CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete		ler ID (Ethics Commission Filers)	72 Total pages file	ed:
CANDIDATE / OFFICEHOLDER NAME		ary	мі Д	OFFICE	USE ONLY
INAIVIE	NICKNAME LA	eadrick	SUFFIX	Date Received	
CANDIDATE (REC	EIVED
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUIT		STATE; ZIP CODE M, 70 18605	BURN	1 3 0 2018 ET COUNTY
Change of Address				EL	ECTIONS
6 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NI	UMBER	EXTENSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER		RST	MI	Receipt #	Amount \$
NAME		enc	SUFFIX	Date Processed	¥
	m	orrison		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PL	EASE); APT / SUITE #;	city; state;	ZIP CODE 78611	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NU (\$12) 553 ~		EXTENSION		
9 REPORT TYPE		30th day before election	Runoff Exceeded \$500 limit	treasurer ap (Officeholde	•
			(1-2-1-2 ₁₋₁₋₁ -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	0.000	•
10 PERIOD COVERED	Month Day il / 22 /	Year 2017 TH	ROUGH OI	Day Year 25 / 201	
11 ELECTION	ELECTION DATE		ELECTION TYP	E	
	Month Day Year 03 / 06 / 2018	Primary General	Runoff Other Description		·
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	n) + +h Beace	~
			Pi	t th Beace recinat 3	
	, vi -	GO TO PAG	E 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	my L He	adricie	Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITIONS OF POLITICAL EXPENDITIONS OF POLITICAL EXPENDITURES MAY HAVE BEEN MADE WINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THE	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
\$	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS	V444		
17 CONTRIBUTION TOTALS		I POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	1 3 TOTAL POLITICAL EXPENDITIBLES OF \$100 OF LESS				
	4. TOTAL POLITICAL EXPENDITURES \$				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$				
18 AFFIDAVIT		***************************************	******		
DONN NO: St	IA L. PETERSON TARY PUBLIC ate of Texas . Exp. 02-20-2019	true and correct and includes all info under Title 15, Election Code.	perjury, that the accompanying report is permation required to be reported by me didate or Officeholder		
AFFIX NOTARY STAM	MP/SEALABOVE	·			
Sworn to and subso)	by the said <u>Carey L. Headrick</u> to certify which, witness my hand and seal of office.			
, to sorting willon, withess my hard and seal of office.					
Conne d	- Voteron		Election Clerk		
Signature of officer	aummstering oath	Printed name of officer administering oath	Title of officer administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

PS FILER NAME Aray L Headricae 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE 1. V SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 3. SCHEDULE B: PLEDGED CONTRIBUTIONS 4. V SCHEDULE E: LOANS 5. V SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 7. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 8. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9. V SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 17212,34 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	-		
NAME OF SCHEDULE 1. V SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 3. SCHEDULE B: PLEDGED CONTRIBUTIONS 4. V SCHEDULE E: LOANS 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 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. V SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 1212,34	12/9	FILERNAME 120 Filer ID (Ethics Co	nmmission Filers)
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 CONTRIBUTIONS 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 FUNDS \$ 17212,34	21		
3. SCHEDULE B: PLEDGED CONTRIBUTIONS 4. SCHEDULE E: LOANS 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 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 FUNDS \$ 12.12,34	1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 250.00
4. SCHEDULE E: LOANS \$ 1,111.50 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 250,00341.74 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 FUNDS \$ 1212,34	2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 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 FUNDS \$ 1212,34	3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
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 FUNDS \$ 1212,34	4.	SCHEDULE E: LOANS	\$ 1,111.50
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 FUNDS \$ 1212,34	5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	50,00341.79
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 12.12,34	6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 1212,34	7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
Talz, 34	8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
	9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1212,34
	10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	12.		\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) FILER NAME 7 Amount of contribution (\$) 01/16/2018 Diana & Larry Taylor 6 Contributor address; City; State; Zip Code 4001 CR 336 \$250.00 Berfram TX 78605 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Refined 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 Amount of contribution (\$) out-of-state PAC (ID#:__ City; State; Zip Code Contributor address; 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.

