CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI 1 Å	OFFICE USE ONLY			
NAME	NICKNAME LAST	SUFFIX	Date Received			
	RIGGS		My Day of JAN 2020			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		CITY; STATE; ZIP CODE	KATHY E. VAN WOLFE Elections Administrator McLennan County, Texas			
5 CANDIDATE/	7204 Sandera Drive, Was	EXTENSION	By Sknapels Deput			
OFFICEHOLDER PHONE	(254) 772-6342	4	Date Hand-delivered or Bate Postmarked			
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$			
NAME	NICKNAME LAST	SUFFIX	Date Processed			
	Tomme RIGGS	Jr.	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UITE #; CITY;	STATE; ZIP CODE			
(Residence or Business)		,				
	3011 Inverness Drive	e Waco	TX 76710			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (254) 772-6919	EXTENSION				
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment			
× .	July 15 Sth day before ele	ection Exceeded \$500 limit	(Officeholder Only) Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 07/01/2019	THROUGH 12	Day Year 31/2019			
11 ELECTION	ELECTION DATE	ELECTION TYPE				
	Month Day Year Primary	Runoff Other Description Special				
12 OFFICE	OFFICE HELD (if any) Tax Assessor Collecto	13 OFFICE SOUGHT (if known)			
	Tax Assessor Collecto McLeunan County					
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	andy H.	RIGGS	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				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
	SPECIFIC	æ				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED		\$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$			
EXPENDITURE TOTALS	TURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$			
	4. TOTAL	\$ 1250.00				
CONTRIBUTION BALANCE	170	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DATE ORTING PERIOD	\$ 69.20			
OUTSTANDING LOAN TOTALS	-17.	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$				
18 AFFIDAVIT						
PAUL D. GRASER Notary Public STATE OF TEXAS ID#12421299-4 My Comm. Exp. May 13, 2022 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 of Candidate or Officeholder						
AFFIX NOTARY STAM	P/SEALABOVE					
Sworn to and subscribed before me, by the said RANDY H. RIGGS , this the 14th						
day of <u>JAwu Aky</u> , 20 <u>20</u> , to certify which, witness my hand and seal of office.						
Paul N Sru	w .	PAUL O. GRASER	Notary			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Cor	20 Filer ID (Ethics Commission Filers)	
Randy H. RIGGS			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIB	\$		
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE E: LOANS		\$	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLI	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM P	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERS	ONAL FUNDS	\$ 1250.00	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTI	ONS TO A BUSINESS OF C/OH	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POL	LITICAL CONTRIBUTIONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTROL TO FILER	ONTRIBUTIONS RETURNED	\$	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politie	Food/Beverage Expense Polling E By Gift/Awards/Memorials Expense Printing	verhead/Rental Expense Transportation Equipment & Research Rental Expense Travel In District Travel Out Of District Other (enter a category not liste			
Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule G:	2 FILER NAME Randy H. RIG	3 Filer ID (Ethics Commis	ssion Filers)		
4 Date	5 Payee name				
11-9-2019	Randy H. RIG 5 Payee name McLeunan County Rep 7 Payee address;	ublican Party			
Amount (\$) 1250.00 Reimbursement from political contributions intended	539 N. Valley Mills Dr. Waco, Tx 76710	City; (State; Zi	o Code		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Other	Filing Fee			
	(c) 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 I	neid		
Date	Payee name				
Amount (\$)	Payee address;	City; State; Zi	p Code		
Reimbursement from political contributions intended					
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description			
EXPENDITURE	Charlette and article of Town Complete Schools T				
	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office I	anld		
Complete <u>ONLY</u> if direct expenditure to benefit C/4		Office sought Office i	Telu		
Date	Payee name				
Amount (\$)	Payee address;	City; State; Zip C	Code		
Reimbursement from political contributions intended	>				
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description			
EXPENDITURE	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense			
	Candidate / Officeholder name	Office sought Office	held		
Complete ONLY if direct expenditure to benefit C/OH	· · · · · · · · · · · · · · · · · · ·	-			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					