

# 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: <b>11</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI Mr.                      Jeffrey                      J ----- NICKNAME                      LAST                      SUFFIX Jeff                      Bauknight	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>OFFICE USE ONLY</b></p> <p>Date Received <b>RECEIVED JUN 25 2021</b> <b>City Secretary</b></p> <p>JUN 25 2021 <i>AJ 9:50am</i></p> <p>Date Hand-delivered or Date Postmarked <b>JUN 25 2021</b> <i>AJ 9:50am</i></p> <p>Receipt #                      Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p> </div>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX                      APT / SUITE #                      CITY                      STATE                      ZIP CODE 508 E. Crestwood, Victoria, TX 77901 <input type="checkbox"/> Change of Address		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION ( 361 )                      578-8689		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI Mrs.                      Jennifer                      I ----- NICKNAME                      LAST                      SUFFIX J. Lynn                      Bauknight		
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #                      CITY                      STATE                      ZIP CODE 508 E. Crestwood                      Victoria, TX 77901		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION ( 361 )                      578-8689		
<b>9 REPORT TYPE</b>	<input 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) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month                      Day                      Year                      THROUGH                      Month                      Day                      Year 06 /                      04 /                      2021                                           06 /                      25 /                      2021		
<b>11 ELECTION</b>	ELECTION DATE Month                      Day                      Year 07 /                      03 /                      2021	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) City Council, District 3 - Victoria, TX	<b>13 OFFICE SOUGHT</b> (if known) Mayor - City of Victoria, TX	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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.		
<input type="checkbox"/> Additional Pages	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE                      COMMITTEE NAME ----- COMMITTEE ADDRESS ----- COMMITTEE CAMPAIGN TREASURER NAME ----- COMMITTEE CAMPAIGN TREASURER ADDRESS -----	

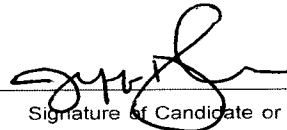
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Jeffrey J. Bauknight		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,700.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,188.22
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,855.14
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

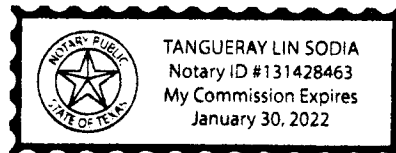
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jeff Bauknight this the 25 day of June

20 21, to certify which, witness my hand and seal of office.

Tangueray L Sodia  
Signature of officer administering oath

Tangueray L Sodia  
Printed name of officer administering oath

Notary  
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

<b>19 FILER NAME</b> Jeffrey J. Bauknight		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,700.00
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	\$ 9,188.22
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	\$ 10.81
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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1. 5
2 FILER NAME Jeff Bauknight		3 Filer ID (Ethics Commission Filers)
4 Date 06/04/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Gisler 6 Contributor address; City; State; Zip Code 407 Tampa Dr. Victoria, TX 77904	7 Amount of contribution (\$)  \$500.00
8 Principal occupation / Job title (See Instructions) Mud Logging		9 Employer (See Instructions) Gisler Brothers
Date 06/04/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bobby Jacob Contributor address; City; State; Zip Code 6041 Country Club Dr. Victoria, TX 77904	Amount of contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/04/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melvin Lack Contributor address; City; State; Zip Code 2402 N. Wheeler St. Victoria, TX 77901	Amount of contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/04/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TREPAC - Texas Association of Realtors PAC Contributor address; City; State; Zip Code P.O. Box 2246 Austin, TX 78768	Amount of contribution (\$)  \$3,000.00
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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Jeff Bauknight		3 Filer ID (Ethics Commission Filers)
4 Date 06/08/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Manny & Marti Villareal	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 806 Santa Fe Victoria, TX 77904		
8 Principal occupation / Job title (See Instructions) Auto Sales		9 Employer (See Instructions) Port Lavaca Auto Group
Date 06/10/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roger D. Walleck	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 6120 Country Club Dr. Victoria, TX 77904		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/10/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fred Lykes, M.D.	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 8 Cotswald Ln. Victoria, TX 77904		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/11/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jess B. Williams, Jr.	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 301 Tampa Dr. Victoria, TX 77904		
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Williams Insurance

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Jeff Bauknight		3 Filer ID (Ethics Commission Filers)
4 Date 06/11/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) June Stone	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 107 Ridge View Victoria, TX 77904		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jim & Jennifer Hartman	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 310 CreekrIDGE Victoria, TX 77904		
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions) VCS
Date 6/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paul Teinert	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 5107 John Stockbauer Dr. Victoria, TX 77904		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self
Date 06/21/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) T. Michael & LuAnn O'Connor	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code PO Box 1878 Victoria, TX 77902-1878		
Principal occupation / Job title (See Instructions) U.S. Marshall / Realtor		Employer (See Instructions) U.S. Government / Self
<p><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.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Jeff Bauknight		3 Filer ID (Ethics Commission Filers)
4 Date 06/17/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melita Zafereo 6 Contributor address; City; State; Zip Code 206 Pasadena Victoria, TX 77904	7 Amount of contribution (\$)  \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robby & Tammy Burdge Contributor address; City; State; Zip Code 101 Willow Way Victoria, TX 77904	Amount of contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Chemical Cleaning		Employer (See Instructions) Klean Corp, International
Date 06/18/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lee & Dixie Swearingen Contributor address; City; State; Zip Code 203 Leisure Ln. Victoria, TX 77904	Amount of contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Ron Brown Company
Date 06/18/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ronald B. Walker Contributor address; City; State; Zip Code 2207 N. Wheeler St. Victoria, TX 77901	Amount of contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Jeff Bauknight		3 Filer ID (Ethics Commission Filers)
4 Date 06/19/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Torin & Melissa Bales	7 Amount of contribution (\$)  \$100.00
	6 Contributor address; City; State; Zip Code PO Box 106 Victoria, TX 77902	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/19/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linda Elmore	Amount of contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code 405 Roseland Ave. Victoria, TX 77901	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/19/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chip Dence	Amount of contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code 302 N. Hummel Victoria, TX 77901	
Principal occupation / Job title (See Instructions) Home Builder		Employer (See Instructions) East End Lumber
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2	<b>2</b> FILER NAME Jeffrey J. Bauknight	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/08/21	<b>5</b> Payee name Sign Crafters	
<b>6</b> Amount (\$) \$884.29	<b>7</b> Payee address; City; State; Zip Code 406 W. Water St. Victoria, TX 77901	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Political signs, Flags, & Stickers
	<b>(c)</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		
Date 06/07/21	Candidate / Officeholder name UPS Store	
Amount (\$) \$2,954.25	Payee address; City; State; Zip Code 1708 N. Navarro St. Victoria, TX 77901	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailer
	<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		
Date 06/17/2021	Candidate / Officeholder name Greek Bros. 205 Grille & Bar	
Amount (\$) \$3,849.68	Payee address; City; State; Zip Code 205 E. Constitution Victoria, TX 77901	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Candidate Meet & Greet
	<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		

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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	<b>2</b> FILER NAME Jeff Bauknight	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/17/21	<b>5</b> Payee name Victoria Radio Works, LTD.	
<b>6</b> Amount (\$) \$1,500.00	<b>7</b> Payee address; City; State; Zip Code 3613 N. Main St. Victoria, TX 77903	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Radio Ads
	<b>(c)</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>	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 (\$)	Payee address; City; State; Zip Code	
<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

### 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 G: <b>1</b>	<b>2</b> FILER NAME <b>Jeff Bauknight</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>06/17/21</b>	<b>5</b> Payee name <b>Office Depot</b>	
<b>6</b> Amount (\$) <b>\$10.81</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>5106 N. Navarro Victoria, TX 77904</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	<b>(b)</b> Description <b>Tickets</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 (\$) <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