Forms provided by Texas Ethics Commission

LOANS			SCHEDULE E
The	Instruction Guide explains how to com	plete this form.	Total pages Schedule E:
2 FILER NAME	L Headrick		Filer ID (Ethics Commission Filers)
TOTAL OF UN	IITEMIZED LOANS		\$ 1,111.50
5 Date of loan	7 Name of lender □ out-of-stat MYSTRE Vanh		9 Loan Amount (\$) / 74.74
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y (N)	Bertini	m, TX 78605	11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	e deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-sta	ite PAC (ID#:)	Loan Amount (\$)
11/20/2017	Mystre Vanha	д г. y	34.90
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?	POBOX 901 Be	Hram 7860S	Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	·
Description of Coll	ateral	Check if personal funds were account (See Instructions)	e deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
		State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If I	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE AS N	

PLEDGED CONTRIBUTIONS

SCHEDULE B

		1 Total pages Sched	dule B:
	The Instruction Guide explains how to complete this form.		
2 FILER NA	ME	3 Filer ID (Ethics C	Commission Filers)
4 TOTAL	OF UNITEMIZED PLEDGES	\$	
5 Date	6 Full name of pledgor uut-of-state PAC (ID#:	8 Amount of Pledge \$. 9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code	•	
		Check if travel out	side of Texas. Complete Schedule T.
10 Principal	occupation / Job title (See Instructions) 11 Employer (Se	e Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		· ·
		Check if travel out	: side of Texas. Complete Schedule T.
Principal o	occupation / Job title (See Instructions) Employer (Se	e Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		· ·
		Check if travel out	side of Texas. Complete Schedule T
Principal	occupation / Job title (See Instructions) Employer (Se	ee Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code	•	· · ·
		Check if travel out	tside of Texas. Complete Schedule T
Principal	occupation / Job title (See Instructions) Employer (Se	ee Instructions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED	

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

LOANS

SCHEDULE E

The I	nstruction Guide explains how to compl	ete this form.	Total pages Schedule E:
2 FILER NAME CARLY L	Headriae	,	Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	ITEMIZED LOANS		\$
5 Date of loan /2/04/2018 6 Is lender a financial Institution?	8 Lender address; City; S	State; Zip Code	9 Loan Amount (\$) \$450.00 10 Interest rate
YN	Derva	wi, TX 78605	11 Maturity date
12 Principal occupation	n / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colla	ıteral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; S	State; Zip Code	
20 Principal Occupation	on (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
12/26/2018	Mystie Vanhorn	!	\$ 84.90
ls lender a financial	Lender address; City; S	State; Zip Code	Interest rate
Institution? Y N	RoBorgoi Bert	rim, 1/ 78608	Maturity date
Principal occupation	n / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	teral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; S		
not applicable			
Principal Occupatio	n (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COI	PIES OF THIS SCHEDULE AS NE	



LOANS

SCHEDULE E

The	Instruction Guide explains how to compl	ete this form.	Total pages Schedule E:	
FILER NAME			Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	NITEMIZED LOANS		\$	
5 Date of loan 11/02/2018		PAC (ID#:)	9 Loan Amount (\$) \$ 116.96	
6 Is lender a financial Institution? Y N		State; Zip Code	10 Interest rate 11 Maturity date	
*****	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Coll	lateral	15 Check if personal funds were account (See Instructions)	deposited into political	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
not applicable		State; Zip Code		
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)		
Date of loan 01/25/2019		PAC (ID#:)	Loan Amount (\$) 250,00	
Is lender a financial Institution?	1	State; Zip Code	Interest rate	
YN	770. 502 707	18605	Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Coll	ateral	Check if personal funds were account (See Instructions)	deposited into political	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
not applicable				
Principal Occupati	ion (See Instructions)	Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE B EDGED CONTRIBUTIONS Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES . 9 In-kind contribution 5 Date 8 Amount 6 Full name of pledgor ut-of-state PAC (ID#: of Pledge \$ description 7 Pledgor address; City: State; Zip Code Check if travel outside of Texas. Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) Date In-kind contribution Amount Full name of pledgor out-of-state PAC (ID#: of Pledge \$ description Pledgor address: City: State: Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution Full name of pledgor ut-of-state PAC (ID#:_ Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Date Full name of pledgor out-of-state PAC (ID#: Pledae \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (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/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 now to d	complete this form.
1 Total pages Schedule F1:	Carry L Headrine	Filer ID (Ethics Commission Filers)
4 Date 01/16/2018	5 Payee name (Cross & Oberlie	
6 Amount (\$) -341.79 25000	7 Payee address; City; State; Zip Code 916 Byrd Ave., Neena	h, Wisconsin 54952
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adversising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Produce Produce Signs
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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 Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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 Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

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 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
Others (Interest and Shares)

Contributions/Donations Made By Candidate/Officeholder/Political C	Gift/Awards/Memorials Expense Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District
Cartaldato, Cincollolaci, Cintolaco	-	ns how to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMI	ZED UNPAID INCURRED OBLI	GATIONS	\$
5 Date	6 Payee name .		
7 Amount (\$)	8 Payee address; City; State;	Zip Code	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 (3	a) Category (See Categories listed at the top of the	is schedule) (b) Description	on
PURPOSE OF		Check i	travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check	if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
TYPE OF EXPENDITURE	Political	Non-Political	-
	Category (See Categories listed at the top of th		
PURPOSE OF			travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check	f Austin, TX, officeholder living expense
Consider Children			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Company of the control of the contro	and an all the second of the s		n in the control of t
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED

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.

Carry & Head of the schedule		The instruction duide explains now to	o complete tina form.
MI 22/11 Burnet County Republican Party Fig. 50	Total pages Schedule G:	Carey h Headrias	Filer ID (Ethics Commission File
Political contributions intended Purpose OF EXPENDITURE	Date	5 Payee name	
Paintbursement from political contributions intended	4122/17	Burnet County Republican	Perfy
PURPOSE OF EXPENDITURE Page address; City: State; Zip Code Purpose OF EXPENDITURE Page address: Categories listed at the top of this schedule) Purpose OF EXPENDITURE Candidate / Officeholder name Office sought Office held Office hel	Amount (\$) \$ 375.00	7 Payee address; City; State; Zip Code Donna Wilcop Po Box 19	72 Marble Falls, TR 78654
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office sought Office held Office held Office held Office held Office sought Office held Office sought Office held	political contributions		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Payee name		(a) Category (See Categories listed at the top of this schedule)	(b) Description
Date Payee name 24 17	OF	Filing Fees	
Amount (\$) Payee address; City; State; Zip Code Permoursement from political contributions intended Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Payee name 1/22/17 Payee name 1/22/17 Amount (\$) Payee name 1/22/17 Payee address; City; State; Zip Code Candidate / Office holder name Office sought Office held Payee name 1/22/17 Amount (\$) Payee address; City; State; Zip Code 215 Wy man Struct Wall Human, MA 0248/ Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule)			Office sought Office held
Amount (\$) Payee address; City; State; Zip Code ### Reimbursement from political contributions intended Purpose	Date	Payee name	
Page name Payee name Payee address; City: State; Zip Code Payee address; City: State; Zip Code Payee address; Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Candidate / Office holder name Candidate / Office ho	11/24/17		
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Fig. 5 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office held Payee name 1/29/17	Amount (\$)	Payee address; City; State; Zip Code	Tus ti'n, Texas 18757
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	political contributions	1421 Burnet Road	
Complete ONLY if direct expenditure to benefit C/OH Date Payee name 1/29/17 Amount (\$) Payee address; City; State; Zip Code 215 Wy Man Struct Wal Ham, MA 0248/ Peimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Complete ONLY if direct check if Austin, TX, officeholder living expense Office sought Office held Office held	BURDOOF	Category (See Categories listed at the top of this schedule)	(b) Description
Date Payee name Vista Mint Amount (\$) Payee address; City; State; Zip Code 275 Wy Man Struct Wal tham, MA 0248/ Pleimbursement from political contributions intended Category (See Categories listed at the top of this schedule) PURPOSE Payee name Vista Mint Vista	OF	Fees	
Amount (\$) Payee address; City; State; Zip Code 275 Wy Man Struct Wal tham, MA 0248/ Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule)			Office sought Office held
Amount (\$) Payee address; City; State; Zip Code 275 Wy Man Struct Wal tham, MA 0248/ Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Taxas Complete Schedule T	Data	Payer name	
T127.99 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Taxas Complete Schedule T	11/29/17		
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Complete ONLY if direct			Office sought Office held

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 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)

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EXPENDITURE	Advertising Expense	Check if Austin, TX,	officeholder living expense
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	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor

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

Solicitation/Fundraising Expense

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	Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP **COVER SHEET**

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY		
Date Received		
Date Hand-delivered or Postmarked		
Date Processed		
Date Imaged		

ACCOUNT NUMBER	2 TYPE OF FILER	
(Ethics Commission Filers)	CANDIDATE 🔀	POLITICAL COMMITTEE
	If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.	If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.
NAME OF CANDIDATE (PLEASE TYPE OR PRINT)	TITLE (Dr., Mr., Ms., etc.) • FIRST Carey	мі <u>2</u>
	NICKNAME LAST Headrian	SUFFIX (SR., JR., III, etc.)
TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)	AREA CODE PHONE NUMBER (575) 513-5401	EXTENSION
ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)	, , , , , , , , , , , , , , , , , , , ,	TY; STATE; ZIP CODE
6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)	POBOX 901 Bertran Justice of the Peace	Pct 3 annet County
PLEASE TYPE OR PRINT)		
8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)	TITLE (Dr., 60, Ms., etc.) FIRST Gene. Morrison NICKNAME LAST	MI W. SUFFIX (SR., JR., III, etc.)

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✓ CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammeled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

Texas Ethics Commission

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

Signature

Date

(TDD 1-800-735-2989)

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