

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <i>62 21</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>ME.</i> NICKNAME	FIRST <i>Lewis</i> LAST <i>COLWAY</i>	MI <i>DE</i> SUFFIX
	OFFICE USE ONLY		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>6101 Cherry Lane Circle AUSTIN, TX 78723</i>		
	DCC RECEIVED AT OCT 30 '18 AM 11:54		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(512)</i>	PHONE NUMBER <i>202-9151</i>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Lewis Colway</i> NICKNAME	FIRST <i>DE</i> LAST	MI <i>DE</i> SUFFIX
	Receipt # Amount \$ Date Processed Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>Same</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>()</i>	PHONE NUMBER <i>Same</i>	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign, treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <i>10/01/18</i> <i>06/18</i> THROUGH <i>10/28/18</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>11/06/18</i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Lewis Conway Jr 15 Filer ID (Ethics Commission Filers)

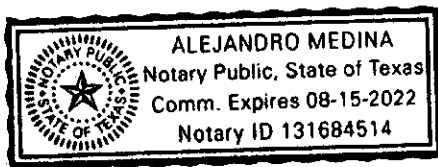
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 780
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3330
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3291.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 749.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



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

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lewis Conway Jr, this the 30th day of October, 2018, to certify which, witness my hand and seal of office.

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

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3330
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3291.37
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Lewis Cortway

3 Filer ID (Ethics Commission Filers)

4 Date

10.09

5 Full name of contributor

☐ out-of-state PAC (ID#)

CASSANDRA Holmes

6 Contributor address;

City; State; Zip Code

78641

48 Veebe Ranch Loop Lewis, TX

7 Amount of contribution (\$)

5

8 Principal occupation / Job title (See Instructions)

LISA BAKER

9 Employer (See Instructions)

LISD

Date

10.09

Full name of contributor

☐ out-of-state PAC (ID#)

CHRISTHA CHAI

Contributor address;

City; State; Zip Code

701 LARCH CT ARLING, TX 78705

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Self

Employer (See Instructions)

Self

Date

10/9

Full name of contributor

☐ out-of-state PAC (ID#)

ELISSA UNDERWOOD MAFAC

Contributor address;

City; State; Zip Code

1401 OXFORD Ave ARLING, TX 78704

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

10/9

Full name of contributor

☐ out-of-state PAC (ID#)

PYAH Pollock

Contributor address;

City; State; Zip Code

831 Sossey Dr ARLING, TX 78745

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Electrician

Employer (See Instructions)

BEWS20

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Lewis Catung Jr

3 Filer ID (Ethics Commission Filers)

4 Date

10/10

5 Full name of contributor

☐ out-of-state PAC (ID#)

WESTON F MILLER

6 Contributor address;

City; State; Zip Code

1140 Sunset Vale Ave LA CA 90069

7 Amount of contribution (\$)

350

8 Principal occupation / Job title (See Instructions)

CONSULTANT

9 Employer (See Instructions)

Self

Date

10/10

Full name of contributor

☐ out-of-state PAC (ID#)

Richard Voelbel

Contributor address;

City; State; Zip Code

4446 Thomas Ave Mint, Md 55410

Amount of contribution (\$)

350

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

10/10

Full name of contributor

☐ out-of-state PAC (ID#)

Kyle Walker

Contributor address;

City; State; Zip Code

1901 Oliver Creek Parkway Austin, TX 78748

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

Legal Asst

Employer (See Instructions)

Metcalf, Wolff, Smith + Wolff

Date

10/11

Full name of contributor

☐ out-of-state PAC (ID#)

MEGHAN WELLS

Contributor address;

City; State; Zip Code

7108 CALEFORD DRIVE Austin, TX 78723

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

APPS ADMINISTRATOR

Employer (See Instructions)

COA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

LEWIS CORLEIGH JOZ

3 Filer ID (Ethics Commission Filers)

4 Date

10/12

5 Full name of contributor

☐ out-of-state PAC (ID#)

DANIEL BROWN

7 Amount of contribution (\$)

25

6 Contributor address;

City; State; Zip Code

13474 WILLOW LAKE DR 78723

8 Principal occupation / Job title (See Instructions)

Health Insurance Specialist

9 Employer (See Instructions)

CMS

Date

10/12

Full name of contributor

☐ out-of-state PAC (ID#)

LAURA FLYNN

Amount of contribution (\$)

350

Contributor address;

City; State; Zip Code

3758 GARFIELD MINN, MN 55409

Principal occupation / Job title (See Instructions)

WRITER

Employer (See Instructions)

Self

Date

10/12

Full name of contributor

☐ out-of-state PAC (ID#)

MIKE ROLLIN

Amount of contribution (\$)

350

Contributor address;

City; State; Zip Code

3758 GARFIELD MINN, MN

Principal occupation / Job title (See Instructions)

WRITER

Employer (See Instructions)

Self

Date

10/12

Full name of contributor

☐ out-of-state PAC (ID#)

~~DEBORAH SPENCER~~

Amount of contribution (\$)

~~350~~

Contributor address;

City; State; Zip Code

~~210 Central Park West NY, NY 10019~~

Principal occupation / Job title (See Instructions)

~~WRITER~~

Employer (See Instructions)

~~COA SPENCER COMPANIES~~

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

LEAS Conway #2

3 Filer ID (Ethics Commission Filers)

4 Date

10/12

5 Full name of contributor

☐ out-of-state PAC (ID#)

DEBORAH SALVIZ

7 Amount of contribution (\$)

350

6 Contributor address;

City; State; Zip Code

210 CENTRAL PARK SOUTH 15B NY, NY 10019

8 Principal occupation / Job title (See Instructions)

Social Worker

9 Employer (See Instructions)

SALVIZ COMPANIES

Date

10/12

Full name of contributor

☐ out-of-state PAC (ID#)

ANDREW EDSTEIN

Amount of contribution (\$)

50

Contributor address;

City; State; Zip Code

2138 BAYVIEW HILLS DR APT 78701

Principal occupation / Job title (See Instructions)

FILM

Employer (See Instructions)

Self

Date

10/12

Full name of contributor

☐ out-of-state PAC (ID#)

ADAM LEVIN

Amount of contribution (\$)

50

Contributor address;

City; State; Zip Code

2008 New York Ave APT 78702

Principal occupation / Job title (See Instructions)

Writer

Employer (See Instructions)

Self

Date

10/13

Full name of contributor

☐ out-of-state PAC (ID#)

BRADLEY WILSON

Amount of contribution (\$)

25

Contributor address;

City; State; Zip Code

4908 Oak Hill APT 78723

Principal occupation / Job title (See Instructions)

Writer/Editor

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Lewis County TX

3 Filer ID (Ethics Commission Filers)

4 Date

10/13

5 Full name of contributor

JAYNIA SIMS

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

25

6 Contributor address;

City; State; Zip Code

2008 E 9th St ATX 78702

8 Principal occupation / Job title (See Instructions)

Mental Health Policy Fellow

9 Employer (See Instructions)

UTAH WAS OF TEXAS

Date

10/13

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Mental Health Policy Fellow

Employer (See Instructions)

UTAH WAS OF TEXAS

Date

10/13

Full name of contributor

HOLLY KIRBY

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

1155 EMBLEMAN AVE ATX 78721

100

Principal occupation / Job title (See Instructions)

Program Dir

Employer (See Instructions)

GRASSROOTS LEADERSHIP

Date

10/17

Full name of contributor

GABRIELA McNEIL

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

P.O. Box 321186 HOUSTON TX 77221

25

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Lowry Catron 12

3 Filer ID (Ethics Commission Filers)

4 Date

10/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

Ruth Hayes

6 Contributor address;

City; State; Zip Code

P.O. Box 524 Memphis, TN 38154

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

10/17

Full name of contributor

☐ out-of-state PAC (ID#:

Sharia Yousef

Contributor address;

City; State; Zip Code

403 37th St. Apt. A OAKLAND, CA 94609

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Journalist

Employer (See Instructions)

N/A

Date

10/17

Full name of contributor

☐ out-of-state PAC (ID#:

Chlorinda A. Grant

Contributor address;

City; State; Zip Code

201 LAMAR LAKE AVE 78705

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Left

Employer (See Instructions)

Left

Date

10/18

Full name of contributor

☐ out-of-state PAC (ID#:

DIANA WILLIAMS

Contributor address;

City; State; Zip Code

12810 HIDDEN CANYON HOUSTON, TX

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Lewis Corn Jr</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>William Coz</i> 6 Contributor address; City; State; Zip Code <i>2431 Arcola St Phila PA</i>	7 Amount of contribution (\$) <i>25</i>
8 Principal occupation / Job title (See Instructions) <i>NA</i>		9 Employer (See Instructions) <i>NA</i>
Date <i>10/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>HADA SCOTT</i> Contributor address; City; State; Zip Code <i>16101 White Pine Pl Aurora, IL 60007</i>	Amount of contribution (\$) <i>25</i>
Principal occupation / Job title (See Instructions) <i>Business owner</i>		Employer (See Instructions) <i>Galaxy one power</i>
Date <i>10/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JOHN BIGGS</i> Contributor address; City; State; Zip Code <i>3009 East 18th Ave</i>	Amount of contribution (\$) <i>50</i>
Principal occupation / Job title (See Instructions) <i>Web Developer</i>		Employer (See Instructions) <i>Bluestream Health</i>
Date <i>10/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>KAT TAYLOR</i> Contributor address; City; State; Zip Code <i>94613</i> <i>36000 Delwood Rd San Jose, CA</i>	Amount of contribution (\$) <i>350</i>
Principal occupation / Job title (See Instructions) <i>Co-CEO</i>		Employer (See Instructions) <i>Beneficial State Bank</i>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME	LEWIS COLUMBY JR	
3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	7 Amount of contribution (\$)
10/20	DANA HEISKAMP 6 Contributor address; City; State; Zip Code 11237 413 ST. NICHOLAS AVE 12 BROOKLYN, NY	30
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
SOCIAL WORKER		SANITARIAN VILLAGE
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)
10/21	CARL FIELDS Contributor address; City; State; Zip Code 53402 818 E. 11TH ST. PROPER, WI	10
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
COMMUNITY ORGANIZER		WISCONSIN EXP
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)
10/22	HANK GRADIE Contributor address; City; State; Zip Code 6711 GARDEN AVE ATX 78723	15
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
GRAPHIC DESIGNER		HANK GRADIE Self
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)
10/23	DANA HUBBARD Contributor address; City; State; Zip Code 4301 GRADULE AVE 78731	50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
N/A		N/A
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Lewis Conway JR

3 Filer ID (Ethics Commission Filers)

4 Date

10/25

5 Full name of contributor

☐ out-of-state PAC (ID#:

DONALD SOSSMAN

7 Amount of contribution (\$)

350

6 Contributor address;

City; State; Zip Code

888 CAS CLAS RD FLA. LAND, FL

8 Principal occupation / Job title (See Instructions)

Investment Advisor

9 Employer (See Instructions)

Robina Partners Advising

Date

10/27

Full name of contributor

☐ out-of-state PAC (ID#:

BOB BRANCH

Amount of contribution (\$)

50

Contributor address;

City; State; Zip Code

2001 SOUTH 35TH AVE 78741

Principal occupation / Job title (See Instructions)

Consulting

Employer (See Instructions)

Robina Partners, LLC

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME <i>Lewis Group, Jr</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10-7</i>		5 Payee name <i>SUBWAY</i>			
6 Amount (\$) <i>12.29</i>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Food/Volunteer</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>10-7</i>		Payee name <i>Willies BBQ</i>			
Amount (\$) <i>42.43</i>		Payee address; City; State; Zip Code <i>4505 E MLK ATX</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Food/Volunteers</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>10-9</i>		Payee name <i>KOOL KORNER</i>			
Amount (\$) <i>45.55</i> <i>26.49</i>		Payee address; City; State; Zip Code <i>6413 MAJOR RD</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE/TRANSPORT</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expen
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
----------------------------	--------------	---------------------------------------

4 Date 10/9	5 Payee name CARDTECHNICS / ATM WITHDRAWAL
----------------	---

6 Amount (\$) 42.00	7 Payee address; City; State; Zip Code 6413 MAHER RD
------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRANSPORTATION SOLICITATION EXPENSE SIGN PLACEMENT IN DI	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--	---	---

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

Date 10/9	Payee name OFFICE
--------------	----------------------

Amount (\$) 1.00	Payee address; City; State; Zip Code 6413 MAHER RD
---------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------------	--	---

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

Date 10/9	Payee name SUPER CHEAP SIGNS
--------------	---------------------------------

