CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	duide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY		
NAME	MR JACK NICKNAME LAST AWAY HARCIAL	SUFFIX	Date Received Filled 20 30 Time 3.79 AM KATHY E. VAN WOLFE		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; C	Blections Administrator, McLennan County, Texas By Mo per			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (954) 755-5616	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	ML	Receipt # Amount \$		
NAME	NICKNAME LAST	SUFFIX	Date Processed		
	KAN	<	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 285 GRANGEON EN WACOTO 76705				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (257) 799- 226 1	EXTENSION			
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Atlach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 7 / 1 / 2019	THROUGH 12	Day Year / 31 / 2019		
11 ELECTION	Month Day Year Primary	ELECTION TYPE Runoff Other Description Special			
12 OFFICE	OFFICE HELD (IF any)	13 OFFICE SOUGHT (if known	1)		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Thee A.W	Mars of Almanda	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			
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ •		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES \$ 380.00				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		DAY \$ 171.87		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		HE \$ Q		
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. DANIELLE GONZALES Notary Public STATE OF TEXAS D#13071637-4 Signature of Candidate or Officeholder AFFIX NOTARY STAMP/SEALABOVE					
Sworn to and subsc	ribed before me,	by the said <u>JUCK Harwell</u> to certify which, witness my hand and seal of office.	, this the		
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	mmission	Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			JBTOTAL MOUNT
1, SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4, SCHEDULE E: LOANS		\$	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$	380,2
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	
	:4		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Printing Expense Consulting Expense Travel In District Gift/Awards/Memorials Expense Travel Out Of District Contributions/Donations Made By Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. THEK AWDORSON HARWILL 3 Filer ID (Ethics Commission Filers) Total pages Schedule G: 2 FILER NAME 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; Zip Code 76701 Reimbursement from political contributions (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Zip Code 76701 political contributions Category (See Categories listed at the top of this schedule) Description **PURPOSE** Event Exp. EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Zip Code Payee address; Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF Went Dip. **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politic Credit Card Payment	The Instruction Guide explains how to complete this form,	Other (enter a category not isseed above)		
1 Total pages Schedule G:	2 FILER NAME JACK AMBORSON HARWELL	3 Filer ID (Ethics Commission Filers)		
4 Date 10/21/2019	JACK AMMORSON HARVELL 5 Payee name BRAZOS HIGHER ENWATTON TE	Larana		
Reimbursement from political contributions intended	7 Payee address; City;	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if travel outside of Texas, Complete Schedule T. (b) Description (b) Description	tin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held		
Date 5/22/2019	Payee name Boy Scors Troop 497			
Amount (\$)	Payee address; City;	State; Zip Code		
Reimbursement from political contributions intended	WACO, TX 76701			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other (Arer (En Fleck)			
		stin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name Office sought	Office held		
Date	Payee name			
Amount (\$)	Payee address; City;	State; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description			
	Check if travel outside of Texas, Complete Schedule T. Check if Aus	stin, 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				