CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	d:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MPL, CLW13 NICKNAME LAST	MI	OFFICE I	JSE ONLY
4 CANDIDATE/	Cortway	CITY; STATE: ZIP CODE	Daa	
OFFICEHOLDER MAILING ADDRESS Change of Address	1	USIN TX 78723	JUL 1	RECEIVED A1 6'18 AM11:04
<u> </u>				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (S12) 202 G151	EXTENSION .	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt #	Amount \$
TREASURER NAME	SAM		Date Processed	<u> </u>
	NICKNAME LÄST	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / S	SUITE #: CITY; STATE;	ZIP CODE	
(Residence or Business)	Spre			,
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER () SAME	EXTENSION		
9 REPORT TYPE	July 15 30th day before el		15th day afte treasurer app (Officeholder	pointment
	Our day solote da	oolida	Limit tapan	,
10 PERIOD	Month Day Year	Month	Day Year	
COVERED	01/01/2018	THROUGH COP/	30 /201	8
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary General	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		CITY Cource	1-Dis726	
	go то	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Leos	Carry X2 15 File	r ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES IN DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT T WISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORI URES.	HE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			•
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1869.37
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$5,192.92
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ 1809,55
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2841,77
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 1517,54
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ Ø
18 AFFIDAVIT	<u> </u>		,
FRANCES AGUILAR REPKA My Notary ID # 11133515 Expires August 30, 2020 Signature of Candidate or Officeholder			
AFFIX NOTARY STAM	P/SEALABOVE		
Sworn to and subse	Sworn to and subscribed before me, by the said Lewis Conway Y., this the		
day of July , 20 18 , to certify which, witness my hand and seal of office.			
MAL		Frances Agrillar Repka	notary
Signature of officer a	idministering oath	Printed name of officer administering oath Tr	tle of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME LLWS CONTROL & Filer ID (Ethics Con	mmission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4087,92
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1105.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ &-
4.	SCHEDULE E: LOANS	\$ *
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2579.19
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ **
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 262,58
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 🗢
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ D

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	e 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 2/13/18 8 Principal occ	5 Full name of contributor out-of-state PAC (ID#:) Penley McQueen 6 Contributor address; City; State: Zip Code 2916 KCISSOVINE POSS AVSTIN, TX 78704 upation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) \$30.00
Date 2/17/18 Principal occu	Full name of contributor out-of-state PAC (ID#:) Shane Filiatraul+ Contributor address; City: State: Zip Code 13010 Ridgeline Blvd. Cedar Park, Tx # 1321 Tpation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$)
Date 2/26/18 Principal occu	Full name of contributor dut-of-state PAC (ID#:) Betsy Bollen Contributor address: City: State: Zip Code McKinney: TX 7507) Ipation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$)
Date 3/3/18	Full name of contributor out-of-state PAC (ID#:) Michael Lewis Contributor address; City; State; Zip Code 603 Dayis St. Austin, Tx 78701	Amount of contribution (\$)
Principal occu	Upation / Job title (See Instructions) Employer (See Instructions)	tions)

1 Total pages Schedule A1: 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$)
7 Amount of contribution (\$)
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Amount of contribution (\$)
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Amount of contribution (\$)
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Amount of contribution (\$)
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Revised 9/8/2015

Forms provided by Texas Ethics Commission

	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 5 Full name of contributor	7 Amount of contribution (\$)
0	2-6-18 Kim Hellen 6 Contributor address; City; State; Zip Code 20913 Mandrake Pflugerville, Tx	20.00
	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru-	Ctions
	Teacher Pflugervill	
	Date Full name of contributor	Amount of contribution (\$)
o ··	Kevin Mapps Contributor address; City; State; Zip Code Houston, TX 13921 Merganser 77041	21.37
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
	Date Full name of contributor out-of-state_PAC (ID#:)	Amount of contribution (\$)
· Q	2-6-18 Contributor address; City; State; Zip Code	40.00
	Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions)	ctions)
	IT Admin Bazaarv	
	Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
٥	2-6-18 Contributor address; City; State; Zip Code	50.00
	20913 Mandrake Pflugerville, TX	
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-e	mployee
		ч .
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additiona	

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER JAME CONWAY Jr.	3 Filer ID (Ethics Commission Filers)
2-4-18 5 Full name of contributor out-of-state PAC (ID#:) Margaret Curtis City: State: Zip Code 2414 W. 8th St. Austin, TX 78703	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date Full name of contributor □ out-of-state PAC (ID#:)	Amount of contribution (\$)
2-6-18 Contributor address: City: State: Zip Code 4005 Cortina Dr. Austin TX 78749	37.16
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)
Date Full name of contributor dut-of-state PAC (ID#:) Betsy Bollen Contributor address: City; State: Zip Code 8690Virginia Placy Malainney TX 7507	Amount of contribution (\$)
Ancipal occupation / Job title (See Instructions) Employer (See Instructions) GEAN.	America
Date Sull name of contributor Betsy Bollen Contributor address: City; State: Zip Code McKinney, TX	Amount of contribution (\$)
Pringfiel occupation / Job title (See Instructions) Employer (See Instruct GEA W	ions. Ameri
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	

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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)
ò	2-6-18 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 20.00
	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
	Date Full name of contributor Tiffany Crawford	Amount of contribution (\$)
8	7-9-18 Tiffany Crawford Contributor address: City: State: Zip Code 9835 Childress Dr. Austin, TX 7875	21.31
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
0	Date Full name of contributor out-of-state PAC (ID#:) Leah Pinney Contributor address; City; State; Zip Code	Amount of contribution (\$)
	11421 Arbor Downe Rd. Austin TX Principal occupation / Job title (See Instructions) Employer (See Instructions)	
	Date Full name of contributor out-of-state PAC (#D#:)	Amount of contribution (\$)
a	2-6-18 Joey Gidseg Contributor address; City; State; Zip Code 8106 Burrell Dr. Austin, TX 78157	21.37
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A
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 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 50.00
8 Principal accupation / Job title (See Instructions) 4 dministrator 9 Employer (See Instructions) LDCK (ptions)
Date Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
2-6-18 Contributor address; City: State; Zip Code 7606 Brookhollow Cove	20.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ptions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2-6-18 Jennifer Pumphrey Contributor address: City; State; Zip Code 1607 Alameda Dr. Austin TX	20.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	otions) .
Date Full name of contributor Dout-of-state PAC (ID#:)	Amount of contribution (\$)
Date Full name of contributor Darwin Hamilton 2-6-18 Contributor address: City; Starp; Zip Code 20825 Bellenve Dv. Pflugerville, IX 18660	20.00
Principal occidation / Job title (See Instructions) : Embloyer (See Instruc	c- Rible Mgmt.
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additional	

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers
Lewis Conway Jr.	
4 Date 5 Full name of contributor out-of-state PAC (iD#:)	7 Amount of contribution (\$)
2-6-18 Lauren Devtel 6 Contributor address; City; State; Zip Code	20.00
11520 Flushwing Dr. Austin, TX 78754	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 1000 1000	ctions)
Date Full name of contributor	Amount of contribution (\$)
2-6-18 Cnistinatarker Contributor address: City: State; Zip Code Z406Bluebonnet#210 Austin, TX 78704	20.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Engloyer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2-6-18 Dasia Warner Contributor address: City; State: Zip Code 11500 Jollyville Rd. Austin, TX	10.00
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)
Student UT	
Date Full name of contributor	Amount of contribution (\$)
2-6-18 Martha Mercado Contributor address; City; State; Ap Code LOSOSShirley Are#303 T8152	10.00
10.52	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Une Mo	i
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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 5 Sull name of contributor	7 Amount of contribution (\$)
10014 a Nixon 10014 a Nixon 153 Oak Rim Dr. Cedar Creek, TX 153 Oak Rim Dr.	25.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ity Constable-Pct.1
Date Full name of contributor	Amount of contribution (\$)
2-6-18 Contributor address; City: State; Zip Code	5.00
2906 E. MLK#2405 Austin, TX 78702	
Principal occupation / Job title (See Instructions) Employer (See Instructions) A 16	<u>.</u> '
Date Full name of contributor □ out-of-state PAC (ID#:)	Amount of contribution (\$)
2-6-18 Xaq Webb Contributor address: City: State Zip Gode 1050661a66MHn. TVI. Austin, TX 187.50	40.00
Privicinal occupation / Job title (See Instructions) Employer (See Instructions)	mployed
Date Full name of contributor	Amount of contribution (\$)
Tisha Christopher 26-18 Contributor address: City; State, Zip Code 12000 Dessay Rd#628 Austin TX 18154	40.00
Principal Princi	lions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	

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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 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
2-6-18 Tiffany Owens 6 Contributor address; City; Stoge: Zip Code 170 Sandotone TVI. Budai TX 18610	20.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) TX Sec. of	ions) State
Date Full name of contributor	Amount of contribution (\$)
2-6-18 Lindsey Linder Contributor address; City: State: Zip Code 705 Ramble Ln Austin TX 78745	30.00
Principal occupation / Job title (Spe Instructions) Principal occupation / Job title (Spe Instructions) Employer (See Instructions) TCOC	ions)
Date Full name of contributor out-o:-state PAC (ID#:)	Amount of contribution (\$)
26-18 Tiffany Nicole Peterson Contributor address: City; State: Zip Code 1100 Gatti6 School Rd Pflugerville, IX	15.00
Principal esupation / Job title (See Instructions) Employer (See Instructions) TNL	ions) Alovi
Date Full name of contributor	Amount of contribution (\$)
26-18 Contributor address; City; State; Zipcode, Austin IN 9512 Golden Hills Civale 78759	20.00
Principal occupation / Job title (See Instructions) Employer (See Instruct Self-em	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	

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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 5 Full name of contributor	7 Amount of contribution (\$)
2-6-18 Kolby Duhon 6 contributor address: City: State: Zip Code 600 5. 16+#108 Austin, Tx 78704	25.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 1 Val Vib	
Date Full name of contributor	Amount of contribution (\$)
2-6-18 Courtney Robinson Contributor address: City: State: Zip Code 809 Indian Rain Dr. Pflugerville TX 78660	100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor	Amount of contribution (\$)
2-6-18 Contributor address; City; State; Zip Code 300 Bowie St. #214 Austin N 18705	40.00
Principal Decupation / Job title (See Instructions) Employer (See Instructions) Pro-Ec	1
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2-10-18: Contributor address; City; State; Zio Code 2910 Medical Arts#104 Austin, TX 78705	20.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional	
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MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILERNAME CONWAY Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 21.37
Date Full name of contributor Gout-of-state PAC (ID#)	Amount of contribution (\$)
Johnnie Tyler 2-6-18 Contributor address: City: State; Zip Code 7408 Cameron Rd#3 Austin, TX 78752	20.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Mid-tow	in Live
Date Full name of contributor Sheila Hawkins-Bucklew Contributor address: City: State: Zip Code 9320 Villa Norte Austin, TX 78726	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor Benjamin Liapin Contributor address; City: State: Zip Code 3319 Harper's Ferry Austin X 78745	Amount of contribution (\$) 20.60
Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-e	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional	

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Gulde explains how to complete th	ie form	1 Total pages Schodule Att
	is form.	1 Total pages Schedule A1:
onway Jr.		3 Filer ID (Ethics Commission Filers)
me of contributor		7 Amount of contribution (\$)
utor address; City; Sta	te; Zip Code	20.00
	Hand, OR	
•		'
me of contributor		Amount of contribution (\$)
teo E. Clarke outor address: City: Sta	nte: Zip Code	52.95
		ions)
rissa Youngbloom utor address; City; Stat 18 Callan Court	d Wanor, TX 78653	Amount of contribution (\$) 21.37
me of contributor out-of-state P	AC (ID#:)	Amount of contribution (\$)
utor address: City; Sta 5 Camacho St. Av	ite; Zip Code 16tin, 1278123	105.58
		ions)
	me of contributor out-of-state P ILE TVINKE butor address; City; Sta NE LOSTH Ave. Por- title (See Instructions) IZEV me of contributor out-of-state P HED E. Clarke butor address; City; Sta Berlechive Dv. / title (See Instructions) me of contributor out-of-state P ILSA YOUNSD 100 outor address; City; Sta PR Callan Court title (See Instructions)	me of contributor cut-of-state PAC (ID#:

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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)
2-6-18 6 Contributor address; City; State: Zip Code	7 Amount of contribution (\$) 20.00
12832 Dwight Eisenhower 78653 8 Principal occupation / Job title (See Instructions) Contract Specialist General	and Office
Date Full name of contributor cut-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	iions)
Date Full name of contributor	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional	

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Lewis Conway Tr.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
3/15/18	Oavid Pinkhoum 6 Contributor address; City: State: Zip Code TX 5320 Medford Dr. Austin TX 78723	\$20
8 Principal occ	upation / Job title (See Instructions) 9 Employer (See Instruc	tions}
Date	Full name of contributor	Amount of contribution (\$)
4/4/18	Contributor address: City; State: Zip Code Pine bluff, NC 78373	\$ 20
Principal occu	ipation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
4/4/18	Lauren Oertel Contributor address; City; State; Zip Code 11520 Flushwing Dr. Avstin. Tx 78754	\$20
Principal occu	upation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributorout-ot-state PAC (ID#:)	Amount of contribution (\$)
4/4 18	Patricia Buchholtz Contributor address; City; State: Zip Code 4025 Camacho St. AUStin, TX 78723	\$50
	upation / Job title (See Instructions) Employer (See Instruc	

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MONET	TARY 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 4-4-18	5 Full name of contributor out-of-state PAC (ID#:) JOE Brunchidge 6 Contributor address: City; State: Zip Code 10108 OOK HONOW DV. AUSTIN, TX 78758	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
4.4.18	Contributor address: City; State: Zip Code 1919 Alvarado Dr. Roynd Rock, T. 7814A	x \$50
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date 4-4-18	Full name of contributor out-of-state PAC (ID#:) HELEN GAEBLEY Contributor address; City; State; Zip Code 504 Havris Dr. Austin.TX 78705	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	
Date	Full name of contributor	Amount of contribution (\$)
4.4.18	Jamelia Styles Contributor address; City; State; Zip Code 4536 Dennis Ln. Pflugerville, Tx 78660	\$25
. Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
1		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additional	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Lewis Conway Jr. 4 Date 7 Amount of contribution (\$) out-of-state PAC (ID# Delvone Michael 6 Contributor address: 1332 15th St. NW 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Mark McKim Contributor address; \$10 City; State; Zip Code Austin, Tx 78702 Employer (See Instructions) Principal occupation / Job title (See Instructions Full name of contributor ut-of-state PAC (ID#: Date Amount of contribution (\$) Jacob Aronowitz Contributor address; \$ 20 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 (\$) Principal occupation / Job title (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.