Amount (\$) 264.40	Payee address; City; State; Zip Code 512.833.9900
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRATTEN	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 10/10	5 Payee name MATTHEW KRAUSE
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6 Amount (\$) 350	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SALARY/CM	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/10	Payee name VALENTIN ECOMM
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Amount (\$) 45.30	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/10	Payee name UFCU / COURTNEY PAJ
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Amount (\$) 40.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expenses
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Leuis Connor Jr</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10/10</i>	5 Payee name <i>DARY Queen #1307</i>
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6 Amount (\$) <i>12.09</i>	7 Payee address; City; State; Zip Code .
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food & Bev / blaine expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/11</i>	Payee name <i>Kod Kama</i>
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Amount (\$) <i>43.34</i>	Payee address; City; State; Zip Code <i>4413 Manor A</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>TRANSPORTATION TRAVEL IN</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/12</i>	Payee name <i>DOMINOS Celeri</i>
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Amount (\$) <i>22.69</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food & Bev / blaine phone</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expenses
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Lewis County Jr</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10/13</i>	5 Payee name <i>MATTHEW KRAUSHE</i>
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6 Amount (\$) <i>500.00</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Salary CM</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/13</i>	Payee name <i>CALINA</i>
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Amount (\$) <i>1.00</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/13</i>	Payee name <i>LEWIS COUNTY RENTALS</i>
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Amount (\$) <i>19.25</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ELKS EXPENSE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Lewis County Jr</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10/14</i>	5 Payee name <i>Smith</i>
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6 Amount (\$) <i>10.81</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>OVERHEAD/OFFICE</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/15</i>	Payee name <i>WYV Actual Network</i>
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Amount (\$) <i>\$10.00</i>	Payee address; City; State; Zip Code <i>CA</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/14</i>	Payee name <i>CITY OF AUSTIN-UTILITIES</i>
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Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>OVERHEAD OFFICE Electricity</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>KEEL KORNER</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10/17</i>	5 Payee name
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6 Amount (\$) <i>\$50.00</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense Food/Beverage/Volunteer Transportation</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/17</i>	Payee name <i>GRADE COMMUNICATIONS</i>
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Amount (\$) <i>\$70</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>OFFICE OVERHEAD</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/18</i>	Payee name <i>KEEL KORNER</i>
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Amount (\$) <i>12.74</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>F + B / Volunteer Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Lewis Corley Jr</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10/19</i>	5 Payee name <i>Kael Kessler</i>
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6 Amount (\$) <i>32.97</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expenses / Printing / Fees + Rev / Campaign</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Levas Conlay Jr</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10/21</i>	5 Payee name <i>LOBYS</i>
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6 Amount (\$) <i>21.43</i>	7 Payee address; City; State; Zip Code <i>#39 AX</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>FOOD/BEV</i> <i>Volunteer</i> <i>EXP</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/22</i>	Payee name <i>ENTER PRIME RENT A CAR</i>
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Amount (\$) <i>\$359.03</i>	Payee address; City; State; Zip Code <i>AUSTIN, TX</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>TRAVEL OUTSIDE</i> <i>ACCOUNTING EXPENSE</i>	Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/23</i>	Payee name <i>BOC-EE'S / BARBER TV</i>
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Amount (\$) <i>22.93</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>TRAVEL OUT OF DISTRICT</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 10/27	5 Payee name Southern Style Foods
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6 Amount (\$) 24.36	7 Payee address; City; State; Zip Code Food & Bev le 10/27/17 Austin, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food & Bev Lunch Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/27	Payee name Midtown Like
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Amount (\$) 7.00	Payee address; City; State; Zip Code Austin, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising as per solicitation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/27	Payee name MATTHEW KRAUSCH
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Amount (\$) 1,000	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salary/CM	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expenses
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Lewis Colman Jr</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10/27</i>	5 Payee name <i>STACK FOOD</i>
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6 Amount (\$) <i>19.45</i>	7 Payee address; City; State; Zip Code <i>1167 WEBSTERVILLE RD</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i> <i>CANVASS</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/27</i>	Payee name <i>DOMINO'S #6610</i>
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Amount (\$) <i>27.97</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food + Bev / Solutions</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/28</i>	Payee name <i>CHERFORD STABROCK</i>
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Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i> <i>CAMERA WORK</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:

2 FILER NAME

Lewis Colman Jr

3 Filer ID (Ethics Commission Filers)

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

Lewis Colman Jr

5 Contribution / Expenditure reported on:

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

6 Dates of travel

10/22
10/23
10/24

7 Name of person(s) traveling

Lewis Colman Jr

8 Departure city or name of departure location

ADOTN

9 Destination city or name of destination location

New Orleans

10 Means of transportation

CR2

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

CONTRIBUTING
NATIONAL NETWORK FOR SAFE COMMUNITY WORKER SEMINAR

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

Contribution / Expenditure reported on:

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

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

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

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

Contribution / Expenditure reported on:

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

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED