

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:								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Jake M NICKNAME LAST SUFFIX Collier		OFFICE USE ONLY Date Received Received APR - 4 2019 Lewisville ISD Superintendent's Office Date Hand-delivered or Date Postmarked <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged			
Receipt #	Amount \$										
Date Processed											
Date Imaged											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1208 College Pkwy. Apt. #1233 Lewisville TX 75077										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (940) 613-2858										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Jonathan R NICKNAME LAST SUFFIX Steitz										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3805 Hide-A-Way Ln. Flower Mound TX 75022										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (262) 308-9885										
9 REPORT TYPE	<table style="width:100%;"> <tr> <td>☐ January 15</td> <td>☒ 30th day before election</td> <td>☐ Runoff</td> <td>☐ 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td>☐ July 15</td> <td>☐ 8th day before election</td> <td>☐ Exceeded \$500 limit</td> <td>☐ Final Report (Attach C/OH - FR)</td> </tr> </table>			☐ 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)
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☐ July 15	☐ 8th day before election	☐ Exceeded \$500 limit	☐ Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	Month Day Year Month Day Year 2 / 18 / 19 THROUGH 4 / 4 / 19										
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year ☐ Primary ☐ Runoff ☐ Other Description 5 / 4 / 19 ☒ General ☐ Special										
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) N/A Lewisville ISD Board of Trustees, Place 4										

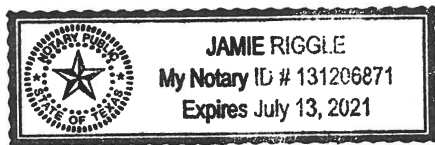
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME <u>Jake Collier</u>	15 Filer ID (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages	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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; vertical-align: top;"> COMMITTEE TYPE ☐ GENERAL ☐ SPECIFIC </td> <td style="width:80%;"> COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table>	COMMITTEE TYPE ☐ GENERAL ☐ SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 		
COMMITTEE TYPE ☐ GENERAL ☐ SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 				
17 CONTRIBUTION TOTALS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED</td> <td style="width:40%; text-align: right;">\$</td> </tr> <tr> <td>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</td> <td style="text-align: right;">\$ ~~11,000.00~~ 3,917.84</td> </tr> </table>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ ~~11,000.00~~ 3,917.84
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$				
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ ~~11,000.00~~ 3,917.84				
EXPENDITURE TOTALS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED</td> <td style="width:40%; text-align: right;">\$</td> </tr> <tr> <td>4. TOTAL POLITICAL EXPENDITURES</td> <td style="text-align: right;">\$ 2,446.07</td> </tr> </table>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	4. TOTAL POLITICAL EXPENDITURES	\$ 2,446.07
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$				
4. TOTAL POLITICAL EXPENDITURES	\$ 2,446.07				
CONTRIBUTION BALANCE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</td> <td style="width:40%; text-align: right;">\$ \$ 921.82</td> </tr> </table>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ \$ 921.82		
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OUTSTANDING LOAN TOTALS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</td> <td style="width:40%; text-align: right;">\$</td> </tr> </table>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$		
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$				

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Jake Collier, this the 4th day of April, 2019, to certify which, witness my hand and seal of office.

 Signature of officer administering oath

Jamie Riggle

 Printed name of officer administering oath

Notary Public

 Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Jake Collier

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ ~~10,000.00~~ 3,417.89
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	☐ SCHEDULE E: LOANS	\$ 0
5.	☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,996.07
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jake Collier

3 Filer ID (Ethics Commission Filers)

4 Date

2-18-19

5 Full name of contributor

Ally Joven

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$4.37

6 Contributor address;

2104 Sagebrush Dr.

City; State; Zip Code

Flower Mound, TX 75028

8 Principal occupation / Job title (See Instructions)

Babysitting

9 Employer (See Instructions)

Self-Employed

Date

2-19-19

Full name of contributor

Don Mike Wadsworth

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$193.90

Contributor address;

P.O. Box 799300 Oak St.

City; State; Zip Code

Holliday, TX 76366

Principal occupation / Job title (See Instructions)

Wireline Field Engineer

Employer (See Instructions)

GR Energy Services

Date

2-19-19

Full name of contributor

Fidel Luna

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$14.27

Contributor address;

P.O. Box 238

City; State; Zip Code

Three Rivers, TX 78071

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-25-19

Full name of contributor

Phyllis Collier

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

2808 Stearns Ave.

City; State; Zip Code

Wichita Falls, TX 76308

Principal occupation / Job title (See Instructions)

Mail Carrier

Employer (See Instructions)

USPS

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 FILER NAME <i>Jake Collier</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2-25-14</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Delos Ungs</i> 6 Contributor address; City; State; Zip Code <i>814 Royal Rd. Lakeside City, TX 76308</i>	7 Amount of contribution (\$) <i>\$25</i>
8 Principal occupation / Job title (See Instructions) <i>N/A</i>		9 Employer (See Instructions) <i>N/A</i>
Date <i>2-27-14</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Kem Ortiz</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>\$48.01</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-2-14</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Lisa Williams</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>\$48.01</i>
Principal occupation / Job title (See Instructions) <i>Education</i>		Employer (See Instructions)
Date <i>3-2-14</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Eric Madzia</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>\$38.54</i>
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jake Collier</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-2-14</i>	5 Full name of contributor <i>Britney Cox</i> ☐ out-of-state PAC (ID#: _____) 6 Contributor address; _____ City; State; Zip Code	7 Amount of contribution (\$) <i>\$23.97</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3-3-14</i>	Full name of contributor <i>Mark Wise</i> ☐ out-of-state PAC (ID#: _____) Contributor address; _____ City; State; Zip Code	Amount of contribution (\$) <i>\$46.80</i>
Principal occupation / Job title (See Instructions) <i>Real Estate</i>		Employer (See Instructions) <i>Self</i>
Date <i>3-3-14</i>	Full name of contributor <i>Shantay Reliquen</i> ☐ out-of-state PAC (ID#: _____) Contributor address; _____ City; State; Zip Code	Amount of contribution (\$) <i>\$485.20</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-3-14</i>	Full name of contributor <i>Christina Lawrence</i> ☐ out-of-state PAC (ID#: _____) Contributor address; _____ City; State; Zip Code	Amount of contribution (\$) <i>\$46.80</i>
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jake Collier</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4-3-14</i>	5 Full name of contributor <i>Tanner Smithhart</i> ☐ out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <i>\$24.62</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) <i>Primerica</i>
Date <i>3-11-14</i>	Full name of contributor <i>Janae Eavin</i> ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <i>P.O. Box 135 Holliday, TX 76366</i>	Amount of contribution (\$) <i>\$27.33</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-13-14</i>	Full name of contributor <i>Kathleen Carrigan</i> ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>\$45.75</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-13-14</i>	Full name of contributor <i>Phyllis Collier</i> ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <i>2808 Stearns Ave Wichita Falls, TX 76308</i>	Amount of contribution (\$) <i>\$122.98</i>
Principal occupation / Job title (See Instructions) <i>Mail Carrier</i>		Employer (See Instructions) <i>USPS</i>

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 FILER NAME

Jake Collier

3 Filer ID (Ethics Commission Filers)

4 Date

3-11-14

5 Full name of contributor

Marco Becerra

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$38.54

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-30-14

Full name of contributor

Alex Flores

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$46.80

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-3-14

Full name of contributor

Austin Miller

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$24.62

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-17-14

Full name of contributor

Hollis Sullivan

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jake Collier

3 Filer ID (Ethics Commission Filers)

4 Date

3-14-14

5 Full name of contributor

Deanna Metzger

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$43.63

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-17-14

Full name of contributor

Jason Hillier

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

~~\$45.75~~ \$45.75

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-19-14

Full name of contributor

Aspit Talat

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$45.75

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-21-14

Full name of contributor

Lynne Renke

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$45.75

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <u>Jake Collier</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3-21-19</u>	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Kat Koralewski</u> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <u>\$45.75</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3-28-19</u>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Rob Shields</u> Contributor address; City; State; Zip Code	Amount of contribution (\$) <u>\$45.75</u>
Principal occupation / Job title (See Instructions) <u>Pastor</u>		Employer (See Instructions) <u>Valley Creek Church</u>
Date <u>3-7-19</u>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Jonathan & Kelli Steitz</u> Contributor address; City; State; Zip Code <u>3805 Hide-A-Way Ln. Flower Mound, Tx 75022</u>	Amount of contribution (\$) <u>\$1,000</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4-3-19</u>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Jaden Steitz</u> Contributor address; City; State; Zip Code	Amount of contribution (\$) <u>\$20</u>
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

~~Mike~~ Jake Collier

3 Filer ID (Ethics Commission Filers)

4 Date

4-3-19

5 Full name of contributor

Jude Steitz

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$20

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-6-19

Full name of contributor

Paul Stone

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

~~\$100~~ \$100

Contributor address;

City; State; Zip Code

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)

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/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:		2 FILER NAME Jake Collier		3 Filer ID (Ethics Commission Filers)	
4 Date 2-25-19		5 Payee name GoDaddy.com			
6 Amount (\$) \$31.45		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 2-26-19		Payee name Jiffy Shirts.com			
Amount (\$) \$22.07		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 2-24-19		Payee name Envato USA Inc.			
Amount (\$) \$55		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 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:	2 FILER NAME <i>Jake Collier</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	-------------------------------------	---------------------------------------

4 Date <i>2-28-19</i>	5 Payee name <i>Jiffy Shirts.com</i>
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6 Amount (\$) <i>\$60.39</i>	7 Payee address; City; State; Zip Code
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expenses</i>	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 <i>2-28-19</i>	Payee name <i>Hilton Garden Inn</i>
------------------------	--

Amount (\$) <i>\$213.04</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-4-19</i>	Payee name <i>Dianne Myers</i>
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Amount (\$) <i>\$100</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES 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
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:	2 FILER NAME <u>Jake Collier</u>	3 Filer ID (Ethics Commission Filers)
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4 Date <u>3-5-14</u>	5 Payee name <u>Tuffy Shirts.com</u>
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6 Amount (\$) <u>\$160.29</u>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <u>3-13-14</u>	Payee name <u>Dianne Myers</u>
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Amount (\$) <u>\$245</u>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <u>3-12-14</u>	Payee name <u>Image Center</u>
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Amount (\$) <u>\$244</u>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
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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:	2 FILER NAME Jake Collier	3 Filer ID (Ethics Commission Filers)
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4 Date 3-14-19	5 Payee name Go Daddy.com
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6 Amount (\$) \$55.44	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-20-19	Payee name Image Center
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Amount (\$) \$124.84	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-19-19	Payee name Jason Zelovics
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Amount (\$) \$350	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other: Consulting	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
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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:	2 FILER NAME <u>Jake Collier</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>3-26-19</u>	5 Payee name <u>Jiffy Shirts.com</u>	
6 Amount (\$) <u>\$113</u>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 <u>3-27-19</u>	Payee name <u>Victory Store.com</u>	
Amount (\$) <u>\$1,247.40</u>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	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/OH Candidate / Officeholder name 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/OH Candidate / Officeholder name Office sought Office held	

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