MONET	TARY 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	5 Full name of contributor	7 Amount of contribution (\$)
6-30-18	Jaynna Sims 6 Contributor address; City; State; Zip Code 2008 F. 9th St. Austin, TX 78702	\$35
	2008 F. 9" St. HUSTIN, 1X 16 1UZ	,
8 Principal occu	upation / Job title (See Instructions) 9	tions)
Date	Full name of contributor	Amount of contribution (\$)
6-30-18	ROBERT LIBOU Contributor address; City: State; Zip Code 904 Capitol Ct. AUSTIN, TX 787512	\$300
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 6 - 30 - 18	Full name of contributor out-of-state PAC (ID#:) GOUNTED SOLIS Contributor address; City: State: Zip Code 4515 Gillis St. AUStin, TX 78745	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor aut-of-state PAC (ID#:)	Amount of contribution (\$)
6.30.18	Vick Hudson Contributor address; City: State: Zip Code 9459 Singing Quali Austin, TX 78758	\$50
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional	•

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 6.29.18	5 Full name of contributor out-of-state PAC (ID#:) Jeff Glass 6 Contributor address; City; State: Zip Code PACA La Fama Path AUSTINITX 707727	7 Amount of contribution (\$)
8 Principal occur	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Jennifer Graf	Amount of contribution (\$)
6-30-18	Contributor address; City; State; Zip Code 1216 Brothury Ln. AVStin TX 79.153	\$ 25
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
6.30.18	Marcus Denton Scontributor address; 5200 North Lamar Blud. Austin, TX Ant N101 78751	\$20
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
6.30.18	Chance Walker Contributor address; City; State; Zip Code Le 222 Jak Grove Pd. Budg TX 78(0) 0	\$75
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)

MONET	TARY 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 (0-29-18 8 Principal occu	5 Full name of contributor	7 Amount of contribution (\$) \$ 25,00
Date 6-29-18 Principal occup	Full name of contributor out-of-state PAC (ID#:) Mark Mckim Contributor address; City; State; Zip Code 2906 F. MIK Jr. Bl.wd. Hushin, TX Apt # 2405 Dation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) \$\{\O\.\O\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Date 0.29.18 Principal occus	Full name of contributor out-of-state PAC (ID#:) TOMMY LOYYOUV Contributor address: City: State: Zip Code 2409 Sweetgum Trace Cedar Park, TX 78613 Dation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) \$ \bigcirc\infty
Date 6 . 29 . 18		Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	iions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional	

MONETARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME LEWIS CONWay Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PA 6 29 18 6 Contributor address; City: State 3403 Or Ole Cove hus 8 Principal occupation / Job title (See Instructions)	e: Zip Code 10, TX 1673Z g Employer (See Instructi	7 Amount of contribution (\$) \$50,00
Control of the contro	3 - Employer (656 mender	
	C (ID#:)	Amount of contribution (\$)
6-29-18 Seneca Savoie Contributor address; City: State 9620 Covery Ridge LN.	AUSTINITX	\$20.00
Principal occupation / Job title (See Instructions)	Employer (See Instruction	ons)
Date Full name of contributor Shella Frankfurt contributor address; City; State 8515 Shenandooh Ov.	e; Zip Code Austin, TX 78753	Amount of contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)	Employer (See Instructi	ons)
l	e; Zip Code NStM,TX 78723	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instructi	ons)
ATTACH ADDITIONAL COPIES	DE THIS SCHEDUI E AS NE	EDED
If contributor is out-of-state PAC, please see ins		

2 FILER NAME Lewis Conway Jv. 4 Date 5 Full name of contributor out-of-state PAC (ID#:	SCHEDULE A1
Lewis Conway Jv. 4 Date 5 Full name of contributor	tal pages Schedule A1:
Houry Brown 6 Contributor address; City: State: Zip Code 2313 Quarry Rd. ** ** ** ** ** ** ** ** ** ** ** ** **	er ID (Ethics Commission Filers)
Date Full name of contributor	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Bryson Brown Contributor address; City: State: Zip Code Principal occupation / Job title (See Instructions) Date Full name of contributor JOVAN BUCKLEY Contributor address: City: State: Zip Code 216 S. WILSON SUN MUCKOS. TX 79666 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) A SUSIE BUNNON Contributor address: City: State: Zip Code SUSIE SUNDINGTX ADD # 127	
Date Full name of contributor Out-of-state PAC (ID#:	mount of contribution (\$)
Contributor address: City; State; Zip Code 216 S. WIISON SCUN MCLYCOS, TX 78666 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor SUSIE BOUNDN Contributor address: City; State; Zip Code 5106 N. Lamay Blvd. AUSTIN, TX Apt #127	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor SUSIC BOUNDN Contributor address; City; State; Zip Code SIOUN Lamour BIVO. HUSTIN, TX Apt #127	\$25.00
SUSIE BOUNNON Contributor address; City; State; Zip Code SIOW N. Lamay Blud. AUSTIN, TX Apt #127 78751	
6-29-18 Contributor address; City; State; Zip Code 5106 N. Lamay Blvd. AUSTIN, TX	mount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	\$20,00
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Lewis Conway Tr. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: Vollerie Atkins 6-19-18 6 Contributor address: Ci 4807 Walden Cir. \$ 20,00 8 Principal occupation / Job title (See Instructions) mployer (See Instructions) Date Full name of contributor cut-of-state PAC (ID#: Amount of contribution (\$) \$100.00 6-19-18 City; State; Zip Code Austin, TX 2114 Gaston Place Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:_ Date Amount of contribution (\$) \$ 20.00 6-19-18 City; State; Zip Code Contributor address; Round Rock, TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) \$20.00 Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDÜLE 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 JV.	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (1D#:	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See	· Instructions)
Date Full name of contributor	Amount of contribution (\$)
6.11.18 KIVSTEN Shepourd Contributor address: City: State: Zip Code PO BOX 303460 AUSTIN, TX 7870	\$100
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Date Full name of contributor out-of-state PAC (ID#: Showon Ellev by Contributor address: City; State: Zip Code II441 N I35 PUSTIN, TX # 21107 78753 Principal occupation / Job title (See Instructions) Employer (See	\$60
Date Full name of contributor Seneca Savoie Contributor address; City; State; Zip Code 9020 Covey Ridge Austro, TX Principal occupation / Job title (See Instructions) Employer (See	Amount of contribution (\$) \$ 20
ATTACH ADDITIONAL COPIES OF THIS SCHEDUL If contributor is out-of-state PAC, please see instruction guide for ad	

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) ewis COLUAN 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 5 Date Amount of in-kind contribution 6 Full name of contributor □ out-of-state PAC (ID#: Contribution \$ description KROCK OF BANN DONOTS F001 250 7 Contributor address; City: State: Zip Code 311 UHILLESITY BLY 1 FR Rows Rows, TX 78465 __ Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NQN-JUDICIAL) (See Instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Ood Rico & Shellowing Nelson 13 Contributor's job title (FOR JUDICIAL) (See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) Owher 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Amount of: In-kind contribution Date Contribution \$ MIDTOWN LIVE/BROADI CASON City: State; Zip Code Contributor address: Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:	
2 FILER NAME LOWIS CONTURY			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 3 <i>00</i>	
2/4	Date 6 Full name of contributor out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution Contribution \$ description \$\frac{1}{2} \infty \in	
10 Principal occu	pation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	ver (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's p	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's e	employer/law firm (FOR JUDICIAL)	15 Law firm	m of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor i	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Pate 4/19	Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution description Contribution \$ In-kind contribution description Contribution \$ In-kind contribution contribution description Contribution \$ In-kind contribution contribution description	
Principal occu	pation / Job title (FOR NON-JUDICIAL) (See Instructions)	·	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL) Contrib		Contribu	outor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm	firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
			·	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	·			
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:	
2 FILER NAME LEWIS COHWAY, DR			3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 425	
5 Date	6 Full name of contributor □ out-of-state PAC (ID#: AFT-SCDA-blu Courth 7 Contributor address; City; State; Zip Coc 1029 Reinlight Augnt TX 78	123	8 Amount of Contribution \$ 9 In-kind contribution description PRINT Check if travel outside of Texas. Complete Schedule T.	
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)	
0000	principal occupation (FOR JUDICIAL)	MI)	1- 11.000	
12 Contributors	philopal occupation (FOR JUDICIAL)	13 Contribu	rtor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date Full name of contributor out-of-state PAC (ID#:			Contribution \$. description	
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe Gel	er (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2:		
2 FILER NAME LCWIS CONWAY DR	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$ 30		
5 Date 6 Full name of contributor out-of state PAC (ID#: 100 MOUTH NUMBER 7 Contributor address; City; State; Zip Cool 5207 A112 Contributor BLVS Arong 1p	8 Amount of 9 In-kind contribution contribution \$ description \$ A SAM de Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date Full name of contributor 📑 out-of-state PAC (ID#:	Amount of In-kind contribution Contribution \$. description		
Contributor address; City; State; Zip Co	de Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF			

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 Legal Services Candidate/Officeholder/Political Committee 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) Conwall 4 Date 5 Payee name 2-14-2016 6 Amount (\$) City; State; Zip Code 7 Payee address; Austin, TX **44.33** (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 2-15.2018 Xiaun Amount (\$) City; State; Zip Code Pavee address; \$45.00 Austin, TX Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Woul-Mourt 2.16.2018 Supercenter Amount (\$) Austin, TX 9136.45 Category (See Categories listed at the top of this schedule) Description Phones, OFFICE CAMPAICAN PURPOSE Li Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE OVERHEAD /OFFICE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee 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) 5 Payee name 2-11-2018 6 Amount (\$) Austin, TX \$ 144.50 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Event Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Flegors For Comparcial accents Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date Waffle 2 - 11 - 2019 House Amount (\$) City; State: Zip Code Payee address; \$35.51 Austin,TX Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX. officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date OMO Kool Korner 2-12-2018 Amount (\$) City; State; Zip Code Austin, TX 70723 6413 Manor 478.07 Category (See Categories listed at the top of this schedule) Description FOOD/BURDAM/NATION PURPOSE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **EXPENDITURE** toos the Voluntiers MSGAS fortilland Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (settle preference)

Contributions/Donations Made B Candidate/Officeholder/Politica		pense Travel Out Of District ages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME LEWIS CONVOL	3 Filer ID (Ethics Commission Filers)
4 Date 2 • 12 • 2019	5 Payee name Wal-Mart S	upercenter
6 Amount (\$)	7 Payee address; City; State; Zip Code	<u> </u>
\$50.75	Austin, Tx	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD, SURPOLICE LANDARY [Verta lattice Carther)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	When OFTICE Clarking	,
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
2-12-2018	100000000000000000000000000000000000000	viter
Amount (\$)	Payee address; City; State; Zip Code	The state of the s
\$ 212.71	Austin, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) STATOHOUS NAG, CAMPIAN N ELWIT,	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.
	FOOD DE Voluntiaus / ELAT	·
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
2.12.2018	KFC	
Amount (\$)	Payee address; City; State; Zip Code	
\$18,50	Austin,TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOO! / BEVEROUSE EXPENSE CAND DAR / CONSULTATE LANGET	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awa/ds/Memorials Expense Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name ount Electronics 2-12-2018 6 Amount (\$) City: State; Zip Code 7 Payee address: Austin, TX 1011 W : \$ 275,98 (b) Description 8 Check if travel outside of Texas. Complete Schedule T **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH 2-12-2018 Amount (\$) City; State; Zip Code 6413 Manor Rd. Austin, TX 78723 \$ 6.37 Category (See Categories listed at the top of this schedule) Description Davies 82 Voluntier Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Sheck if Austin, TX. officeholder living expense **EXPENDITURE** Complete ONLY if direct Office sought Office held expenditure to benefit C/OH 2-13-2016 Amount (\$) City: State: Zip Code Austin, TX \$8.74 Description PURPOSE Check it travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **EXPENDITURE** FOOD BELOZAL Candidate Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE CATEO	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made 9: Candidate/Officeholder/Political Credit Card Payment	d Committee 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 explain	s how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME LEWIS CON	may Jr.	3 Filer 1D (Ethics Commission Filers)
4 Date 2 • 13 • 2018	5 Payee name KOOL CORN		
6 Amount (\$)	7 Payee address; City; State; Zi	p Code	
\$10.59	6413 Manor Rd. A	ustin,TX 78	723
8	(a) Category (See Categories listed at the top of this s	cnedule) (b) Description	
PURPOSE OF EXPENDITURE	CAS FOR THRANCE TO		utside of Texas. Complete Schedule T. n, TX. officeholder living expense
	TRAVEL - 1-1 OFFROM		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2.14.2018	KOOI COrr	ner	
Amount (\$)	Payee address; City; State; Zi	ip Code	
\$ 30.37	6413 Manor 12d.	Austin, TX	76723
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s SUPPLIED DANKS, I CL. 7 Why Teals FOOLDHAM JOHN HA	Check if travel ou	tside of Texas. Complete Schedule T. . TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	LW	Ce	
Date	Payee name		
2-14-2018	Express-0		
Amount (\$)	Payee address; City; State; Zi	p Code	
\$6.04	Austi	n,Tx	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s FOOD FOR YOUR THEOR	Check if travel ou	tside of Texas. Complete Schedule T. . TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B: Candidate/Officeholder/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explain	s how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME LEWIS COV	way Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 2 · 20 - 2018	5 Payee name Fiesta N	nart'	
6 Amount (\$) 4 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7 Payee address; City; State; Zi 39 9 N I3S AUSHi	ip Code	,
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s FOUN / DAYS FOUNT TO Domore Company Tood/Bakeran / com	Check if travel o	outside of Texas. Complete Schedule T. in. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	M Office sought	CONG) Office held
Date	Payee name		
2.20.2018	Luby's Confe		
* 38.10	Payee address; City; State; Zi	tin 'TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so FOOD / BEVEYOLGE EXPENSE MECTLY WE STIFFFE / SMELTING		utside of Texas. Complete Schedule T. n, 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		**. ***
2.20.2018	cenote		
Amount (\$)	Payee address; City; State; Zi		
\$ 4.21	Austir	7,TX 78723	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so FOOD BEVEROUSE EXPENSE Meaning worth Common	Check if travel or	utside of Texas. Complete Schedule T. n. 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 NE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politic	•	xpense Travel Out Of District Vages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to o	• • • • • • • • • • • • • • • • • • • •
	The instruction datas explains now to c	complete this form.
1 Total pages Schedule F1:	LEWIS CONUC	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	J 9
2.22.2018	Kool Corner	
6 Amount (\$)	7 Payee address: City; State; Zip Code	T. 70777
\$10.79	16413 Manor Rd. Aust	in, TX 78723
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	PAS for FOURASONIS	Check if travel outside of Texas. Complete Schedule T.
OF	(42)	Check if Austin, TX, officeholder living expense
EXPENDITURE		,
	TRAVEL IN DISTRICT	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O	Candidate / Officeholder name	CATT COUNCY
Date	Payee name	
222 2010	carata	
2.23-2018	cenote	
Amount (\$)	Payee address; City; State: Zip Code	
\$14.61	Austin, T	(78723
-	Category (See Categories listed at the top of this schedule)	Description
DUDDOOF	- 110	Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF	Food / Beverage	Gneck if Austin, TX, officeholder living expense
EXPENDITURE	5/20050	Officer if Abstiti, TA; billidefibilities living expense
	Man Cxperise	
	THEE ING WITH PLUKANIC	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OI	16.)	CC
Date	Payee name	
2.23-2018	Black walnut C	afé
Amount (\$)	Payee address; City: State: Zip Code	
\$ 20.46	Illo Busheres Austin,7	TX 78758
	- Dund kg	_
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	Dirties For Young ear 97 97	Check if travel outside of Texas, Complete Schedule T.
OF	ruck / beverling	Check if Austin. TX, officeholder living expense
EXPENDITURE	SIDOISE	
:	CXPENSE	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OI	/ - \	((
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Even: Expensa Fres Frod/Beverage Expense Gitt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services : Salaneav The Instruction Guide explains how to co	ages/Contract Labor Other (enter a category not listed above) omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME LEWIS CONW	3 Filer ID (Ethics Commission Filers)	
4 Date 2 - 25 - 2018	5 Payee name Shell Service		
6 Amount (\$)	7 Payee address: City; State; Zip Code		
\$ 35.01	Austin, T	X	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Travel In District	Chack if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	CAS FOR FUNDANSING AN ACUT REP	Check if Austin. TX, officeholder fiving expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
2.25.2018	Koul Corner		
Amount (\$)	Payee address: City; State; Zip Code	: a Try 70722	
\$8.65	6413 Manor Rd. Aust	7(1), (X 18 (23	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ON-IKS SHANS FRE VOLUCION STAPA	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	FOOD ROLLAR		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit 6/6/		<u>CC</u>	
Date .	Payee name		
2.26.2018	Burger King		
Amount (\$)	Payee address; City; State: Zip Code	_	
\$6.50	HUSTIN, T	X	
PURPOSE OF EXPENDITURE	Category (See Categories fisted at the top of this schedule) WESTING WITH CONSULTANT BEVEYOLGE EVDOIDS	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense	
	capense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate /- Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Fees 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 Salaries/Wages/Contract Labor 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 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 2.27-2018 Austintx \$5.29 6519 Ed Bluestein (b) Description 8 GASITER CANIDAR TRAVEL Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH 2-27-2018 Bestlouy.com Amount (\$) \$24.89 Minnesota Category (See Categories listed at the top of this schedule) DOMAN PURchan DRA Check if travel outside of Texas. Complete Schedule T. PURPOSE websire OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Craigwood Food Mourt 2.27.2018 Amount (\$) 4925 Craigwood Dr. Austin, TX 78725 *47.75 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Complete ONLY if direct Office held expenditure to benefit C/OH CL ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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	EXPENDITURE CATEGORI	ES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollin y Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement Coverhead/Rental Expense g Expense ng Expense les/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME LEWIS CONW	ag Jr.	3 Filer ID (Ethics Commission Filers)		
4 Date 2-27-2018	5 Payee name Cherruwood Coff	Penouse	± 'A		
6 Amount (\$)	7 Payee address; J City: State; Zip Cod	le .	, d		
\$10.53	Austin	ľΧ	-		
8	(a) Category (See Categories listed at the top of this schedule	. · · · · · · · · · · · · · · · · · · ·			
PURPOSE OF EXPENDITURE	Food / Beverage Expense	1	side of Texas. Complete Schedule T. TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	Gandidate / Officeholder name	Office sought	Office held		
Date	Payee name				
2.28-2018	watgreens				
Amount (\$)	Payee address; City; State; Zip Cod	le			
\$7.43	Hustin),TX			
PURPOSE OF EXPENDITURE	Category (See Cáicgories listed at the top of this schedule OFFICE SUPPLIES FOR CAMP BY OFFICE OKIZHEAS	Check if travel outs	side of Texas. Complete Schedule T. TX. afficeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name I	Office sought	Office held		
Date	Payee name				
3-3-2018	Kool Corner				
Amount (\$)	Payee address; City; State; Zip Cod		•		
\$28.65	6413 Manor Rd. Hu	stin, TX 78	7723		
PURPOSE OF EXPENDITURE	Canoning Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder hame	Office sought	Office held		
expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

EVENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimburseme

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

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)

Contributions/Donations Made & Candidate/Officeholder/Politic		ng Expense Travel Out Of District (es/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 LEWIS CONW	3 Filer ID (Ethics Commission Filers)
4 Date 3 · 26 · 2018	5 Payee name DOUNY QUE	en
6 Amount (\$)	7 Payee address; City; State; Zip Cod	le .
\$17.30	Austin,	TX
8	(a) Category (See Categories listed at the top of this schedule	(b) Description
PURPOSE OF EXPENDITURE	Food/Beverage	Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITORE	LUNCH FOR COUNTRY STATE	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Buos Courty R	Office sought Office held
Date	Payee name	
3-31-2018	colorado county	Valero
Amount (\$)	Payee address: City: State: Zip Cod	le
\$9.19	pair 4-71 columbi	15, TX 78934
DUBBOOK	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	CAMPAGNI	Check if Austin, TX. officeholder living expense
	TRACEL OF DISTRICT	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O	† LCV	CC
Date	Payee name	
4.7.2018	shawarma Poirt	2
Amount (\$)	Payee address: City; State; Zip Cod	
\$15.37	519 E.7 " St. Hustin,	TX 78753
	Category (See Categories listed at the top of this schedule)	,
PURPOSE OF	Food/Beverage	! Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense
EXPENDITURE	Expense	Orient it Chautt. 17, Witcational Harry expanse
	meet to with grass, constitutes	
Complete ONLY if direct	Cancidate / Gficeholder name	Office sought . Office held
expenditure to benefit C/O		CC
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Severage 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 and listed above)

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 3 Filer ID (Ethics Commission Filers) ewis convacy Jr. 5 Payee name 3-23.2018 6 Amount (\$) \$92.91 (402)935-7733(a) Category (See Categories listed at the top of this schedule) 8 (b) Description EKETT/ASKLIOS DOGLAS Direck if travel outside of Texas. Complete Schedule T. PURPOSE OF BUTTONS FOR ADJUSTISHE ... Check if Austin, TX, officeholder living expense **EXPENDITURE** AN CKNUS Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Payee name 3-23-2018 CONOCO- Ez Stop Amount (\$) Pavee address: \$ 10.00 5029 March Hustin, TX Category (See Categories listed at the top of this schedule) CAS to Trancel in Drawnon Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF TO BAILL RNOS Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Speedy Stop 3-25-2018 Amount (\$) City; State; Zip Code 1600 F.51st Street Austin, TX 78723 \$14.602 Category (See Categories listed at the top of this schedule) Description SHACKS, DOWNS AN SHOWS ck if travel outside of Texas. Complete Schedule T. PURPOSE to When GNATT Check if Austin, TX, officeholder living expense **EXPENDITURE** Food, reason, occipion Candidat / Officenolder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Travel In District Polling Expense Contributions/Donations Made By Gift/Awarda/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 3-19-2018 City; State; Zip Code 6 Amount (\$) 7 Payee address; Salado, TX \$8.64 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH 3-19-2018 Brookshire Amount (\$) City; State; Zip Code Payee address; \$ 8.64 balado, Tx Description ____ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Complete ONLY if direct Officeholder name Office held expenditure to benefit C/OH Hould 3-22-2018 Amount (\$) Payee address; 分ついえ City; State; Zip Code 78705 Austin, TX Description **PURPOSE** i Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE with Date, Voluties Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food Beverage Expanse Gift/Awards/Viemorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Other tenter a category not listed above) Credit Card Paymen: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME ewis conwou 5 Payeename 3-16-2018 6 Amount (\$) City, State: Zip Code loura Jordan Austin, Tx 78723 \$ 30.30 (b) Description i Check if travel outside of Texas. Complete Schedule T. PURPOSE Office Expense Check if Austin, TX, officeholder living expense OF **EXPENDITURE** TRACK whele Mouse Jac 049/ce Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OF Payee name 3-17-2018 Gamestop Amount (\$) 1030 Herward AUSTIN, TX \$41.11 Category (See Categories listed at the top of this schedule) Video Come Zaroluteers ____i Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF TO Play while relating of **EXPENDITURE** Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date shell service station 3-17-2018 City; State; Zip Code Amount (\$) Payee address; 5 9.08 TMAL \$7.910 Trou, TX 766)9 Category (See Categories disted at the top of this schedule) Description GAS to travel TO RANGE Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense TUSS BUT OF METERS. EXPENDITURE TRACIL Or of berno Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Ce. ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Onations Made By
Candidate/Officeholder/Political Committee

Event Expense Sees Food/Severage Expense Gitt/Awards/Memoriais Expense Logal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wares/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		ges/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME LEWIS CONWOU	3 Filer ID (Ethics Commission Filers)	
4 Date 3 - 11 - 2018	5 Payee name Shell Oil		
6 Amount (\$)	7 Payee address; Oity: State; Zip Code		
\$10.00	3839 ALGREST RUS AUStin, T	X 78722	
8	l	(b) Description	
PURPOSE	SHAOKS, DOWLES BRY GUTTERS	! i	
OF EXPENDITURE		Check if Austin, TX, officeholder living expense	
	FOOD/BEXEIR		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
expenditure to belief C.O.	Leve Carry JR	City Cancil	
Date	Payee name	,	
3-11-2018	Raceway		
Amount (\$)	Payer address: City; State; Zip Code		
\$ 30.00	3. VALLY MILLS WOCO, TX	74711	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Travel out of	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	March of of	Check if Austin, TX, officeholder living expense	
	WISTVICE		
Complete ONLY if direct	Candidate / Officenolder name	Office sought Office held	
Complete ONLY if direct expenditure to benefit C/OF		a /	
	W	α	
Date	Payee name		
3-13-2018	Wendy's		
Amount (\$)	Payee address: City; State; Zip Code	- 0	
\$6.93	N-135 Austin,	TX 78702	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Food / Bayarona	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	tood/ Beverage	Cneck if Austin, TX, officeholder living expense	
	what whit shout		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OF	CO	CC	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Evant Expense Solicitation/Fundraising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Fees Transportation Equipment & Related Expense Consulting Expense Food:Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing 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 3 Filer ID (Ethics Commission Filers) ewis conway Jr. 5 Payee name 3-11-2018 6 Amount (\$) 2001 W. Anderson Ln. Austin, TX 78757 \$5.90 (b) Description ____ Check if travel outside of Texas. Complete Schedule T PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held 9 Complete ONLY if direct Lewis Cortur expenditure to benefit C/OH CATA Conter 1 Payee name 3-11-2018 Genuine Joe Coffeehouse Amount (\$) Austin, Tx 78757 2001 W. Anderson Ln. \$12.12 Check if travel outside of Texas, Complete Schedule T **PURPOSE OF** Check if Austin, TX. officeholder fiving expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Pizza 3-11-2018 Amount (\$) City; State; Zip Code 6307 A Cameron Rd. Austin, TX 78723 \$21.91 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE CATEO	GORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Loan Repayment/Reimburserrient 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)	
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4 Date	5 Payee name		•	
3-8-2018	Juan in c	<u> L Million</u>		
6 Amount (\$)	7 Payee address; City: State; Zi	p Code		
\$12.18	2302 Grashuz AUS	tin,TX 78	001	
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description		
PURPOSE	FOOD, ROWAY, FLAMANDER	Check if trave	loutside of Texas. Complete Schedule T.	
OF EXPENDITURE	7		stin, TX, officeholder living expense	
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	ments with bento			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought	Office held	
	<u> </u>	<u> </u>		
Date	Payee name			
3-8-7018	speedy Stop			
Amount (\$)	Payee address; City; State; Zi	p Code		
\$43.97	1660 E. 5159 St. A	ustin, Tx	78723	
	Category (See Categories listed at the top of this s	chedule) Description		
PURPOSE	FOOD, DENKS, ICE, COMS	Check if travel	cutside of Texas. Complete Schedule T.	
EXPENDITURE Voluntie Neals and Waxan Check it Austin, TX. officeholder living expense				
	TO EXAMPLE			
0	Candidate / Officenolder name	Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/Ol-	• •	Office sought	Office field	
	<u> </u>	\sim		
Date	Payee name			
3-10-2018	Kool Corner			
、Amount(\$)	Payee address; City; State; Zi	p Code		
\$ 65-97	6413 Manor Rd	. Austin, Ti	x 78723	
	Category (See Categories listed at the top of this s.			
PURPOSE	Exect excession / For 11	Check if travel	outside of Texas. Complete Schedule T.	
OF EXPENDITURE	The Agents of Agents Agents	Check If Aus	stic. TX, officeholder living expense	
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Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	ens ough	Ciny Cou		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

	EX	PENDITURE CATE	GORIES FOR BOX 8(a)	-
Advertising Expense Accounting/Banking	Event Exp	осляе	Loan Repayment/Reimburserrient	Solicitation/Fundraising Expense
Consulting Expense	rines Food/Bev	erage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense
Cantributions/Donations Mad Candidate/Officeholder/Poli	By Gift/Awan	ds/Memorials Expense	Printing Expense	Travel In District Travel Out Of District
Credit Card Payment			Salaries/Wages/Contract Labor	Other (enter a category not listed above)
		struction Guide explains	s how to complete this form.	•
1 Total pages Schedule F	1: 2 FILER NAME	·		3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name			
3-4-2018	1	KOOL CAY	ner	
6 Amount (\$)				
	7 Payee address;	City; State; Zip		
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			1,00111,71	10125
8	(a) Category (see Core			
Diposes	CAS CALAY	ories listed at the top of this so	nedule) (b) Description	
PURPOSE OF	Cars - Sixte	is, Food, or	Check if travel o	utside of Texas. Complete Schedule T.
EXPENDITURE	STAKEHOLDE	MG AT OFFI	Check if Austi	n. TX. officeholder living expense
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		1 F200, BO	2002	
9 Complete ONLY if direct	Cand Jate / Once	eholder name	Office sought	Office hald
expenditure to benefit C/0				Office held
Date				
Dale	Payee name	•		
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				(23
•	Category (See Catego	ries li ed at the top of this sch	edule) Description	
PURPOSE	SUASKS BO	ndra 20 V		side of Texas. Complete Schedule T.
OF EXPENDITURE	Supplies	office The B		TX. officeholder living expense
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expenditure to h nefit C/O	1	i anie	Office sought	Office held
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PURPOSE	A . a —	es listed the top of this school	Description	
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EXPENDITURE				X. officeholder living expense
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Complete ONLY if direct expenditure to benefit C.OH	Candi ite / Oi ceh	oldern ne	Office sought	
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ns provided by Texas Ethics		TION/ COPIES OF	THIS SCHEDULE AS NEED	ED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District 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 5 Payee name Station Shell Service 4.26.2018 6 Amount (\$) City; State; Zip Code 7 Payee address; 5210 Mar AUSTIN, TX 78723 \$15.00 (b) Description 8 CAS for CA-SUATE TO TRAVEL Check if travel outside of Texas. Complete Schedule T. PURPOSE . Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 4.28.2018 \$2.11 HOO CONGOS ARE AUSTIN, TX Category (See Categories listed at the top of the some dule) ____i Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Complete ONLY if direct expenditure to benefit C/OH دعدا Payee name Date Statesman 5-1-2018 Amount (\$) Payee address: City; State; Zip Code (512) 445-4040 AUSTIN, TX 9 99 Category (See Categories listed at the top of this schedule) FOR OFFICE AS STAGE WE Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** 06224620 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Severage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Momorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor 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 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 4.23.2018 7 Pavee address: § 3.73 Hustin, TX 2000 E 66h (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Meeth with Borlog Check if travel outside of Texas. Complete Schedule T. PURPOSE Dheck if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 4.24.2018 \$4.00 78722 1400 5 2012 AUStin, TX Category (See Categories listed at the top of this schedule) Merrica with Balca ∴ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Express · O 4.25.2019 City; State; Zip Code \$10.48 2278 E. Ceasar Chavez Austin, TX Category (See Categories listed at the top of this schedule) Graces, franks for Volume Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Officeholder name Complete ONLY if direct Candidate 7 Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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Revised 9/8/2015

2299.74

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense

Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Conway Jr. Lewis 4 Date 5 Payee name 4.13.2018 6 Amount (\$) 7 Payee address; City; State; Zip Code 7200 N TH35 Austin, TX \$7.90 (a) Category (See Categories listed at the top of this schedule) (b) Description FOOD, SHACKS AZZ VOLVETED Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH ewe-Payee name Date 4-13-2018 Amount (\$) 8120 Resurrent \$34.15 Mustin, TX Category (See Categories listed at the top of this schedule) Tlacers Fer show to Recourt Check if travel outside of Texas. Complete Schedule T. PURPOSE COMODIAN FOR OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 4.20.2018 Juan in A Million Amount (\$) City; State: Zip Code 78701 \$ 9.55 Austin, TX Category (See Categories listed at the top of this schedule) FOOD FOR CONSULTANT Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Mesty for few mine **EXPENDITURE** Red Deerge Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Clus Com

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Accounting/Banking Consulting Expense Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee 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 5 Payee name 4-12-2016 6 Amount (\$) 7 Payee address; City; State; Zip Code 1204 ED Bloceste rustin, TX 78723 \$5.41 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food/beverage Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office sought Candidate / //ffice older name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Kool Corner 4.12.2018 Amount (\$) City; State; Zip Code Austin, TX 78723 \$ 18,65 6413 Manor Pd. Category (See Categories listed at the top of this schedule) CAS fa TRACI W DISPLA Check if travel outside of Texas. Complete Schedule T. PURPOSE FOOD, SLACKS ASL OFFICE Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date Dollar General 4.12.2018 City; State; Zip Code Amount (\$) 4607 Turner Ln. 12,99 Austin, Tx 78723 Category (See Categories listed at the top of this schedule) Description ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF TARE TOURSOR Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officerolder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH CATA Coulin ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement

Advertising Expense Accounting/Banking Consulting Expense

Food/Beverage Expense Gift/Awards/Memorials Expense

Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee 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 5 Payee name 4-11-2018 6 Amount (\$) 7 Payee address; Austin, TX 78723 #13827 \$5.40 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Gandidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH ewis Column V2 Cours Рауее пате 4-11-2018 Cenote Amount (\$) City; State; Zip Code Austin, Tx 78723 \$3.75 Food/Beverage Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** expense terion. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Pollos Asados El Norten
ee address; City; State; Zip Code 4-12-2018 Amount (\$) Payee address; **5327** Austin, TX 78723 \$10.00 CAMEDOLER Category (See Calegories listed at the top of this schedule) Description PURPOSE _____ Check if travel outside of Texas. Complete Schedule T. OF J Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officenolder rame Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee 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)

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 3 Filer ID (Ethics Commission Filers) ionway Jr 4 Date 5 Payee name 4.10.2018 6 Amount (\$) 7 Payee address; City: State: 6413 Mayor Rd. Austin, TX 78723 \$11.80 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Supplies For Volum ____ Check if travel outside of Texas. Complete Schedule T **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE tees/Bes Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 4.10.2018 Queen Amount (\$) City; State; Zip Code AM Austin, TX 78723 \$9.94 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH lews Carne Date 4-10-2018 COMPE Amount (\$) City; State; Zip Code 6413 Manor Rd. Austin, TX 78723 \$ 63.07 Category (See Categories listed at the top of this schedule) CAB, WATER ICL, SAACK Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee 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) Lewis Conwau 4 Date 5 Payee name Jack in the Box 4.8.2018 6 Amount (\$) 7 Payee address: \$4.10 6133 E. Ben White Austin, TX 78741 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Pavee name corner 4.8.2018 City: State: Zip Code Austin, TX 78723 \$8.65 19413 Manor Rd. Category (See Categories listed at the top of this schedule) shores must too office Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 4.9.7018 Gulf Amount (\$) City; State; Zip Code Austin, TX 78723 \$10.04 2101 Manor Rd. Category (See Categories listed at the top of this schedule) travel in District ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE CAS FOR CANSISATE TO Candidate / Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee 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) Lewis Convacy Jr. 4 Date 5 Payee name Dollar General 4.7.2018 6 Amount (\$) City; State; Zip Code 7 Payee address; Austin, TX 78723 \$31.03 4607 Turner Ln. (a) Category (See Categories listed at the top of this schedule) 8 (b) Description 10, Ke CHUST I WATER I FOOD Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Cuz 4.7.2018 Kool corner Amount (\$) \$13.65 CA13 Manor Rd. Austin, TX 78723 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T, PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name City of Austin-Parking Meters 4-7-2018 Amount (\$) City; State; Zip Code 300 w. Com Austin, TX 7870/ & 8.00 Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** eltre worth cons Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Office Overhead/Rental Expense Polling Expense Fees Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee 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) ew(S 4 Date 5 Payee name 5-14-2019 6 Amount (\$) 7 Payee address; \$ 3,40 Austin, Tx 78723 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. TOO FER CANODER **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Obiz Cous Payee name 5-22-2018 Amount (\$) Pavee address: State; Zip Code Austin, TX 78723 6413 Manor \$45-27 Category (See Categories listed at the top of this schedule) Food, warren Derries, ic _ Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 7- Eleven 5-24-2018 Amount (\$) Payee address; City; State; Zip Code 6518 Ed Bluestein Austin, Tx \$6.30 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Candidate / Officeholder name Complete ONLY if direct Office held expenditure to benefit C/OH Ce_ ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Lenal 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 (out of District

Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 5-2-2018 6 Amount (\$) 7 Pavee address: \$ 22.15 1660 E. 51st St. Austin, TX 78723 (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH City Come Pavee name Date 5-10-7018 chevron/crougwood Payee address; Amount (\$) 4925 Austin, TX 70725 \$10,98 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX. officeholder living expense **EXPENDITURE** Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date 5-12-2018 Kool Corner Amount (\$) City; State; Zip Code 6413 Manor Rd. Austin TX 78723 \$8.65 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee 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) 5 Payee name 5.25.2018 6 Amount (\$) 7 Payee address; \$8.82 Austin,TX (a) Category (See Categories listed at the top of this schedule) (b) Description 8 CANDATTIC CO- DAYMUT TOR Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** . Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 6-1-2018 Amount (\$) City; State; Zip Code Austin, TX 411.41 2228 E. Ceasar Chavez Category (See Categories listed at the top of this schedule) Description SLAPES, DONES FOR Columen Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Dollar General 601.2018 Amount (\$) City; State; Zip Code Payee address; \$2.17 HUSTIN TX Category (See Categories listed at the top of this schedule) Description ACRETATI AT RACK ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Elver Elgeber Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Food/Beverage Expense
Gift/Awards/Memorials Expense 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 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 3 Filer ID (Ethics Commission Filers) ewis Conway Jr. 4 Date 5 Payee name 6.3.2018 7 Pavee address: \$2.71 5618 Manor Rd. Austin, TX 78723 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 SNACKS FOR CA-UNIATE Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder fiving expense EXPENDITURE Too of Recomm Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Leus Com Payee name Statesman 6.9.2018 Amount (\$) City; State; Zip Code Pavee address: \$10,99 (512)445-4040 igustin, TX Category (See Categories listed at the top of this schedule) FOR OFFICE + STAPP -Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX. officeholder living expense EXPENDITURE OFFICE OCORPUS Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Uber Trip 6-10-2018 Amount (\$) Pavee address: City; State; Zip Code #SA7HK \$12.14 help. Uber. com Category (See Categories listed at the top of this schedule) mentre with bales ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Complete ONLY if direct Office held expenditure to benefit C/OH

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date ffordable sound & CD 6.20.7018 6 Amount (\$) 7 Pavee address: \$10.00 Austin, TX (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. Event **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 6.21-2018 Bennu Amount (\$) Payee address; Austin, TX \$7.16 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder fiving expense EXPENDITURE Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Wodareens 6-21-2018 City; State; Zip Code Amount (\$) Austin, TX \$11.75 #10615 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Jews Cours ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
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EXPENDITURE					Gneck if Austi	n, TX, officeholder living expense
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expenditure to benefit C/OF	1 lew	3 Com	h 1/2		Cayon	
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EXPENDITURE		<u> </u>				
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Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officehol	der name	_	Office sought	Office held
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expenditure to benefit C/OF			un Je		Carroi 1	Office field
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Office Overhead/Rental 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) ewis Conwocu 4 Date 5 Payee name 6.10.2018 6 Amount (\$) 7 Payee address; help.uber.com CA #2BT34 \$11.34 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Meting with vacco Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** thoul whenry Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Corry Payee name Cenote 6-12-2018 Amount (\$) Payee address; City; State; Zip Code 6214 \$2.71 Austin, TX 78723 CAMPON RA Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Ces Payee name Date Jucus in A Million 6.13.2018 Amount (\$) City; State; Zip Code Austin, TX 78701 \$ 20.46 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Meerre $\mathcal{A}_{\mathcal{L}}$ Candidate / Officeholder name Office_sought Office held Complete ONLY if direct

expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Food/Beverage Expense Gitt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME ewis. Convall Tr. 5 Payee name 6.21.2018 6 Amount (\$) City; State; Zip Code 7 Payee address; Austin, TX 78723 \$15.01 (b) Description 8 ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE traced in Bethra Office held Office squaht 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Express - 0 6-27-2018 Amount (\$) City; State; Zip Code Payee address; Austin, TX 2228 E. Ceasar Chavez \$12.0A Category (See Categories listed at the top of this schedule) Description SHAMES, WHILE LCE Check if travel outside of Texas. Complete Schedule T. **PURPOSE OF** Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 6.27.2018 Statesman Amount (\$) City; State; Zip Code (512)445-4040 Prustin, TX \$10,99 Category (See Categories listed at the top of this schedule) Description _i Check if travel outside of Texas. Complete Schedule T. PURPOSE OFFREM & STIME ILL Check it Austin, TX, officeholder living expense EXPENDITURE Office sought Candidate (_Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Si now to complete this form. Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel Out OI District Other (enter a category not listed above)		
1 Total pages Schedule G:	Lewis Conway &	Z 3 Filer ID (Ethics Commission Filers)		
4 Date (0/36/18	5 Payee name FACE ROOK			
6 Amount (\$) 29.97	7 Payee address; City; State; Zi	o Code		
Reimbursement from political contributions intended	1 HACKEWAY			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sol	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held		
G/14/18	BOTET King			
Amount (\$)	Payee address; City; State; Zij	1, TX 78723		
PURPOSE OF EXPENDITURE	Category (See Categories fisted at the top of this so:	hedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/	OH Candidate / Officeholder name	Office sought Office held		
Date 16 18	Payee name AND	Augus Orlities		
Amount (\$) 204, 49	Payee address; City; State; Zi	o Code		
political contributions intended		(b) Description		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Check if travel outside of Texas. Complete Schedule T.		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
Forms provided by Texas E	thics Commission www.ethic	s.state.tx.us Revised 9/8/2019		