# 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 NAME	MS / MRS / MR FIRST  ANDREW  NICKNAME LAST	MI	OFFICE USE ONLY  Date Received JUL 1 5 2019  City Secretary	
	Young		City Sections	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		STATE: ZIP CODE  ICTORIA TX  77902	(A)	
Change of Address			4:41pm	
5 CANDIDATE/ OFFICEHOLDER PHONE	(361) 212-931	extension 9	Date Hand-delivered or Date Posynarked	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  MRS POCIO  NICKNAME LAST	MI G	Receipt # Amount \$  Date Processed  Date Imaged	
	ROSIE GARCIA		Date imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI		TX 77901	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 676 - 1750	O STENSION		
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 4 / 25 / 19	THROUGH 6	Day Year   30   19	
11 ELECTION	Month Day Year Primary  5 / 4 / 19 General	ELECTION TYPE  Runoff  Other  Description  Special		
12 OFFICE	City Council Super District #5	13 OFFICE SOUGHT (if know	n)	
GO TO PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	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				
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS				
		COMMITTEE CAMPAIGN THEASUREN ADDRESS				
17 CONTRIBUTION TOTALS  1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED						
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500.60			
EXPENDITURE TOTALS	1 3 IOTAL POLITICAL EXPENDITIBLES OF \$100 OB LESS		\$ Ø			
4. TOTAL P		POLITICAL EXPENDITURES	\$ 1005.80			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 1888.60			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1500.					
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.						
APRIL HILBRICH  Notary Public, State of Texas  Comm. Expires 12-30-2020  Notary ID 126762797  Notary ID 126762797						
AFFIX NOTARY STAMP/SEALABOVE						
Sworn to and subscribed before me, by the said Andrew Joing, this the						
day of						
Chuthuh April Hilbrich 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

COVER SHEET PG 3				
19 FILER NAME	mmission Filers)			
ANDREW YOUNG				
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500 <sup>60</sup>			
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	NTRIBUTIONS	\$ 1005, 80		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$			
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	\$			
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	\$			
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTED TO FILER	TIONS	\$		
	-			
1				

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) OO 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Date Amount of contribution (\$) City; State; Zip Code Contributor address: Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) City; State; Zip Code Contributor address; 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/Politica Credit Card Payment	! Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
2	ANDREW YOUR	19				
4 Date 4/30/19 5 Payee name PRINTING						
6 Amount (\$)	7 Payee address; City; State;					
\$476.57	1708 N NAVARZO	Sre 300				
8	(a) Category (See Categories listed at the top of this		tuteing of Toyan Complete School-de T			
PURPOSE OF			utside of Texas. Complete Schedule T.  n, TX, officeholder living expense			
EXPENDITURE	PRINTING EXPENSE					
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
5/14/19	RAPID PRINTING					
Amount (\$)	Payee address; City; State;	Zip Code				
\$ 27.07	1708 N NAVA	720 Src 300				
	Category (See Categories listed at the top of this		stoide of Toyon Complete Cabadda T			
PURPOSE OF	· - · · · ·		utside of Texas. Complete Schedule T.  n, TX, officeholder living expense			
EXPENDITURE	PRINAND EXPENSE		<u> </u>			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
5/14/19	CHRIS NICHOLS	SON				
Amount (\$)	Payee address; City; State;					
\$483. <sup>75</sup>	PO Box 2522 V	ICTORIA TX	77902			
	Category (See Categories listed at the top of this	<u>-                                   </u>				
PURPOSE OF	1		utside of Texas. Complete Schedule T.  n, TX, officeholder living expense			
EXPENDITURE	CONSLITING EXPEN	عد	• • • • • • • • • • • • • • • • • • • •			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OH						
ATTACH ADDITIONAL CODIES 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

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)

Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Total pages Schedule F1: 2 FILER NAME 4 Date Sne 300 \$18.41 1708 (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** PRINTING EXPENSE Check if Austin, TX. officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Payee address; Amount (\$) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description \_\_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED