-delivered or Date Postmarked <table style="width:100%; border-collapse: collapse;"> <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>	Receipt #	Amount \$	Date Processed		Date Imaged	
	Receipt #	Amount \$							
Date Processed									
Date Imaged									
NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">COWLEY JR</div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">6101 Cherry Lane Ce APT TX 78723</div>								
	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(512) 202-951</div>								
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">SAME</div>								
	NICKNAME LAST SUFFIX								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">SAME</div>								
	NICKNAME LAST SUFFIX								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.5em;">SAME</div>								
	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.5em;">() SAME</div>								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.5em;">() SAME</div>								
	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.5em;">() SAME</div>								
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 <div style="display: flex; justify-content: space-around; align-items: center;"> <div> Month Day Year <div style="font-size: 1.5em;">07 / 01 / 18</div> </div> <div>THROUGH</div> <div> Month Day Year <div style="font-size: 1.5em;">10 / 6 / 18</div> </div> </div>								
11 ELECTION	ELECTION DATE <div style="display: flex; justify-content: space-around; align-items: center;"> <div> Month Day Year <div style="font-size: 1.5em;">11 / 6 / 18</div> </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>								
	12 OFFICE OFFICE HELD (if any)								
13 OFFICE SOUGHT (if known)									

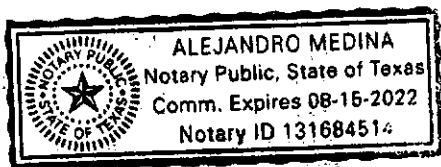
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME <u>Lewis Conway Jr</u>	15 Filer ID (Ethics Commission Filers) 				
16 NOTICE FROM POLITICAL COMMITTEE(S) <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> Additional Pages </div>	<p style="font-size: small;">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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; vertical-align: top;"> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="width:80%;"> COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table>	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS		
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED</td> <td style="width:40%; text-align: right;">\$ 2515</td> </tr> <tr> <td>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</td> <td style="text-align: right;">\$ 7990</td> </tr> </table>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 2515	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7990
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7990				
EXPENDITURE TOTALS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED</td> <td style="width:40%; text-align: right;">\$</td> </tr> <tr> <td>4. TOTAL POLITICAL EXPENDITURES</td> <td style="text-align: right;">\$ 9259.92</td> </tr> </table>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	4. TOTAL POLITICAL EXPENDITURES	\$ 9259.92
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4. TOTAL POLITICAL EXPENDITURES	\$ 9259.92				
CONTRIBUTION BALANCE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</td> <td style="width:40%; text-align: right;">\$ 512.66</td> </tr> </table>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 512.66		
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OUTSTANDING LOAN TOTALS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</td> <td style="width:40%; text-align: right;">\$</td> </tr> </table>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$		
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]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lewis Conway, this the 15th day of October, 2018, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Alejandro Medina
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 type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <u>7990</u> <u>9259.92</u>
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	\$ <u>9259.92</u>
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	\$

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: <u>8</u>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date <u>8.1.18</u>	5 Payee name <u>FACEBOOK</u>	
6 Amount (\$) <u>23.51</u>	7 Payee address; City: State; Zip Code <u>CAZIT</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>ADVERTISING</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 <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 8/18 8/8/18	5 Full name of contributor CHAU NGO 6 Contributor address; City; State; Zip Code 2121 Dickinson ATX 78704	7 Amount of contribution (\$) \$13
8 Principal occupation / Job title (See Instructions) ADMIN. ASSOC.		9 Employer (See Instructions) UT Austin
Date 8/8	Full name of contributor Klamesha Cando Contributor address; City; State; Zip Code 6510 Berkman DE ATX 78723	Amount of contribution (\$) \$20
Principal occupation / Job title (See Instructions) Restor		Employer (See Instructions) INDEPENDENT CONTRACTOR
Date	Full name of contributor DINA DAVIS Contributor address; City; State; Zip Code 15918 WINDYBROOK DE TX TX 78400	Amount of contribution (\$) \$20
Principal occupation / Job title (See Instructions) HR		Employer (See Instructions) TCEQ
Date	Full name of contributor MARK MCKIN Contributor address; City; State; Zip Code 2906 E MLK ATX 78702	Amount of contribution (\$) \$5
Principal occupation / Job title (See Instructions) SUB.		Employer (See Instructions) AISD
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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

Lewis Carlucci Jr

3 Filer ID (Ethics Commission Filers)

4 Date

8/8
8/9

5 Full name of contributor

JALOS MARTIN

☐ out-of-state PAC (ID#)

6 Contributor address;

City; State; Zip Code

820 WEST END AVE 12A NY, NY 10005

7 Amount of contribution (\$)

\$50

8 Principal occupation / Job title (See Instructions)

National Organizer

9 Employer (See Instructions)

ACLU

Date

8/9

Full name of contributor

Katherine Breche

☐ out-of-state PAC (ID#)

Contributor address;

City; State; Zip Code

2 OVERLOOK RD WHITE PLAINS, NY 10605

Amount of contribution (\$)

\$25

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Board of Ed

Date

8/9

Full name of contributor

UDI OPER

☐ out-of-state PAC (ID#)

Contributor address;

City; State; Zip Code

23 ARMOUR RD, PRINCETON NJ 08540

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

ACLU

Date

8/9

Full name of contributor

Ruthie Epstein

☐ out-of-state PAC (ID#)

Contributor address;

City; State; Zip Code

330 LEWIS AVE 3B Brooklyn, NY 11221

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Policy Analyst

Employer (See Instructions)

ACLU

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

Lewis Conway Jr

3 Filer ID (Ethics Commission Filers)

4 Date

8/10

5 Full name of contributor

Chloe Latham-Sikes

☐ out-of-state PAC (ID#)

6 Contributor address:

City: State: Zip Code

711 Hyde Park Court Austin, TX 78748

7 Amount of contribution (\$)

\$25

8 Principal occupation / Job title (See Instructions)

Student

9 Employer (See Instructions)

UT/Austin

Date

8/10

Full name of contributor

Kyle Bacon

☐ out-of-state PAC (ID#)

Contributor address:

City: State: Zip Code

5028 Astor SE Washington, DC 20019

Amount of contribution (\$)

\$25

Principal occupation / Job title (See Instructions)

Medical Program DR.

Employer (See Instructions)

O.S. Dream Academy

Date

8/11

Full name of contributor

Christina Chai

☐ out-of-state PAC (ID#)

Contributor address:

City: State: Zip Code

701 Landon Ln Apt 78705

Amount of contribution (\$)

\$40

Principal occupation / Job title (See Instructions)

Self-employed

Employer (See Instructions)

Behnam Labs

Date

8/13

Full name of contributor

Mark McKim

☐ out-of-state PAC (ID#)

Contributor address:

City: State: Zip Code

2906 E. MLK Activity B702

Amount of contribution (\$)

\$5

Principal occupation / Job title (See Instructions)

SOB. TEACHER

Employer (See Instructions)

ALSD

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

Lewis Cornish Jr

3 Filer ID (Ethics Commission Filers)

4 Date

8/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

BAKO + TITANY BUSINES

6 Contributor address;

City; State; Zip Code

9110 MAZARCONIA RD APT 78754

7 Amount of contribution (\$)

\$75

8 Principal occupation / Job title (See Instructions)

EDUCATOR

9 Employer (See Instructions)

KIPP TEXAS PUBLIC SCHOOLS

Date

8/14

Full name of contributor

☐ out-of-state PAC (ID#)

DOMINIQUE BESTON

Contributor address;

City; State; Zip Code

6825 WILKAMERE RD APT 78723

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

8/14

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address;

City; State; Zip Code

315 W 16TH AVE NY, NY 10025

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Wesley Matthews

Contributor address;

City; State; Zip Code

4221 SUTTERLAND AVE DUBLIN, MI 48204

Amount of contribution (\$)

\$25

Principal occupation / Job title (See Instructions)

OPERATIVE

Employer (See Instructions)

MICHAEL CHITD

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

LEWIS CARLWAY JR

3 Filer ID (Ethics Commission Filers)

4 Date

8/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

WENDY CALDERON-PRINCE

6 Contributor address;

City; State; Zip Code

10303

59 SOUTH AVENUE GAITHERSBURG

7 Amount of contribution (\$)

\$15

8 Principal occupation / Job title (See Instructions)

EX. DIRECTOR

9 Employer (See Instructions)

ORANGE VOTER ALLIANCE

Date

8/14

Full name of contributor

☐ out-of-state PAC (ID#)

LILLIE BRADLEY-KENNEY

Contributor address;

City; State; Zip Code

7205 ALVIS COURT HERNDON, VA 22031

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/14

Full name of contributor

☐ out-of-state PAC (ID#)

SUSAN ROBERTS

Contributor address;

City; State; Zip Code

6446 PARK DRIVE CHERRY HILL, NJ 08002

Amount of contribution (\$)

\$25

Principal occupation / Job title (See Instructions)

ADVOCATE

Employer (See Instructions)

MHASP

Date

8/14

Full name of contributor

☐ out-of-state PAC (ID#)

PAUL SOLOMON

Contributor address;

City; State; Zip Code

2100 TYLER STREET EUGENE, OR 97405

Amount of contribution (\$)

\$25

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

Lewis Conway Jr

3 Filer ID (Ethics Commission Filers)

4 Date

8/14

5 Full name of contributor

Stet Hovvood

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$ 100

6 Contributor address;

City; State; Zip Code

655 MICHIGAN AVE
APT 417 WASHINGTON, DC 20017

8 Principal occupation / Job title (See Instructions)

LAW PROFESSOR

9 Employer (See Instructions)

Georgetown University

Date

8/14

Full name of contributor

PAUL STELLER

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$350

Contributor address;

City; State; Zip Code

811 E. 11th St. AUSTIN, TX 78702

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/15

Full name of contributor

YAO WEBB

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$20

Contributor address;

City; State; Zip Code

10500 GLASS MOUNTAIN TRAIL APT 78750

Principal occupation / Job title (See Instructions)

None

Employer (See Instructions)

None

Date

8/15

Full name of contributor

DANA HEIDKAMP

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$300

Contributor address;

City; State; Zip Code

43 ST. NICHOLAS AVE 12 BROOKLYN, NY 11237

Principal occupation / Job title (See Instructions)

Social Worker

Employer (See Instructions)

SAMARITA VILLAGE

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

Lewis Conway Jr

3 Filer ID (Ethics Commission Filers)

4 Date

8/16

5 Full name of contributor

DEANNA HOSKINS

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$250

6 Contributor address;

City; State; Zip Code

3650 South Creek Arlington, VA 22202

8 Principal occupation / Job title (See Instructions)

Home

9 Employer (See Instructions)

None

Date

8/16

Full name of contributor

TRINA CLEVELAND

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$25

Contributor address;

City; State; Zip Code

1241 S. HARRIS BLVD D2 AUSTIN TX 75115

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

8/16

Full name of contributor

TARRA SIMMONS

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$25

Contributor address;

City; State; Zip Code

6852 TOWN LN NE BEMERSON, WA 98011

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Public Defense Assoc.

Date

8/16

Full name of contributor

Pamela Wynn

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

786 DILL AVE SW ATLANTA, GA 30310

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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

Lewis Century Jr

3 Filer ID (Ethics Commission Filers)

4 Date

8/16

5 Full name of contributor

WOOLF SITTNER

☐ out-of-state PAC (ID#)

6 Contributor address;

City; State; Zip Code

1603 KALWICK AVE AUSTIN TX 78704

7 Amount of contribution (\$)

\$ 50

8 Principal occupation / Job title (See Instructions)

WOODWORKER

9 Employer (See Instructions)

SELF

Date

8/17

Full name of contributor

MARC MEYER

☐ out-of-state PAC (ID#)

Contributor address;

City; State; Zip Code

2906 E. MLK AVE ATX 78702

Amount of contribution (\$)

\$ 10

Principal occupation / Job title (See Instructions)

SUB. TEACHER

Employer (See Instructions)

MSD

Date

8/17

Full name of contributor

Pamela C. Holt

☐ out-of-state PAC (ID#)

Contributor address;

City; State; Zip Code

550 S. DEAN ST DENVER CO 80219

Amount of contribution (\$)

\$ 25

Principal occupation / Job title (See Instructions)

COMMUNICATIONS

Employer (See Instructions)

CCDC

Date

8/17

Full name of contributor

ELIZABETH HENRIK

☐ out-of-state PAC (ID#)

Contributor address;

City; State; Zip Code

5001 CALHOUN
CARROLL CO ATX 78735

Amount of contribution (\$)

\$ 100

Principal occupation / Job title (See Instructions)

LONG TERM CARE ALLIANCE

Employer (See Instructions)

ARMY

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Lewis Coley Jr

3 Filer ID (Ethics Commission Filers)

4 Date

8/19

5 Full name of contributor

ERNI CROCCIA

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$ 25

6 Contributor address;

City; State; Zip Code

674 4TH ST

ROCKY HILL, CT 06220

8 Principal occupation / Job title (See Instructions)

Policy Campaign

9 Employer (See Instructions)

UNIVERSITY

Date

8/19

Full name of contributor

DAVID PHILLIPS

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$ 50

Contributor address;

City; State; Zip Code

21 CLAREMONT AVE NY, NY 10027

Principal occupation / Job title (See Instructions)

EDUCATOR

Employer (See Instructions)

Columbia University

Date

8/20

Full name of contributor

LARRY JOHNSON

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$ 20

Contributor address;

City; State; Zip Code

4508 SECURE LAKE AVE ATX 78725

Principal occupation / Job title (See Instructions)

CD ATTORNEY

Employer (See Instructions)

ALL OF TEXAS

Date

8/20

Full name of contributor

TAWANA HOOD

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$ 20

Contributor address;

City; State; Zip Code

1304 AUTUMN GLEN WAY PHOENIX AZ 85010

Principal occupation / Job title (See Instructions)

STATE EMPLOYEE

Employer (See Instructions)

TEXAS

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

LEWIS CONWAY JR

3 Filer ID (Ethics Commission Filers)

4 Date

8/20

5 Full name of contributor

KATHY CLARK

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$ 350

6 Contributor address;

City; State; Zip Code

809 POINT RAIN DRIVE, Pflugerville, TX 78660

8 Principal occupation / Job title (See Instructions)

Not Employed

9 Employer (See Instructions)

Not Employed

Date

8/20

Full name of contributor

Kathy Clark

☐ out-of-state PAC (ID#)

Pflugerville

Amount of contribution (\$)

\$ 350

Contributor address;

City; State; Zip Code

809 Point Rain Drive 78660

Principal occupation / Job title (See Instructions)

Not Employed

Employer (See Instructions)

Not Employed

Date

8/21

Full name of contributor

SLADE BRACEY

☐ out-of-state PAC (ID#)

78704

Amount of contribution (\$)

15

Contributor address;

City; State; Zip Code

3200 S 1st St Austin, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/21

Full name of contributor

RACHAEL HALL

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

2208 Old Spring Rd Cedar Park, TX 78613

Principal occupation / Job title (See Instructions)

Photographer

Employer (See Instructions)

Self

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Lewis Cornelia Jr

3 Filer ID (Ethics Commission Filers)

4 Date

8/21

5 Full name of contributor

☐ out-of-state PAC (ID#)

Patricia Boukholtz

6 Contributor address;

City; State; Zip Code

4025 Camacho Street Austin, TX 78723

7 Amount of contribution (\$)

\$1000

8 Principal occupation / Job title (See Instructions)

ADVERTISING

9 Employer (See Instructions)

LOOK THINK MARK

Date

8/21

Full name of contributor

☐ out-of-state PAC (ID#)

AMANDA WOOD

Contributor address;

City; State; Zip Code

3808 Alameda F Austin, TX 78751

Amount of contribution (\$)

\$40

Principal occupation / Job title (See Instructions)

Not employed

Employer (See Instructions)

Not employed

Date

8/22

Full name of contributor

☐ out-of-state PAC (ID#)

NICOLE MATHURIN

Contributor address;

City; State; Zip Code

844 Phyllis St Waco, TX 76791

Amount of contribution (\$)

\$150

Principal occupation / Job title (See Instructions)

CLERK

Employer (See Instructions)

USPS

Date

8/22

Full name of contributor

☐ out-of-state PAC (ID#)

CHESTER WATZ

Contributor address;

City; State; Zip Code

500 HAZARD STREET BROOKLYN, NY 11233

Amount of contribution (\$)

\$25

Principal occupation / Job title (See Instructions)

MANAGER

Employer (See Instructions)

LOOK FOR LOOK THINK MARK EMPLOYMENT APP.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Lewis Conway Jr

3 Filer ID (Ethics Commission Filers)

4 Date

8/23

5 Full name of contributor

TOPEKA SHAM

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$100

6 Contributor address;

City; State; Zip Code

P.O. Box 3102

NY, NY 10027

8 Principal occupation / Job title (See Instructions)

EX. DIRECTOR

9 Employer (See Instructions)

LOHM

Date

8/24

Full name of contributor

ESI MATHIS

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

301 N. FORD AVE #209 FULLERTON, CA 92832

Principal occupation / Job title (See Instructions)

TRAVEL AGENT

Employer (See Instructions)

MATHIS TRAVEL, LLC

Date

8/25

Full name of contributor

RYAN POLLOCK

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$25

Contributor address;

City; State; Zip Code

831 SUSSEX DR AUSTIN, TX 78745

Principal occupation / Job title (See Instructions)

RYAN POLLOCK

Employer (See Instructions)

IBEW 520

Date

8/25

Full name of contributor

DANA HENDKAMP

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$200

Contributor address;

City; State; Zip Code

43 ST. NICHOLAS AVE 12 BROOKLYN, NY 11237

Principal occupation / Job title (See Instructions)

SOCIAL WORKER

Employer (See Instructions)

SAMANTHA WILLIAMS

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Lewis Corbett Jr

3 Filer ID (Ethics Commission Filers)

4 Date

8/25

5 Full name of contributor

CARL FIELDS

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$10

6 Contributor address;

City; State; Zip Code

818 ENGLISH ST RACINE, WI 53402

8 Principal occupation / Job title (See Instructions)

COMMUNITY ORGANIZER

9 Employer (See Instructions)

WISDOM/EPDO

Date

8/26

Full name of contributor

EMELY

☐ out-of-state PAC (ID#:

CONTR

Amount of contribution (\$)

120

Contributor address;

City; State; Zip Code

14821 HERZOG HILL RD AUSTIN, TX 78734

Principal occupation / Job title (See Instructions)

DRIVER

Employer (See Instructions)

LH/FT

Date

8/26

Full name of contributor

KIRSTEN SHEDDEN

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

5110 DOLL KATIE DR AUSTIN, TX 78759

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/26

Full name of contributor

PATRICK GALLAGHER

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

1725 TOOMEY RD AUSTIN, TX 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Lewis Corina Jr

3 Filer ID (Ethics Commission Filers)

4 Date

8/27

5 Full name of contributor

Melanie Houese

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$50

6 Contributor address;

City; State; Zip Code

11002 APOE

78721

8 Principal occupation / Job title (See Instructions)

Not Employed

9 Employer (See Instructions)

Not Employed

Date

8/27

Full name of contributor

CHAD GRAY

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

2211 PICO PWD RD AUSTIN TX 78723

Principal occupation / Job title (See Instructions)

Receivables

Employer (See Instructions)

Various Receivables

Date

8/30

Full name of contributor

TOLYA MURPHY

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

7208 PINECREST CR #100 FT. WORTH TX 76124

Principal occupation / Job title (See Instructions)

SYSTEM ADMIN

Employer (See Instructions)

Texas Health Resources

Date

8/30

Full name of contributor

MIKE LEWIS

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

603 DAVIS ST APT 110 AUSTIN TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Lewis G. GLOAY JR

3 Filer ID (Ethics Commission Filers)

4 Date

8/30

5 Full name of contributor

☐ out-of-state PAC (ID#)

CABLE KALAHIKI

6 Contributor address;

City; State; Zip Code

1 VAN DER BEEK ST 411 Yonkers, NY 10701

7 Amount of contribution (\$)

\$20

8 Principal occupation / Job title (See Instructions)

Admin

9 Employer (See Instructions)

Monterial Medical Center

Date

8/31

Full name of contributor

☐ out-of-state PAC (ID#)

TAMMY JOHNSON

Contributor address;

City; State; Zip Code

1210 SOUTH CAMDEN ST DALLAS, TX 75215

Amount of contribution (\$)

\$25

Principal occupation / Job title (See Instructions)

Dir. of Mktg

Employer (See Instructions)

SDMC

Date

8/31

Full name of contributor

☐ out-of-state PAC (ID#)

Falecia M. Jones - Davis

Contributor address;

City; State; Zip Code

2914 PECAN SPRINGS RD AUSTIN, TX 78723

Amount of contribution (\$)

\$25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/31

Full name of contributor

☐ out-of-state PAC (ID#)

KAREN MURDO

Contributor address;

City; State; Zip Code

2513 HUNTER BL APT 738 SAN MARCOS, TX 78666

Amount of contribution (\$)

\$15

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Lewis Cornay Jr

3 Filer ID (Ethics Commission Filers)

4 Date

8/31

5 Full name of contributor

☐ out-of-state PAC (ID#)

CHRISTINA CHAN

7 Amount of contribution (\$)

\$ 25

6 Contributor address;

City; State; Zip Code

701 LAAN LN AUSTIN, TX 78705

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

NOT EMPLOYED

Date

9/1

Full name of contributor

☐ out-of-state PAC (ID#)

HANS MALINAK

Amount of contribution (\$)

\$ 100

Contributor address;

City; State; Zip Code

9512 GARDEN HILLS AUSTIN, TX 78759

Principal occupation / Job title (See Instructions)

DELIVERY DRIVER

Employer (See Instructions)

SELF

Date

9/1

Full name of contributor

☐ out-of-state PAC (ID#)

TRACY FRESHMAN

Amount of contribution (\$)

\$ 50

Contributor address;

City; State; Zip Code

3414 CEDAR STREET AUSTIN, TX 78705

Principal occupation / Job title (See Instructions)

Self

Employer (See Instructions)

Self

Date

9/2

Full name of contributor

☐ out-of-state PAC (ID#)

BRAUN RAY

Amount of contribution (\$)

\$ 25

Contributor address;

City; State; Zip Code

Box 10244 AUSTIN, TX 78714

Principal occupation / Job title (See Instructions)

WRITER

Employer (See Instructions)

DAILY PHALAX

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

LEWIS CORDWAY

3 Filer ID (Ethics Commission Filers)

4 Date

09/02

5 Full name of contributor

PAT MILLER

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$25

6 Contributor address;

City; State; Zip Code

460 L Northwest Washington, DC 20001

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Public Defense Service

Date

09/03

Full name of contributor

MARGARET CURTS

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$200

Contributor address;

City; State; Zip Code

2414 W. 8th Street APT 78703

Principal occupation / Job title (See Instructions)

Helper

Employer (See Instructions)

Encouragements PBC

Date

9/3

Full name of contributor

MARK MCKIM

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$5

Contributor address;

City; State; Zip Code

2906 E MLK BLVD APT 70702

Principal occupation / Job title (See Instructions)

SUB. TEACHER

Employer (See Instructions)

A13.1

Date

9/3

Full name of contributor

CHLOE COCKBURN

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$350

Contributor address;

City; State; Zip Code

554 WASHINGTON AVE, NY, NY 11238

Principal occupation / Job title (See Instructions)

Program Officer

Employer (See Instructions)

OPEN PHILANTHROPY

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Lewis Corbett Jr

3 Filer ID (Ethics Commission Filers)

4 Date

9/3

5 Full name of contributor

☐ out-of-state PAC (ID#)

WENDY CALDERON

7 Amount of contribution (\$)

\$ 50

6 Contributor address;

City; State; Zip Code

59 SOUTH AVE, STATEN ISLAND, NY

8 Principal occupation / Job title (See Instructions)

E.O.

9 Employer (See Instructions)

VERBAL YOUTH ALLIANCE

Date

9/4

Full name of contributor

☐ out-of-state PAC (ID#)

Julie Williams

Amount of contribution (\$)

\$ 20

Contributor address;

City; State; Zip Code

4004 Leona Lee Drive Apt 70725

Principal occupation / Job title (See Instructions)

IT ASST

Employer (See Instructions)

Integral Care

Date

9/5

Full name of contributor

☐ out-of-state PAC (ID#)

TARA AZIANO

Amount of contribution (\$)

\$ 50

Contributor address;

City; State; Zip Code

501 Central Street Astoria, NY 10751

Principal occupation / Job title (See Instructions)

WRITER

Employer (See Instructions)

CEL7

Date

9/6

Full name of contributor

☐ out-of-state PAC (ID#)

Alicia Tye

Amount of contribution (\$)

\$ 25

Contributor address;

City; State; Zip Code

5800 Robinson Dr TX 75052
BRAND PERMANE

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

Diversicare

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

9/6

OREN ROBERTHAL

6 Contributor address;

City; State; Zip Code

8505 DOROTHY COURT APT 78759

\$50

8 Principal occupation / Job title (See Instructions)

SUPPORT OPS

9 Employer (See Instructions)

LITHIUM TECHNOLOGIES

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

9/8

ARDELIA GRANT

Contributor address;

City; State; Zip Code

4812 BLUEBERRY TRAIL AUSTIN TX 78723

\$50

Principal occupation / Job title (See Instructions)

HAR DRESSER

Employer (See Instructions)

N/A

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

9/11

HARRIS HENDERSON

Contributor address;

City; State; Zip Code

7832 LISOMAN DR HO, LA 70124

Principal occupation / Job title (See Instructions)

EX. DIR.

Employer (See Instructions)

Vote of the Expenditures

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

9/11

LARIE ROBERTS

Contributor address;

City; State; Zip Code

911 Keith Ln Austin, TX 78703

\$25

Principal occupation / Job title (See Instructions)

HARRIS HENDERSON

Employer (See Instructions)

N/A

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1

2 FILER NAME

Lewis Conway Jr

3 Filer ID (Ethics Commission Filers)

4 Date

9/12

5 Full name of contributor

☐ out-of-state PAC (ID#)

ANDREA ROBERTS

6 Contributor address;

City; State; Zip Code

1309 CHOQUETTE AUSTIN, TX 78757

7 Amount of contribution (\$)

\$50

8 Principal occupation / Job title (See Instructions)

Preschool Director

9 Employer (See Instructions)

Crosview United Methodist

Date

9/13

Full name of contributor

☐ out-of-state PAC (ID#)

BRADLEY WILSON

Contributor address;

City; State; Zip Code

4908 YORK HILL APTX, 78723

Amount of contribution (\$)

\$25

Principal occupation / Job title (See Instructions)

Freelance Writer

Employer (See Instructions)

Self

Date

9/13

Full name of contributor

☐ out-of-state PAC (ID#)

MELVIN HALLEY

Contributor address;

City; State; Zip Code

4922 COSBY ST HOUSTON, TX 77021

Amount of contribution (\$)

\$25

Principal occupation / Job title (See Instructions)

LAURENCE WOODER

Employer (See Instructions)

VA Hosp. Houston

Date

9/14

Full name of contributor

☐ out-of-state PAC (ID#)

LAZARUS THOMPSON-EL

Contributor address;

City; State; Zip Code

721 BEAUFORT, SE WASHINGTON, DC 20032

Amount of contribution (\$)

\$10

Principal occupation / Job title (See Instructions)

Recruiting Consultant

Employer (See Instructions)

De Wani

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Lewis Conway Jr

3 Filer ID (Ethics Commission Filers)

4 Date

9/15

5 Full name of contributor

☐ out-of-state PAC (ID#)

BRADLEY WILSON

6 Contributor address;

City; State; Zip Code

4908 York Hill Avenue TX 78723

7 Amount of contribution (\$)

\$ 25

8 Principal occupation / Job title (See Instructions)

WRITER

9 Employer (See Instructions)

SELF

Date

9/15

Full name of contributor

☐ out-of-state PAC (ID#)

Kristen Livingston

Contributor address;

City; State; Zip Code

157 Memorial Avenue Maryland NJ

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Program Director

Employer (See Instructions)

WellSpring Philanthropic Fund

Date

9/15

Full name of contributor

☐ out-of-state PAC (ID#)

Naomi Swartz

Contributor address;

City; State; Zip Code

1920 TIDEWATERS ROAD SANTA FE, NM 87505

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

EDUCATOR

Employer (See Instructions)

UWC-USA

Date

9/15

Full name of contributor

☐ out-of-state PAC (ID#)

Chloe Lambros

Contributor address;

City; State; Zip Code

711 Hyde Park Ct Austin TX

Amount of contribution (\$)

\$25

Principal occupation / Job title (See Instructions)

STUDENT

Employer (See Instructions)

AUSTIN - UT

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Lewis Conway Jr

3 Filer ID (Ethics Commission Filers)

4 Date

9/17

5 Full name of contributor

☐ out-of-state PAC (ID#)

TIMOTHY ABNEY

6 Contributor address;

City; State; Zip Code

3915 BEAVER AVE ARLING, TX 76011

7 Amount of contribution (\$)

\$ 50

8 Principal occupation / Job title (See Instructions)

PROSTHETIC

9 Employer (See Instructions)

OLIVER SERRAS

Date

9/18

Full name of contributor

☐ out-of-state PAC (ID#)

JACOB FLOWERS

Contributor address;

City; State; Zip Code

977 WALKER SE ATLANTA, GA 30316

Amount of contribution (\$)

\$ 25

Principal occupation / Job title (See Instructions)

WOMAN

Employer (See Instructions)

AFSC

Date

9/19

Full name of contributor

☐ out-of-state PAC (ID#)

ROTHIE EPSTEIN

Contributor address;

City; State; Zip Code

330 LEWIS AVE 3B BROOKLYN, NY 11221

Amount of contribution (\$)

\$ 100

Principal occupation / Job title (See Instructions)

PLAY DRIVING

Employer (See Instructions)

Date

9/19

Full name of contributor

☐ out-of-state PAC (ID#)

LILLIE BRADY-KENNY 23231

Contributor address;

City; State; Zip Code

7205 ALVIS COURT HENRICO, VA

Amount of contribution (\$)

\$ 100

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

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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

Lewis Cotnam Jr

3 Filer ID (Ethics Commission Filers)

4 Date

9/19

5 Full name of contributor

☐ out-of-state PAC (ID#)

PATRICIA BOUCHOLTZ

7 Amount of contribution (\$)

\$100

6 Contributor address;

City; State; Zip Code

4025 CAMACHO STREET AUSTIN, TX 78723

8 Principal occupation / Job title (See Instructions)

ADVERTISING

9 Employer (See Instructions)

LOOKTHINK MAKE

Date

9/19

Full name of contributor

☐ out-of-state PAC (ID#)

XAQ WEBB

Amount of contribution (\$)

\$25

Contributor address;

City; State; Zip Code

10506 GLASS MOUNTAIN TRAIL AUSTIN, TX 78750

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/19

Full name of contributor

☐ out-of-state PAC (ID#)

Orla Rosenthal

Amount of contribution (\$)

\$25

Contributor address;

City; State; Zip Code

8505 DORCHESTER AUSTIN, TX 78759

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SUPPORT MGR

Lithium Technologies

Date

9/19

Full name of contributor

☐ out-of-state PAC (ID#)

EMILY N LEE

Amount of contribution (\$)

\$25

Contributor address;

City; State; Zip Code

7201 BILL HUGHES RD, AUSTIN, TX 78745

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

Lewis Conway Jr

3 Filer ID (Ethics Commission Filers)

4 Date

9/20

5 Full name of contributor

☐ out-of-state PAC (ID#)

Richard Belliveau

6 Contributor address;

City; State; Zip Code

11945 ARABIAN TRAIL, AUSTIN, TX 78759

7 Amount of contribution (\$)

\$ 350

8 Principal occupation / Job title (See Instructions)

SELF

9 Employer (See Instructions)

L/A

Date

9/21

Full name of contributor

☐ out-of-state PAC (ID#)

SHAWNA FEUER

Contributor address;

City; State; Zip Code

2800 CA PRONTA, APT 3 ROUND ROCK, TX 78681

Amount of contribution (\$)

\$ 5

Principal occupation / Job title (See Instructions)

Reviewer

Employer (See Instructions)

COLLABORA

Date

9/21

Full name of contributor

☐ out-of-state PAC (ID#)

LACHINA MACELEF

Contributor address;

City; State; Zip Code

12820 W. PALMER LN AUSTIN, TX 78752

Amount of contribution (\$)

\$ 20

Principal occupation / Job title (See Instructions)

~~ATTORNEY~~ Petitioner

Employer (See Instructions)

~~FEUER, SHAWNA, ALMAN~~ SELF

Date

9/24

Full name of contributor

☐ out-of-state PAC (ID#)

LAAN ICE

Contributor address;

City; State; Zip Code

1710 STEPHENS DR AUSTIN, TX 78752

Amount of contribution (\$)

\$ 25

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

FEUER, SHAWNA, ALMAN

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

LEWIS CONWAY JR

3 Filer ID (Ethics Commission Filers)

4 Date

9/24

5 Full name of contributor

James Hopp

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$250

6 Contributor address;

City: State: Zip Code

P.O. BOX 88 SANGRE, TX 76264

8 Principal occupation / Job title (See Instructions)

TAX CONSULTANT

9 Employer (See Instructions)

JW Hopp & Assoc

Date

9/26

Full name of contributor

ANDREW EPSTEIN

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 50

Contributor address;

City: State: Zip Code

2138 BROWN HILLS DR, AUSTIN TX 78704

Principal occupation / Job title (See Instructions)

FILM

Employer (See Instructions)

SELF

Date

9/26

Full name of contributor

AARON JOHNSON

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 100

Contributor address;

City: State: Zip Code

1818 VILLAGE CIRCLE AUSTIN TX 78704

Principal occupation / Job title (See Instructions)

LANIER

Employer (See Instructions)

EQUAL Justice Center

Date

9/27

Full name of contributor

BRADLEY WILLIAMS

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City: State: Zip Code

4908 YONE HILL DR, AUSTIN TX 78723

Principal occupation / Job title (See Instructions)

WRITER

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

Lewis Conway

3 Filer ID (Ethics Commission Filers)

4 Date

9/27

5 Full name of contributor

BORCH TROST

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$ 550

6 Contributor address;

City; State; Zip Code

1020 3TH AVE E, Seattle WA 98112

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

9/27

Full name of contributor

Dave Pinkham

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

425

Contributor address;

City; State; Zip Code

5320 MEDFORD DR AUSTIN, TX 78723

Principal occupation / Job title (See Instructions)

SENIOR

Employer (See Instructions)

CONTR CARE

Date

9/27

Full name of contributor

JOHN HILBURN

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

5302 DOWNS DR AUSTIN TX 78731

Principal occupation / Job title (See Instructions)

BOYER

Employer (See Instructions)

CITY

Date

9/27

Full name of contributor

MELVIN HOLBY

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

415

Contributor address;

City; State; Zip Code

4422 COSBY ST HOUSTON TX 77021

Principal occupation / Job title (See Instructions)

CANSAW WORK

Employer (See Instructions)

VA HOSPITAL HARMAT

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

Lewis Corning

3 Filer ID (Ethics Commission Filers)

4 Date

9/27

5 Full name of contributor

Michael Lewis

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$ 150

6 Contributor address;

City; State; Zip Code

3018 Sigs Rte 117 Austin, TX 78704

8 Principal occupation / Job title (See Instructions)

Acct Exec

9 Employer (See Instructions)

VMware

Date

9/27

Full name of contributor

TARA PRADO

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$ 50

Contributor address;

City; State; Zip Code

501 CRENSHAW ST AUSTIN, TX 78751

Principal occupation / Job title (See Instructions)

WRITER

Employer (See Instructions)

SELF

Date

9/27

Full name of contributor

AMANDA WOOD

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$ 40

Contributor address;

City; State; Zip Code

3808 AVE F AUSTIN, TX 78751

Principal occupation / Job title (See Instructions)

EX. DIR.

Employer (See Instructions)

TEXAS FARM DEACON PAC

Date

9/27

Full name of contributor

DANA HEIDKAMP

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$ 30

Contributor address;

City; State; Zip Code

93 ST. NICHOLAS AVE 12 BEDFORD, NY 11737

Principal occupation / Job title (See Instructions)

SOCIAL WORKER

Employer (See Instructions)

SAMANTHA WILLIAMS

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

Lewis Conway Jr

3 Filer ID (Ethics Commission Filers)

4 Date

9/29

5 Full name of contributor

☐ out-of-state PAC (ID#:

Laike Kalaniki

6 Contributor address;

City; State; Zip Code

1 VAL DE BONNE ST #611 Yonkers, NY 10701

7 Amount of contribution (\$)

\$25

8 Principal occupation / Job title (See Instructions)

ADMIN

9 Employer (See Instructions)

Montefiore Medical Center

Date

9/29

Full name of contributor

☐ out-of-state PAC (ID#:

MARLENE CURTIS

Contributor address;

City; State; Zip Code

2414 W 8th Street Austin 78703

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Helper

Employer (See Instructions)

ENCOURAGERS PBC

Date

9/30

Full name of contributor

☐ out-of-state PAC (ID#:

BRANDI REED

Contributor address;

City; State; Zip Code

P.O. Box 140244 Austin 78714

Amount of contribution (\$)

\$20

Principal occupation / Job title (See Instructions)

Self

Employer (See Instructions)

Self

Date

9/30

Full name of contributor

☐ out-of-state PAC (ID#:

CAEROL OESTEL

Contributor address;

City; State; Zip Code

1520 Hushung DR Austin, TX

Amount of contribution (\$)

\$20

Principal occupation / Job title (See Instructions)

State Employee

Employer (See Instructions)

TCEQ

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

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

10/4

PAUL QUINZI

6 Contributor address;

City; State; Zip Code

\$200

5708 AVE G

ATX 78752

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Attorney

Self

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

10/5

TARA AZARAO

Contributor address;

City; State; Zip Code

\$50

501 GELAND ST

ATX 78751

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.

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: 58		2 FILER NAME Lewis Colway		3 Filer ID (Ethics Commission Filers)	
4 Date 10.04		5 Payee name PHO THAI SON			
6 Amount (\$) 12.74		7 Payee address; City; State; Zip Code AUSTIN, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FOOD/BEV		(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 10.05		Payee name 8 TRACK			
Amount (\$) 31.00		Payee address; City; State; Zip Code AUSTIN			
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10.05		Payee name ACT BLUE			
Amount (\$) 52.74		Payee address; City; State; Zip Code PLUMMER			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fundraising Expense		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

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 <i>Lewis Conway Jr</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10.4</i>		5 Payee name <i>HALAL BROS</i>			
6 Amount (\$) <i>25.41</i>		7 Payee address; City; State; Zip Code <i>AUSTIN</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>FOOD</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	
		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____			
Date <i>10.4</i>		Payee name <i>UBER TRIP</i>			
Amount (\$) <i>17.94</i>		Payee address; City; State; Zip Code <i>TRAVEL IN AUSTIN</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>TRAVEL IN</i>		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 _____			
Date <i>10.4</i>		Payee name <i>UBER TRIP</i>			
Amount (\$) <i>17.25</i>		Payee address; City; State; Zip Code <i>AUSTIN</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>TRAVEL IN</i>		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

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 <i>LEWIS CARMICHAEL JR</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10.3</i>		5 Payee name <i>DAPH QUINN</i>			
6 Amount (\$) <i>20.40</i>		7 Payee address; City; State; Zip Code <i>AUSTIN</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Food</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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>10.2</i>		Payee name <i>I HOP</i>			
Amount (\$) <i>33.50</i>		Payee address; City; State; Zip Code <i>AUSTIN</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Food</i>		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	
Date <i>10.2</i>		Payee name <i>AFFORDABLE SOUND AND PENTON</i>			
Amount (\$) <i>142.00</i>		Payee address; City; State; Zip Code <i>AUSTIN</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>PARTING</i>		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

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)	
4 Date 10.2		5 Payee name UTRC			
6 Amount (\$) 1.00		7 Payee address; City; State; Zip Code AUSTIN			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FEES		(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 10.2		Payee name Google suite			
Amount (\$) 15.99		Payee address; City; State; Zip Code CALIF			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TRAVEL FEE		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 10.2		Payee name Kool Center			
Amount (\$) 74.96		Payee address; City; State; Zip Code AUSTIN			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TRAVEL TRAVEL		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 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 <i>Lewis Conway</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10.01</i>		5 Payee name <i>Boost Mobile</i>			
6 Amount (\$) <i>50.00</i>		7 Payee address; City: State; Zip Code <i>AUSTIN</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>OFFICE</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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>10.01</i>		Payee name <i>LOUIS MATH RUTYK</i>			
Amount (\$) <i>38.50</i>		Payee address; City: State; Zip Code <i>AUSTIN</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>EVENT</i>		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	
Date <i>10.01</i>		Payee name <i>ADRI STALMECK</i>			
Amount (\$) <i>40.00</i>		Payee address; City: State; Zip Code <i>P7Kerville</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>CONTRACT LABOR</i>		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

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)	
4 Date 10.01		5 Payee name Willis BBQ			
6 Amount (\$) 39.00		7 Payee address; City; State; Zip Code Austin			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event		(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 10.01		Payee name Willis BBQ			
Amount (\$) 9.47		Payee address; City; State; Zip Code Austin			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event		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 9.30		Payee name Facebook			
Amount (\$) 25.09		Payee address; City; State; Zip Code CALIF			
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	
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 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 HALAL BROS		3 Filer ID (Ethics Commission Filers)	
4 Date 9.30		5 Payee name HALAL BROS			
6 Amount (\$) 22.44		7 Payee address; City; State; Zip Code AUSTIN			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FOOD		(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 9.30		Payee name Verizon Wireless			
Amount (\$) 44.10		Payee address; City; State; Zip Code AUSTIN			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OFFICE		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	
Date 9.30		Payee name Kool Center			
Amount (\$) 17.30		Payee address; City; State; Zip Code AUSTIN 6413 MARLBORO 1045 RICHMOND ST			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TRANSPORTATION EQUIP		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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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)	
4 Date 9.29		5 Payee name EVENT RATE / Glenn			
6 Amount (\$) 25.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) DONATION		(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 9.29		Payee name Kool Korner			
Amount (\$) 14.13		Payee address; City; State; Zip Code Austin			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TRANSPORTATION EQUIP		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 9.28		Payee name Kool Korner			
Amount (\$) 17.84		Payee address; City; State; Zip Code Austin			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food		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	

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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:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 9/28		5 Payee name Kee Gilbert Austin American States			
6 Amount (\$) 10.99		7 Payee address; City; State; Zip Code Austin			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD		(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 9.28		Payee name Texas RASHBURN			
Amount (\$) 62.84		Payee address; City; State; Zip Code Pflugerville			
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9.27		Payee name Rick's CHARLES			
Amount (\$) 25.68		Payee address; City; State; Zip Code Austin			
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	
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:		2 FILER NAME <i>Lewis Conway Jr</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>9/27</i>		5 Payee name <i>MATTHEW KRAUSE</i>			
6 Amount (\$) <i>500.00</i>		7 Payee address; City; State; Zip Code <i>AUSTIN</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>WAGES</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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>9-26</i>		Payee name <i>Uncle Jeffs CAPT</i>			
Amount (\$) <i>410.00</i>		Payee address; City; State; Zip Code <i>AUSTIN</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TRAVEL <i>FOOD</i>		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 <i>9-26</i>		Payee name <i>SHARON REP</i>			
Amount (\$) <i>12.32</i>		Payee address; City; State; Zip Code <i>ATLANTA</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Food</i>		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	

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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:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 9-26		5 Payee name POKEYES #2077			
6 Amount (\$) 15.14		7 Payee address; City; State; Zip Code AUSTIN			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FOOD		(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 9-26		Payee name Kool Kerner			
Amount (\$) 130.54		Payee address; City; State; Zip Code AUSTIN			
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-24		Payee name 7-11			
Amount (\$) 41.55		Payee address; City; State; Zip Code 6707 CAMDEN RD AUSTIN			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TRANSPORTATION EXP		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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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 <i>LEWIS CANNON</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>9.24</i>		5 Payee name <i>ALBERT CLARK</i>			
6 Amount (\$) <i>410.00</i>		7 Payee address; City; State; Zip Code <i>912 CRETE JOHNSON N, AUSTIN TX</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>CONTRACT LABOR</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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>9.23</i>		Payee name <i>CHANDON #75</i>			
Amount (\$) <i>23.00</i>		Payee address; City; State; Zip Code <i>AUSTIN, TX</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>FOOD</i>		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 <i>9.23</i>		Payee name <i>DOLLAR GENERAL</i>			
Amount (\$) <i>25.26</i>		Payee address; City; State; Zip Code <i>4900 SPRINGDALE</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>OFFICE EXPENSES</i>		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	

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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:		2 FILER NAME <i>Lewis Corwin Jr</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>9-22</i>		5 Payee name <i>OFFICE DEPOT</i>			
6 Amount (\$) <i>67.69</i>		7 Payee address; City; State; Zip Code <i>2020 W. AUSTIN LANE</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>PRINTING</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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>9-21</i>		Payee name <i>OFFICE DEPOT #368</i>			
Amount (\$) <i>125.40</i>		Payee address; City; State; Zip Code <i>AUSTIN, TX</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>OFFICE</i>		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	
Date <i>9-21</i>		Payee name <i>OFFICE DEPOT #368</i>			
Amount (\$) <i>37.13</i>		Payee address; City; State; Zip Code <i>AUSTIN, TX</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>OFFICE</i>		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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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 <i>Lewis County Jr</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>9.21</i>		5 Payee name <i>UBER</i>			
6 Amount (\$) <i>16.01</i>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>TRAVEL IN DISTRICT</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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date <i>9.21</i>		Payee name <i>UBER</i>			
Amount (\$) <i>5.00</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>TRAVEL IN DISTRICT</i>		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	

Date <i>9.21</i>		Payee name <i>UBER</i>			
Amount (\$) <i>15.83</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>TRAVEL IN DISTRICT</i>		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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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)	
4 Date 9.20.18		5 Payee name ACT Blue			
6 Amount (\$) 225.00		7 Payee address; City; State; Zip Code TEXAS Dem Party			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising		(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 9.19		Payee name CD BABY			
Amount (\$) 3.99		Payee address; City; State; Zip Code EP-The Comeback Show			
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9.19		Payee name Kool Kone			
Amount (\$) 11.86		Payee address; City; State; Zip Code 6413 Maple Rd			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Transportation Equip		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	

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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:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 9.19		5 Payee name SCHLOTZBERG'S			
6 Amount (\$) 19.46		7 Payee address; City; State; Zip Code 1103 BALCONES			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food		(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 9-18		Payee name DARY QUEEN H13827			
Amount (\$) 7.87		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food		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 9.17		Payee name FAIRFIELD INN & SUITES NY/NY			
Amount (\$) 5.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TRAVEL OUT OF DISTRICT		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	

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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:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 9.15		5 Payee name ACTRA Network			
6 Amount (\$) 10.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense Fees		(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 9.14		Payee name Austin Airport			
Amount (\$) 17.48		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Le Fees/Travel at Travel out of district		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	
Date 9.14		Payee name Gority			
Amount (\$) 10.81		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office		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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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 <i>Lewis Gentry M</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>9.13</i>		5 Payee name <i>DARBY QUEEN #13827</i>			
6 Amount (\$) <i>14.03</i>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food</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		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>9.13</i>		Payee name <i>WBI-Greens</i>			
Amount (\$) <i>25.70</i>		Payee address; City; State; Zip Code <i>5345 H. AUSTIN</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>OFFICE OVERHEAD</i>		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	
Date <i>9.12</i>		Payee name <i>LOUI KERR</i>			
Amount (\$) <i>13.22</i>		Payee address; City; State; Zip Code <i>6413 MAJOR RD</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>TRANSPORTATION</i>		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	

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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:		2 FILER NAME <i>Lewis C. Gentry Jr</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>9-12</i>		5 Payee name <i>UBER</i>			
6 Amount (\$) <i>11.53</i>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>TRAVEL IN DISTRICT</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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date <i>9-12</i>		Payee name <i>UBER</i>			
Amount (\$) <i>11.82</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>TRAVEL IN DISTRICT</i>		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 <i>9-12</i>		Payee name			
Amount (\$) <i>5.00</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>TRAVEL IN DISTRICT</i>		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	

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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:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 9.12		5 Payee name Nicole R. Cherryman			
6 Amount (\$) 175.00		7 Payee address; City; State; Zip Code 6101 Cherryman			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) (other) - WRAAG Act, report		(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 9.11		Payee name DAPH QUINN #13827			
Amount (\$) 1454		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD		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 9.11		Payee name Act Blue			
Amount (\$) 103.28		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FEES		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	

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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:	2 FILER NAME <i>Lewis Colman</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9-9</i>	5 Payee name <i>DAIRY QUEEN #13827</i>	
6 Amount (\$) <i>11.33</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>FOOD</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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <i>9/9</i>	Payee name <i>Koa Koru2</i>	
Amount (\$) <i>8.65</i>	Payee address; City; State; Zip Code <i>BATMAN 413 MARY</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FOOD/BEV</i>	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	
Date <i>9.9</i>	Payee name <i>FEDX OFFICE #1966</i>	
Amount (\$) <i>68.67</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>PRINTING</i>	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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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)	
4 Date 9.9		5 Payee name Kool Karlos			
6 Amount (\$) 12.51		7 Payee address; City; State; Zip Code 6413 Monte Rd			
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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9.9		Payee name MATTHEW KRAVITZ			
Amount (\$) \$750		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) WAGES		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 9.8		Payee name WELSH'S 101			
Amount (\$) 6.68		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD		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	

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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:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 9.8		5 Payee name Kool Kool			
6 Amount (\$) 28.65		7 Payee address; City; State; Zip Code HEAT EXCHANGE 6413 MAJOR BL			
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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date 9.8		Payee name WPL. Chens 5345			
Amount (\$) 10.80		Payee address; City; State; Zip Code			
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date 9.8		Payee name WAZ-MAN #3529			
Amount (\$) 71.98		Payee address; City; State; Zip Code 12960 F-35 DVC RD			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead		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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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 <i>R Lewis Cornman Jr</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>9-8</i>		5 Payee name <i>Price's Cleaners</i>			
6 Amount (\$) <i>23.39</i>		7 Payee address; City; State; Zip Code <i>Commodore Rd</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Event 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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>9-8</i>		Payee name <i>EAT COW / website</i>			
Amount (\$) <i>39.00</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Office Overhead</i>		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	
Date <i>9-7</i>		Payee name <i>WBL-NEWS 3777</i>			
Amount (\$) <i>26.95</i>		Payee address; City; State; Zip Code <i>Round Rock</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>OFFICE OVERHEAD</i>		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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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 <i>Lewis Colman Jr</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>9.6</i>		5 Payee name <i>Moeller-McBee</i>			
6 Amount (\$) <i>4.00</i>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Food</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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>9.6</i>		Payee name <i>ACT Blue</i>			
Amount (\$) <i>63.56</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Fees</i>		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 <i>9.1</i>		Payee name <i>Google Suite</i>			
Amount (\$) <i>15.99</i>		Payee address; City; State; Zip Code <i>MT. View calif</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Office</i>		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	

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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:	2 FILER NAME <i>Lewis Cornwell</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8.31</i>	5 Payee name <i>Facebook</i>	
6 Amount (\$) <i>100.03</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <i>8.31</i>	Payee name <i>BOOST MOBILE</i>	
Amount (\$) <i>450.00</i>	Payee address; City; State; Zip Code <i>AUSTIN</i>	
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	
Date <i>8.31</i>	Payee name <i>DEMOCRATIC SECRETARY OF ARIZONA</i>	
Amount (\$) <i>27.00</i>	Payee address; City; State; Zip Code <i>NV</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>De-Attney</i>	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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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 <i>Levi B. Carr Jr</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>8.30</i>		5 Payee name <i>Kool Kartel</i>			
6 Amount (\$) <i>9.90</i>		7 Payee address; City; State; Zip Code <i>Feet/B 6413 MA 02 RD</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Food/Bak</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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>8.30</i>		Payee name <i>DOMINO'S 8195</i>			
Amount (\$) <i>27.59</i>		Payee address; City; State; Zip Code <i>Adrian</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Food</i>		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	
Date <i>8.30</i>		Payee name <i>Matthew Krause</i>			
Amount (\$) <i>500.00</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Wages</i>		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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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 8.30		5 Payee name Kool Koolan			
6 Amount (\$) 15.77		7 Payee address; City; State; Zip Code 6413 Mab2nd			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Buy		(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				
Date 8.24		Payee name Austin Am2-Spencer			
Amount (\$) 10.94		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office		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				
Date 8.24		Payee name Verizon Wireless			
Amount (\$) 44.10		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office		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				
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

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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:		2 FILER NAME <i>Lewis Calaway Jr</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>8.29</i>		5 Payee name <i>Chris Aikens</i>			
6 Amount (\$) <i>75.00</i>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Wages / security</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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>8.29</i>		Payee name <i>CITY OF AUSTIN</i>			
Amount (\$) <i>1.20</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Travel in Austin</i>		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 <i>8.29</i>		Payee name <i>CITY OF AUSTIN</i>			
Amount (\$) <i>3.60</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Travel in District</i>		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	

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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:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 8.28.18		5 Payee name Kool Kooler			
6 Amount (\$) 1159		7 Payee address; City: State; Zip Code 6413 Markle Rd			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) TRANSPORTATION EXP		(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 8.28		Payee name ESPRESSO			
Amount (\$) 753		Payee address; City; State; Zip Code 2228 E. CONNOR AVENUE			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD/BEV		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 8.28		Payee name TACO BELL			
Amount (\$) 8.07		Payee address; City; State; Zip Code #30157			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD		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	

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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:		2 FILER NAME <i>Lewis Calway Jr</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>8.28</i>		5 Payee name <i>SUBWAY</i>			
6 Amount (\$) <i>10.80</i>		7 Payee address; City; State; Zip Code <i>00633818 Austin</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>FOOD / EVENT</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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>8.28</i>		Payee name <i>LOWMOUTH RINOLS</i>			
Amount (\$) <i>8.80</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>EVENT 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>8.28</i>		Payee name <i>CONT. PAYMENTS</i>			
Amount (\$) <i>32.75</i>		Payee address; City; State; Zip Code <i>956.682.3464</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>FEES</i>		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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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 8-28		5 Payee name Kool Kertler			
6 Amount (\$) 15.73		7 Payee address; City; State; Zip Code 6413 Main			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Bkx		(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 8-27		Payee name Kool Kertler			
Amount (\$) 5.40		Payee address; City; State; Zip Code OFFICE OUTING			
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	
Date 8-27		Payee name Kool Kertler			
Amount (\$) 15.54		Payee address; City; State; Zip Code TRANSPORTATION			
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	

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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:	2 FILER NAME Davis Carver 12	3 Filer ID (Ethics Commission Filers)
4 Date 8.27	5 Payee name DAAQ Overt	
6 Amount (\$) 10.36	7 Payee address; City; State; Zip Code # 13827 Austin, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food	(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
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Date 8.26	Payee name Willies BBQ		
Amount (\$) 9.20	Payee address; City; State; Zip Code 4405 E. MLK		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Event	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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Date 8.26	Payee name Willies BBQ		
Amount (\$) 24.88	Payee address; City; State; Zip Code		
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	

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:		2 FILER NAME <i>Louis Colman Jr</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>8-26</i>		5 Payee name <i>Double R Records</i>			
6 Amount (\$) <i>2.98</i>		7 Payee address; City; State; Zip Code <i>4501 E. MLK</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Event 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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>8/26</i>		Payee name <i>ORR</i>			
Amount (\$) <i>12.14</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Travel In District</i>		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	
Date <i>8/26</i>		Payee name <i>Looseleaf Books</i>			
Amount (\$) <i>47.30</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Event 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	
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:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 8-26		5 Payee name McDonald's			
6 Amount (\$) 5.41		7 Payee address; City; State; Zip Code 1030 Lowman Park			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FOOD/BK		(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 8/26		Payee name WAL-MART #1185			
Amount (\$) 101.90		Payee address; City; State; Zip Code 1030 Lowman Park Austin, TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OFFICE ALR		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 8-26		Payee name THAI KRAVEFHA			
Amount (\$) 9.74		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD BVE		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	

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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:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 8.25		5 Payee name UFCU			
6 Amount (\$) 1.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Free		(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 8.25		Payee name ALBERT CHAK			
Amount (\$) \$ 63.00		Payee address; City; State; Zip Code 912 Cole Street			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) WAGES CONTRACT LABOR WAGES TRAVEL EXPENSE		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	
Date 8.25		Payee name AUTOZONE			
Amount (\$) 41.12		Payee address; City; State; Zip Code 6500 Spence Dale			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TRANSPORTATION EXPENSE		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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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 8.25.18	5 Payee name Kool Kooler
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6 Amount (\$) 35.21	7 Payee address; City; State; Zip Code 6413 Maple Rd
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office/Food	(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 8.25	Payee name UBOR
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Amount (\$) 12.63	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	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 8.25	Payee name UBOR
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Amount (\$) 17.60	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	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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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 <i>Gov's Comm</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>8.25</i>		5 Payee name <i>UBA</i>			
6 Amount (\$) <i>19.90</i>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>TRAVEL IN DISTRICT</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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>8.24</i>		Payee name <i>MATHEW KADZAR</i>			
Amount (\$) <i>750.00</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>WAGES</i>		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	
Date <i>8.24</i>		Payee name <i>EZ Polb Regio</i>			
Amount (\$) <i>21.00</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Event 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	
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:		2 FILER NAME LCW		3 Filer ID (Ethics Commission Filers)	
4 Date 8-23		5 Payee name Picks cleans			
6 Amount (\$) 23.22		7 Payee address; City; State; Zip Code Amma Papp			
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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8-23		Payee name SPN Zak TWO			
Amount (\$) 12.25		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event EVSP		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 8/23		Payee name Chris Allen			
Amount (\$) \$50		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Wages / security		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	

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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:		2 FILER NAME LCO		3 Filer ID (Ethics Commission Filers)	
4 Date 8.22		5 Payee name Kool Kool			
6 Amount (\$) 12.28		7 Payee address; City; State; Zip Code 6413 MA62			
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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8.22		Payee name JACK H T BOK			
Amount (\$) 8.75		Payee address; City; State; Zip Code H 4845 AUSTIN			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD		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 8.22		Payee name Shell Service			
Amount (\$) 43.46		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TRANSPORTATION		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	

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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: <u>1</u>	2 FILER NAME: <u>LCW</u>	3 Filer ID (Ethics Commission Filers)
4 Date: <u>8-22</u>	5 Payee name: <u>Shell Service</u>	
6 Amount (\$): <u>14.91</u>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>FOOD/BEV</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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date: <u>8-21</u>	Payee name: <u>Kool Kensor</u>	
Amount (\$): <u>10.81</u>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>FOOD/BEV</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date: <u>8-21</u>	Payee name: <u>ABM Printing</u>	
Amount (\$): <u>7.50</u>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>TRAVEL IN DISTRICT</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	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:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 8-21		5 Payee name DAIRY QUEST			
6 Amount (\$) 12.52		7 Payee address; City; State; Zip Code # 13827			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food		(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 8-21		Payee name JACK WHITE BOX			
Amount (\$) 7.13		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food		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	
Date 8-21		Payee name CANDIDA 7-11			
Amount (\$) 3.78		Payee address; City; State; Zip Code 6707 CANDIDA LN			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Buy		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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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 LED		3 Filer ID (Ethics Commission Filers)	
4 Date 8.21		5 Payee name 7-11			
6 Amount (\$) 12.82		7 Payee address; City; State; Zip Code 6707 CAMINO RD			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Bey		(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 8.21		Payee name Kool corner			
Amount (\$) 13.86		Payee address; City; State; Zip Code 4413 MAJOR RD			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Transportation		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 8/21		Payee name Golden Chicken			
Amount (\$) 18.46		Payee address; City; State; Zip Code 1815 EAST ARTHUR AVE			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food		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	

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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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 8-20	5 Payee name Kool Kewer	
6 Amount (\$) 15.48	7 Payee address; City; State; Zip Code 6413 MAJOR BL	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERTIME	(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 8-19	Payee name ADRY QUEER	
Amount (\$) 3.36	Payee address; City; State; Zip Code H 13827	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD	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 _____	
Date 8-19	Payee name MORIS APAC	
Amount (\$) 12.00	Payee address; City; State; Zip Code LOT 555	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	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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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 8.19.		5 Payee name WRL-GROWS			
6 Amount (\$) 29.36		7 Payee address; City; State; Zip Code 5345 AL. AUSTIN			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) OFFICE OVR		(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 8.18		Payee name MATTHEW KRAUSE			
Amount (\$) \$500		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) WAGES/CAMPAIN MGR		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			
Date 8.18		Payee name MOPH'S Deli			
Amount (\$) 11.92		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) HALL FOD		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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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 8.17		5 Payee name OAK LE TUN BOY			
6 Amount (\$) 10.15		7 Payee address; City; State; Zip Code #0912			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food		(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 8.17		Payee name Matthew KRAVSKA			
Amount (\$) 1000.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) WAGES		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	
Date 8.15		Payee name ACTA NETWORK			
Amount (\$) 10.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		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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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 <i>LCJ</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>8.15</i>		5 Payee name <i>DOMINOS</i>			
6 Amount (\$) <i>20.81</i>		7 Payee address; City; State; Zip Code <i>#6610</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Food</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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>8.15</i>		Payee name <i>ON MORLEY</i>			
Amount (\$) <i>12.03</i>		Payee address; City; State; Zip Code <i>3926 ED BLOESMAN</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Food/BA</i>		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 <i>8.14</i>		Payee name <i>DAR QUEEN</i>			
Amount (\$) <i>11.02</i>		Payee address; City; State; Zip Code <i>#13827</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Food</i>		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	

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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:		2 FILER NAME <i>Louis Coma Jr</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>8-14</i>		5 Payee name <i>Kris Sperry</i>			
6 Amount (\$) <i>10.81</i>		7 Payee address; City; State; Zip Code <i>NY</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>OFFICE OVERHEAD</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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>8-13</i>		Payee name <i>LORAIN'S</i>			
Amount (\$) <i>25.72</i>		Payee address; City; State; Zip Code <i>#0039 Austin</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Food</i>		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	
Date <i>8-12</i>		Payee name <i>UFCU</i>			
Amount (\$) <i>1.00</i>		Payee address; City; State; Zip Code <i>17511 SCHULTZ LN</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Fee</i>		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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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 8.12		5 Payee name TAOQERI M. TAOHILTA			
6 Amount (\$) 182.95		7 Payee address; City; State; Zip Code 5301 MANOR RD			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) EVENTS		(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 8.11		Payee name Shon Sep #9			
Amount (\$) 19.32		Payee address; City; State; Zip Code 4603 BIERMAN			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD		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 8.11		Payee name CEFCO #0059			
Amount (\$) 2.84		Payee address; City; State; Zip Code FRANKLIN, TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TRAVEL OUTSIDE / Fundraising		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	

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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:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 8.11		5 Payee name 7-ELAW			
6 Amount (\$) 11.82		7 Payee address; City; State; Zip Code 6518 ED. Blueson			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel/Rey		(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 8.10		Payee name Popes H2017			
Amount (\$) 13.74		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food		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	
Date 8.10		Payee name DIAMANDS FOOD MART			
Amount (\$) 17.26		Payee address; City; State; Zip Code 5618 Maple Ln			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel/Rey		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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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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		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 <div style="text-align: center; font-size: 2em;">LCW</div>		3 Filer ID (Ethics Commission Filers)	
4 Date 08.09		5 Payee name Kool Karmz			
6 Amount (\$) 6.67		7 Payee address; City; State; Zip Code 6413 MAJOR BL			
8 <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>		(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.5em;">Food/Bar</div>		(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 08.08		Payee name Kool Karmz			
Amount (\$) 27.64		Payee address; City; State; Zip Code TRAVEL WORK 6413 MAJOR BL			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.5em;">TRAVEL WORK</div>		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 8.8		Payee name UBER			
Amount (\$) 8.78		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.5em;">TRAVEL WORK</div>		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	

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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:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 8/7		5 Payee name Home Depot #6892			
6 Amount (\$) 48.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead		(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 8/7		Payee name Kool Buz			
Amount (\$) 8.65		Payee address; City; State; Zip Code 6413 MAHER RD			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Buz		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 8/7		Payee name PIZZA HUT			
Amount (\$) 35.29		Payee address; City; State; Zip Code #7115			
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		
	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
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 LOJ		3 Filer ID (Ethics Commission Filers)	
4 Date 8-6		5 Payee name Kool Center			
6 Amount (\$) 28.65		7 Payee address; City; State; Zip Code 6413 MAJOR RD			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) OFFICE OVERTHOLD		(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 8-5		Payee name Kool Kool			
Amount (\$) 14.03		Payee address; City; State; Zip Code 6413 MAJOR RD			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees/Reg		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	
Date 8-5		Payee name AMALAS TACA VILLA			
Amount (\$) 19.64		Payee address; City; State; Zip Code			
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	
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:		2 FILER NAME <i>LCW</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>8.4</i>		5 Payee name <i>PIZZA HUT # 7115</i>			
6 Amount (\$) <i>20.22</i>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Food / Event</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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>8.4</i>		Payee name <i>Suber Grop</i>			
Amount (\$) <i>9.52</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Food</i>		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	
Date <i>8/4</i>		Payee name <i>Paces Clear</i>			
Amount (\$) <i>25.01</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Event 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	
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:		2 FILER NAME <i>Lewis Conway Jr</i>		3 Filer ID (Ethics Commission, Filers)	
4 Date <i>8-20</i>		5 Payee name <i>UBER TRIP</i>			
6 Amount (\$) <i>7.03</i>		7 Payee address: City: State: Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>TRAVEL IN DISTRICT</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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>8-4</i>		Payee name <i>KOD COHEN</i>			
Amount (\$)		Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>TRANSPORTATION</i>		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	
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	

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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:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 8.14		5 Payee name Matthew Krause			
6 Amount (\$) \$500		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Wages		(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 8.3		Payee name CHRISTOPHER ANGL			
Amount (\$) 160.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Wages/Security		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 8.3		Payee name Karl Kowal			
Amount (\$) 29.72		Payee address; City; State; Zip Code 64.13 Manor Rd			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expenses		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	

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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:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 8.3		5 Payee name BOHU COFFE			
6 Amount (\$) 8.34		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Exs.		(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 8.2		Payee name MURPHY'S DELI			
Amount (\$) 12.07		Payee address; City; State; Zip Code LALAM			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Box		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	
Date 8.2		Payee name KEITHAN Google Suite			
Amount (\$) 10.60		Payee address; City; State; Zip Code 444 S. RIVER ST			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead		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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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 8.2		5 Payee name Kool Kover			
6 Amount (\$) 11.71		7 Payee address; City; State; Zip Code Fox/Bay QUAS MARR PM			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fox/Bay		(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 8.2		Payee name DARY Qwert			
Amount (\$) 12.10		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food		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	
Date 8.1		Payee name Kool Kover			
Amount (\$) 36.52		Payee address; City; State; Zip Code 6413 MARR PM			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Transportation		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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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:

2 FILER NAME

Lewis County Jr

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

FARRIS HW & SITES

5 Contribution / Expenditure reported on:

- ☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☒ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

6 Dates of travel

9.17

7 Name of person(s) traveling

Lewis County Jr

8 Departure city or name of departure location

Porter

9 Destination city or name of destination location

New York

10 Means of transportation

Flight

11 Purpose of travel (including name of conference, seminar, or other event)

FUNDRAISING (OLIXA GRADUATE)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- ☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☒ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel

Name of person(s) traveling

Lewis County Jr

Departure city or name of departure location

Porter

Destination city or name of destination location

New York

Means of transportation

Flight

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- ☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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