

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

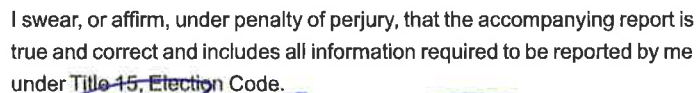
FORM C/OH
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed: 4</p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST MI</p> <p style="text-align: center; font-size: 1.5em; color: blue;">Randy H</p> <p>NICKNAME LAST SUFFIX</p> <p style="text-align: center; font-size: 1.5em; color: blue;">RIGGS</p>		<p>OFFICE USE ONLY</p> <p>Date Received</p>
	<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p> <p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p style="font-size: 1.2em; color: blue;">7204 Sanders Drive, Waco, TX 76710</p>		<div style="border: 2px solid black; padding: 5px;"> <p>Filed 14 Day of JAN 20 20</p> <p>Time 2:30 AM</p> <p>KATHY E. VAN WOLFE Elections Administrator McLennan County, Texas</p> <p>By J. Knapik Deputy</p> </div> <p>Date Hand-delivered or Date Postmarked</p>
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p> <p>AREA CODE PHONE NUMBER EXTENSION</p> <p style="font-size: 1.2em; color: blue;">(254) 772-6342</p>			
<p>6 CAMPAIGN TREASURER NAME</p> <p>MS / MRS / MR FIRST MI</p> <p style="text-align: center; font-size: 1.5em; color: blue;">Thomas E</p> <p>NICKNAME LAST SUFFIX</p> <p style="text-align: center; font-size: 1.5em; color: blue;">Tommy RIGGS Jr.</p>			
<p>7 CAMPAIGN TREASURER ADDRESS</p> <p>(Residence or Business)</p> <p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p style="font-size: 1.2em; color: blue;">3011 Inverness Drive Waco TX 76710</p>			
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p style="font-size: 1.2em; color: blue;">(254) 772-6919</p>		
<p>9 REPORT TYPE</p>	<p> <input checked="" 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) </p> <p> <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) </p>		
<p>10 PERIOD COVERED</p>	<p> Month Day Year Month Day Year </p> <p style="font-size: 1.5em; color: blue;">07 / 01 / 2019 THROUGH 12 / 31 / 2019</p>		
<p>11 ELECTION</p>	<p> ELECTION DATE ELECTION TYPE </p> <p> Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description </p> <p> <input type="checkbox"/> General <input type="checkbox"/> Special </p>		
<p>12 OFFICE</p>	<p>OFFICE HELD (if any) OFFICE SOUGHT (if known)</p> <p style="font-size: 1.2em; color: blue;">Tax Assessor Collector</p> <p style="font-size: 1.2em; color: blue;">McLennan County</p>		

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said RANDY H. RIGGS, this the 14th
day of JANUARY, 20 20, to certify which, witness my hand and seal of office.

NOTARY

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Randy H. RIGGS</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>1250.00</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: <u>1</u>	2 FILER NAME <u>Randy H. RIGGS</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>11-9-2019</u>	5 Payee name <u>McLennan County Republican Party</u>	
6 Amount (\$) <u>1250.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>539 N. Valley Mills Dr.</u> <u>Waco, TX 76710</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Other</u>	
	(b) Description <u>Filing Fee</u>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED