

# 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: 31

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mr.

Robert

E.

NICKNAME

LAST

SUFFIX

Cervenka

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

479 Kiowa Circle

Robinson

TX

76706

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 254 )

294-8227

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mr.

Bryan

NICKNAME

LAST

SUFFIX

Ferguson

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

558 Hunton Lane

Robinson

TX

76706

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 254 )

644-0118

9 REPORT TYPE

☒ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

07 /

15 /

2019

THROUGH

Month

Day

Year

01 /

15 /

2020

11 ELECTION

ELECTION DATE

Month

Day

Year

03 /

03 /

2020

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other  
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

McLennan County Commissioner-Precinct 1

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Robert E. Cervenka

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

☐ GENERAL

☐ 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

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7,235.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 3,488.82

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

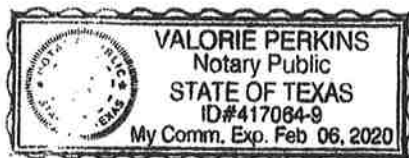
\$ 3,746.18

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 0

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.

*Robert E. Cervenka*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert E. Cervenka, this the 8<sup>th</sup> day of Jan, 2020, to certify which, witness my hand and seal of office.

*Valorie Perkins*

Signature of officer administering oath

*Valorie Perkins*

Printed name of officer administering oath

*Notary*

Title of officer administering oath

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

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,235.00
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 checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,478.82
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	\$ 1,250.00
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: 1 of 8
2 FILER NAME Robert E. Cervenka		3 Filer ID (Ethics Commission Filers)
4 Date 8-13-2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O.G. or Sandra Morrison 6 Contributor address; City; State; Zip Code 280 CR 1710 Clifton, Texas 76634	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Utility Contractor		9 Employer (See Instructions)
Date 8-19-2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kent Bratcher Contributor address; City; State; Zip Code 300 Westlane Circle Waco, Texas 76712-3142	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 8-19-2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S. Boyce Brown Contributor address; City; State; Zip Code 2620 McArthur Drive Waco, Texas 76708	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions)
Date 8-25-2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James P. Chase Contributor address; City; State; Zip Code 3720 Herwol Ave. Waco, Texas 76710	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 8
2 FILER NAME Robert E. Cervenka		3 Filer ID (Ethics Commission Filers)
4 Date 9-12-2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis N. & Linda L. Kraus 6 Contributor address; City; State; Zip Code 3605 Windmill Hill Dr. Waco, Texas 76710-1338	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Retired Businessman		9 Employer (See Instructions)
Date 9-13-2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David L. McLatcher Contributor address; City; State; Zip Code 3037 Chimney Hill Dr. Waco, Texas 76708-2385	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired Businessman		Employer (See Instructions)
Date 9-15-2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Floyd L. & Barbara A. Miller Contributor address; City; State; Zip Code 2624 Woodmont Circle Waco, Texas 76710	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired Businessman		Employer (See Instructions)
Date 9-19-2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlotte or Ron Henderson Contributor address; City; State; Zip Code 3824 Chateau Waco, Texas 76710	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Real Estate Agent		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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: **3 of 8****2** FILER NAME**Robert E. Cervenka****3** Filer ID (Ethics Commission Filers)**4** Date**9-26-2019****5** Full name of contributor**Kenneth W. Mays**☐ out-of-state PAC (ID#: \_\_\_\_\_)**6** Contributor address;**2879 Pilgrim Lane**

City; State; Zip Code

**Lorena, Texas 76655****7** Amount of contribution (\$)**60.00****8** Principal occupation / Job title (See Instructions)**Retired Military****9** Employer (See Instructions)

Date

**10-16-2019**

Full name of contributor

**Kenneth W. Mays**☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

**2879 Pilgrim Lane**

City; State; Zip Code

**Lorena, Texas 76655**

Amount of contribution (\$)

**100.00**

Principal occupation / Job title (See Instructions)

**Retired Military**

Employer (See Instructions)

Date

**10-22-2019**

Full name of contributor

**Peter or Marjorie E. Kultgen**☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

**3717 Windmill Hill**

City; State; Zip Code

**Waco, Texas 76710**

Amount of contribution (\$)

**250.00**

Principal occupation / Job title (See Instructions)

**New Car Dealership Owner**

Employer (See Instructions)

Date

**11-19-2019**

Full name of contributor

**David L. McLatcher**☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

**3037 Chimney Hill Dr.**

City; State; Zip Code

**Waco, Texas 76708-2385**

Amount of contribution (\$)

**100.00**

Principal occupation / Job title (See Instructions)

**Retired Businessman**

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4 of 8

2 FILER NAME

Robert E. Cervenka

3 Filer ID (Ethics Commission Filers)

4 Date

11-22-2019

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Leslie or Virginia DuPuy

6 Contributor address;

City; State; Zip Code

108 Wellington

Waco, Texas 76712

7 Amount of contribution (\$)

350.00

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

Date

11-22-2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lucille Cervenka

Contributor address;

City; State; Zip Code

416 Topeka Drive

Waco, Texas 76712

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

11-25-2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mr. or Mrs. John Hatchel

Contributor address;

City; State; Zip Code

9508 Oak Springs Dr.

Woodway, Texas 76712

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Retired Government Official

Employer (See Instructions)

Date

11-25-2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Gloria D. Young

Contributor address;

City; State; Zip Code

3025 Mt. Carmel Dr.

Waco, Texas 76710

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Retired Business Owner

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 8
2 FILER NAME <b>Robert E. Cervenka</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11-26-2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Roane Lacy, Jr.</b> 6 Contributor address; City; State; Zip Code <b>P.O. Box 21625 Waco, Texas 76702</b>	7 Amount of contribution (\$) <b>250.00</b>
8 Principal occupation / Job title (See Instructions) <b>Retired Businessman</b>		9 Employer (See Instructions)
Date <b>11-26-2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Linda Metcalf &amp; Roger Metcalf</b> Contributor address; City; State; Zip Code <b>6325 Papershell Way Fort Worth, Texas 76179-9288</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Professor/Business Owners</b>		Employer (See Instructions)
Date <b>12-5-2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gordon or Valerie Robinson</b> Contributor address; City; State; Zip Code <b>2100 Ridgewood Dr. Waco, Texas 76710</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions) <b>Business Owner</b>		Employer (See Instructions)
Date <b>12-5-2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>C. Clifton Robinson</b> Contributor address; City; State; Zip Code <b>P.O. Box 2028 Waco, Texas 76703</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions) <b>Business Owner</b>		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **6 of 8****2** FILER NAME**Robert E. Cervenka****3** Filer ID (Ethics Commission Filers)**4** Date**12-6-2019****5** Full name of contributor**Helen P. Quiram**☐ out-of-state PAC (ID#: \_\_\_\_\_)**6** Contributor address;**5613 Hawthorne**

City; State; Zip Code

**Waco, Texas 76710-5722****7** Amount of contribution (\$)**75.00****8** Principal occupation / Job title (See Instructions)**Retired****9** Employer (See Instructions)

Date

**12-8-2019**

Full name of contributor

**J. David Dickson**☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

**5500 Point wood Cir.**

City; State; Zip Code

**Waco, Texas 76710**

Amount of contribution (\$)

**500.00**

Principal occupation / Job title (See Instructions)

**Attorney**

Employer (See Instructions)

Date

**12-10-2019**

Full name of contributor

**Mr. or Mrs. H.H. Branch, Jr.**☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

**14 Club Estates**

City; State; Zip Code

**Waco, Texas 76710-1092**

Amount of contribution (\$)

**1,000.00**

Principal occupation / Job title (See Instructions)

**Retired Businessman**

Employer (See Instructions)

Date

**12-12-2019**

Full name of contributor

**Christine Brinegar**☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

**4251 Ross Road**

City; State; Zip Code

**Waco, Texas 76705**

Amount of contribution (\$)

**100.00**

Principal occupation / Job title (See Instructions)

**Teacher**

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **7 of 8****2** FILER NAME**Robert E. Cervenka****3** Filer ID (Ethics Commission Filers)**4** Date**12-9-2019****5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)**Becky A. or Stephen A. Sorrells****7** Amount of contribution (\$)**250.00****6** Contributor address;

City; State; Zip Code

**400 Bosque Blvd., #503****Waco, Texas 76707****8** Principal occupation / Job title (See Instructions)**Business Owners****9** Employer (See Instructions)

Date

**12-12-2019**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)**John W. Erwin**

Amount of contribution (\$)

**100.00**

Contributor address;

City; State; Zip Code

**313 S. 13<sup>th</sup> Street****Waco, Texas 76701-1818**

Principal occupation / Job title (See Instructions)

**Business Owner**

Employer (See Instructions)

Date

**12-12-2019**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)**Catherine C. or Robin Cole**

Amount of contribution (\$)

**200.00**

Contributor address;

City; State; Zip Code

**2619 Cedar Ridge Dr.****Waco, Texas 76708**

Principal occupation / Job title (See Instructions)

**Business Owner**

Employer (See Instructions)

Date

**12-15-2019**

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)**William L. Clifton, Jr.**

Amount of contribution (\$)

**500.00**

Contributor address;

City; State; Zip Code

**4579 Lake Shore Dr.****Waco, Texas 76710**

Principal occupation / Job title (See Instructions)

**Business Owner**

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED****If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **8 of 8****2** FILER NAME**Robert E. Cervenka****3** Filer ID (Ethics Commission Filers)**4** Date

12-20-2019

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)**Bob R. Davis****7** Amount of contribution (\$)

500.00

**6** Contributor address;

City; State; Zip Code

**210 Parkwood Place****Waco, Texas 76712****8** Principal occupation / Job title (See Instructions)**Business Owner****9** Employer (See Instructions)

Date

12-27-2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)**H. Bland or Jennifer Young Cromwell**

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

**P.O. Box 8050****Waco, Texas 76714**

Principal occupation / Job title (See Instructions)

**Business Owner**

Employer (See Instructions)

Date

12-6-2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)**Kenneth Mays**

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

**2879 Pilgrim Lane****Lorena, Texas 76655**

Principal occupation / Job title (See Instructions)

**Retired Military**

Employer (See Instructions)

Date

12-6-2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)**Mike Stetler**

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

**4734 S. Robinson Dr.****Lorena, Texas 76655**

Principal occupation / Job title (See Instructions)

**Roofing Contractor**

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.

# 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		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code	<input type="checkbox"/> 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) (See Instructions)		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 <input type="checkbox"/> out-of-state PAC	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code	<input type="checkbox"/> 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) (See Instructions)		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.

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		(See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**LOANS****SCHEDULE E**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?  Y    N	<b>8</b> Lender address;                      City;    State;    Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral  <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address;                      City;    State;    Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
<b>Date of loan</b>	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )	<b>Loan Amount (\$)</b>
<b>Is lender a financial institution?</b>  Y    N	<b>Lender address;</b> <b>City;</b> <b>State;</b> <b>Zip Code</b>	<b>Interest rate</b>
		<b>Maturity date</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Description of Collateral</b>  <input type="checkbox"/> none		<b>Check if personal funds were deposited into political account (See Instructions)</b> <input type="checkbox"/>
<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	<b>Name of guarantor</b>	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address;</b> <b>City;</b> <b>State;</b> <b>Zip Code</b>	
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1 of 8	<b>2</b> FILER NAME Robert E. Cervenka	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 8-6-2019	<b>5</b> Payee name Collin Kubacak	
<b>6</b> Amount (\$) 300.00	<b>7</b> Payee address; City; State; Zip Code 4405 Harrison St. Waco, Texas 76705	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule)  Website Design for Campaign	<b>(b) Description</b>  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 8-6-2019	Payee name Collin Kubacak	
Amount (\$) 165.90	Payee address; City; State; Zip Code 4405 Harrison St. Waco, Texas 76705	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)  Website Subscription & Domain for Campaign	<b>Description</b>  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 8-19-2019	Payee name Robinson Athletic Booster Club	
Amount (\$) 150.00	Payee address; City; State; Zip Code P.O. Box 7273 Waco, Texas 76714	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)  2019 Robinson ISD Football Program Ad	<b>Description</b>  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2 of 8	<b>2</b> FILER NAME Robert E. Cervenka	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 8-20-2019	<b>5</b> Payee name Moody Independent School District	
<b>6</b> Amount (\$) 175.00	<b>7</b> Payee address; City; State; Zip Code 12084 A S. Lone Star Parkway Moody, Texas 76557	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Moody ISD Football Program Ad	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 8-26-2019	Payee name Texas Tape & Label	
Amount (\$) 81.19	Payee address; City; State; Zip Code P.O. Box 365 Waco TX 76703	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Magnetic Campaign Signs	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 9-09-2019	Payee name Office Depot	
Amount (\$) 124.22	Payee address; City; State; Zip Code 4627 S. Jack Kultgen Frwy. Waco, Texas 76706	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Campaign Supplies	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 8		2 FILER NAME <b>Robert E. Cervenka</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>9-17-2019</b>		5 Payee name <b>McLennan County Engineering</b>			
6 Amount (\$) <b>15.00</b>		7 Payee address; City; State; Zip Code <b>P.O. Box 648 Waco, Texas 76703-0648</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Color Map of Precinct 1</b>		(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 <b>10-4-2019</b>		Payee name <b>Centex Hispanic Chamber of Commerce</b>			
Amount (\$) <b>75.00</b>		Payee address; City; State; Zip Code <b>915 LaSalle Ave. Waco, Texas 76706</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>2019 Annual Membership Banquet Ticket</b>		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 <b>10-4-2019</b>		Payee name <b>Office Depot</b>			
Amount (\$) <b>129.89</b>		Payee address; City; State; Zip Code <b>4627 S. Jack Kultgen Frwy. Waco, Texas 76706</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Printer Ink for Campaign</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 8		2 FILER NAME <b>Robert E. Cervenka</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10-21-2019</b>		5 Payee name <b>Texas Tape &amp; Label</b>			
6 Amount (\$) <b>433.00</b>		7 Payee address; City; State; Zip Code <b>P.O. Box 365 Waco, Texas 76703</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>32 x 48 Color Campaign Signs</b>		(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 <b>10-23-2019</b>		Payee name <b>Zazzle</b>			
Amount (\$) <b>292.16</b>		Payee address; City; State; Zip Code <b>1800 Seaport Blvd. Redwood City, California 94063</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Fundraiser Invitations</b>		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 <b>11-13-2019</b>		Payee name <b>Westview Post Office</b>			
Amount (\$) <b>33.00</b>		Payee address; City; State; Zip Code <b>800 Wooded Acres Dr. Waco, Texas 76710-9998</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Campaign Postage</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5 of 8		<b>2</b> FILER NAME Robert E. Cervenka		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 11-16-2019		<b>5</b> Payee name The Home Depot			
<b>6</b> Amount (\$) 223.54		<b>7</b> Payee address; City; State; Zip Code 5605 West Waco Dr. Waco, Texas 76710			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Materials to build Sign Frames		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-21-2019		Payee name Hobby Lobby			
Amount (\$) 12.96		Payee address; City; State; Zip Code 1200 Richland Dr. Waco, Texas 76710 Suite #1			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Thank you Cards & Envelopes for Donations		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 11-7-2019		Payee name Greater Waco Chamber of Commerce			
Amount (\$) 100.00		Payee address; City; State; Zip Code P.O. Box 1220 Waco, Texas 76703-1220			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) State of the City & County Luncheon		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	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# 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.

<b>1</b> Total pages Schedule F1: 6 of 8		<b>2</b> FILER NAME Robert E. Cervenka		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 11-22-2019		<b>5</b> Payee name Greater Waco Chamber of Commerce			
<b>6</b> Amount (\$) 100.00		<b>7</b> Payee address; City; State; Zip Code P.O. Box 1220 Waco, Texas 76703-1220			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) State of the Nation Luncheon		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-02-2019		Payee name Greater Waco Chamber of Commerce			
Amount (\$) 100.00		Payee address; City; State; Zip Code P.O. Box 1220 Waco, Texas 76703-1220			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) State of the State Luncheon		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-12-2019		Payee name Darrell Thompson			
Amount (\$) 450.00		Payee address; City; State; Zip Code 2508 Skyline Dr. Waco, Texas 76710			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fundraising Catering		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 7 of 8	<b>2</b> FILER NAME Robert E. Cervenka	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12-13-2019	<b>5</b> Payee name Westview Post Office	
<b>6</b> Amount (\$) 33.00	<b>7</b> Payee address; City; State; Zip Code 800 Wooded Acres Dr. Waco, Texas 76710-9998	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Postage for Campaign Thank You Envelopes	<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 12-18-2019	Payee name Lowes	
Amount (\$) 32.17	Payee address; City; State; Zip Code 201 North New Road Waco, Texas 76710	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Sign Materials For Campaign	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 12-19-2019	Payee name Lowes	
Amount (\$) 29.79	Payee address; City; State; Zip Code 201 North New Road Waco, Texas 76710	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Sign Materials For Campaign	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>8 of 8</b>	<b>2</b> FILER NAME <b>Robert E. Cervenka</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12-19-2019</b>	<b>5</b> Payee name <b>Texas Tape &amp; Label</b>	
<b>6</b> Amount (\$) <b>433.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>P.O. Box 365 Waco TX 76703</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>32 x 48 Color Campaign Signs</b>	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b> <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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# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$			
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address: City; State; Zip Code				
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">Candidate / Officeholder name</td> <td style="width: 20%; border: none;">Office</td> <td style="width: 40%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office	Office held
Candidate / Officeholder name	Office	Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political				
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 <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">Candidate / Officeholder name</td> <td style="width: 20%; border: none;">Office sought</td> <td style="width: 40%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
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# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; City; State; Zip Code	
	7 Description	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City; State; Zip Code	
	Description of investment	
	Amount of investment (\$)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		



# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date		6 Payee name			
7 Amount (\$)		8 Payee address; City; State; Zip Code			
9 TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input type="checkbox"/> Non-Political			
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# POLITICAL EXPENDITURES MADE FROM 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.

<b>1</b> Total pages Schedule G: <b>1</b>	<b>2</b> FILER NAME <b>Robert E. Cervenka</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10-28-2019</b>	<b>5</b> Payee name <b>Robert E. Cervenka</b>	
<b>6</b> Amount (\$) <b>1,250.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>479 Kiowa Circle Robinson, Texas 76706</b>	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Loan Repayment/Reimbursement</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date <b>12-17-2019</b>	Payee name <b>American Bank</b>	
Amount (\$) <b>30.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>200 West State Highway 6 #100 Waco, Texas 76712</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Bank Fee for Stop Payment of Check</b>	(b) 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)	(b) 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

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### 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 H:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Business name
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6 Amount (\$)	7 Business address; City; State; Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (Listed at the top of this schedule)	(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	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel ou... <input type="checkbox"/> Check if Austin, TX, expense
---------------------------------------	--	--

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

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------------	--	---

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

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I	<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name		
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)	<b>(b)</b> Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	

4 Date	5 Name of person from whom amount is received  ..... 6 Address of person from whom amount is received;    City;    State;    Zip Code	8 Amount (\$)
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received  ..... Address of person from whom amount is received;    City;    State;    Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received  ..... Address of person from whom amount is received;    City;    State;    Zip	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received  ..... Address of person from whom amount is received;    City;    State;    Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

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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		3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div>			
6 Dates of travel _____ Name of person(s) traveling _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">           _____            City or name of departure location         </div> <div style="width: 45%;">           _____            9 Destination _____            City or name of destination location         </div> </div>			
10 Means of transportation		11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div>			
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: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div>			
Dates of travel		Name of person(s) traveling _____ _____ Departure city or name of departure location _____ Destination city or name of destination location	
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	

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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

## 3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

## 4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are an officeholder. --

### A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

## 5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder