

# 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                                                              | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR<br/><b>Mr.</b><br/><small>NICKNAME</small></div> <div>FIRST<br/><b>Jake</b><br/><small>LAST</small></div> <div>MI<br/><b>M</b><br/><small>SUFFIX</small></div> </div> <p style="text-align: center; margin-top: 10px;"><b>Collier</b></p>                                                                                                                                                                                                                                                                                                                                                                                                         | <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>OFFICE USE ONLY</b></p> <p style="margin: 5px 0;">Date Received</p> <p style="text-align: center; font-size: 1.2em; color: blue; margin: 10px 0;"><b>Received</b></p> <p style="text-align: center; font-size: 1.2em; color: blue; margin: 5px 0;"><b>APR 29 2019</b></p> <p style="text-align: center; color: blue; margin: 5px 0;">Lewisville ISD<br/>Superintendent's Office</p> <p style="margin: 10px 0;">Date Hand-delivered or Date Postmarked</p> <div style="display: flex; justify-content: space-between; margin: 5px 0;"> <div>Receipt #</div> <div>Amount \$</div> </div> <p style="margin: 5px 0;">Date Processed</p> <p style="margin: 5px 0;">Date Imaged</p> </div> |                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | <div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX:</div> <div>APT / SUITE #:</div> <div>CITY:</div> <div>STATE:</div> <div>ZIP CODE</div> </div> <p style="margin-top: 10px;">1208 College Pkwy. Apt. #1233<br/>Lewisville, Tx 75077</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE                                                             | <div style="display: flex; justify-content: space-between;"> <div>AREA CODE<br/>( 940 )</div> <div>PHONE NUMBER<br/>613-2858</div> <div>EXTENSION</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |
| 6 CAMPAIGN TREASURER NAME                                                                    | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR<br/><b>Mr.</b><br/><small>NICKNAME</small></div> <div>FIRST<br/><b>Jonathan</b><br/><small>LAST</small></div> <div>MI<br/><br/><small>SUFFIX</small></div> </div> <p style="text-align: center; margin-top: 10px;"><b>Steitz</b></p>                                                                                                                                                                                                                                                                                                                                                                                                              | <div style="border: 1px solid black; padding: 5px;"> <p style="margin: 5px 0;">Receipt #</p> <p style="margin: 5px 0;">Amount \$</p> <p style="margin: 5px 0;">Date Processed</p> <p style="margin: 5px 0;">Date Imaged</p> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |
| 7 CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | <div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE):</div> <div>APT / SUITE #:</div> <div>CITY:</div> <div>STATE:</div> <div>ZIP CODE</div> </div> <p style="margin-top: 10px;">3805 Hide-A-Way Ln.<br/>Flower Mound, Tx 75022</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |
| 8 CAMPAIGN TREASURER PHONE                                                                   | <div style="display: flex; justify-content: space-between;"> <div>AREA CODE<br/>( 262 )</div> <div>PHONE NUMBER<br/>308-8885</div> <div>EXTENSION</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |
| 9 REPORT TYPE                                                                                | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |
| 10 PERIOD COVERED                                                                            | <div style="display: flex; justify-content: space-between;"> <div> Month      Day      Year<br/> <b>4 / 12 / 19</b> </div> <div>THROUGH</div> <div> Month      Day      Year<br/> <b>4 / 26 / 19</b> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |
| 11 ELECTION                                                                                  | <div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE<br/> Month      Day      Year<br/> <b>5 / 4 / 19</b> </div> <div> ELECTION TYPE<br/> <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description<br/> <input type="checkbox"/> General    <input type="checkbox"/> Special </div> </div>                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |
| 12 OFFICE                                                                                    | OFFICE HELD (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 13 OFFICE SOUGHT (if known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 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

Jake Collier

15 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 1433.92

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$

4. TOTAL POLITICAL EXPENDITURES \$ 1680.36

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

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jake Collier, this the 29th day of April, 2019, to certify which, witness my hand and seal of office.

Jamie Riggle  
Signature of officer administering oath

Jamie Riggle  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

|                                                                                                                                                                       |                                                                                                                                                                              |                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| The Instruction Guide explains how to complete this form.                                                                                                             |                                                                                                                                                                              | 1 Total pages Schedule A1:                      |
| 2 FILER NAME<br><b>Jake Collier</b>                                                                                                                                   |                                                                                                                                                                              | 3 Filer ID (Ethics Commission Filers)           |
| 4 Date<br><b>4-9-19</b>                                                                                                                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>Leslie Grell</b><br>6 Contributor address; City; State; Zip Code<br><b>Flower Mound, Tx</b> | 7 Amount of contribution (\$)<br><b>\$48.25</b> |
| 8 Principal occupation / Job title (See Instructions)                                                                                                                 |                                                                                                                                                                              | 9 Employer (See Instructions)                   |
| Date<br><b>4-18-19</b>                                                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>Allison Penuel</b><br>Contributor address; City; State; Zip Code<br><b>Flower Mound, Tx</b>   | Amount of contribution (\$)<br><b>\$48.25</b>   |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                              | Employer (See Instructions)                     |
| Date<br><b>4-22-19</b>                                                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>Morgan Williams</b><br>Contributor address; City; State; Zip Code<br><b>Lewisville, Tx</b>    | Amount of contribution (\$)<br><b>\$50</b>      |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                              | Employer (See Instructions)                     |
| Date<br><b>4-21-19</b>                                                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>Kim Hart</b><br>Contributor address; City; State; Zip Code<br><b>Jacksboro, Tx</b>            | Amount of contribution (\$)<br><b>\$25</b>      |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                              | Employer (See Instructions)                     |
|                                                                                                                                                                       |                                                                                                                                                                              |                                                 |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |                                                                                                                                                                              |                                                 |

## SCHEDULE A1

Revised 9/8/2015

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

|                                                                                                                                                                       |                                                                                                                                                                          |                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| The Instruction Guide explains how to complete this form.                                                                                                             |                                                                                                                                                                          | 1 Total pages Schedule A1:                   |
| 2 FILER NAME                                                                                                                                                          |                                                                                                                                                                          | 3 Filer ID (Ethics Commission Filers)        |
| 4 Date<br><br>4-23-19                                                                                                                                                 | 5 Full name of contributor<br>Natalie Reid<br><input type="checkbox"/> out-of-state PAC (ID#: _____)<br>6 Contributor address; City: State: Zip Code<br>Flower Mound, Tx | 7 Amount of contribution (\$)<br><br>\$96.80 |
| 8 Principal occupation / Job title (See Instructions)                                                                                                                 |                                                                                                                                                                          | 9 Employer (See Instructions)                |
| Date<br><br>4-24-19                                                                                                                                                   | Full name of contributor<br>Jonathan Steitz<br><input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City: State: Zip Code<br>Flower Mound, Tx  | Amount of contribution (\$)<br><br>\$1,000   |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                          | Employer (See Instructions)                  |
| Date                                                                                                                                                                  | Full name of contributor<br><input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City: State: Zip Code                                         | Amount of contribution (\$)                  |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                          | Employer (See Instructions)                  |
| Date                                                                                                                                                                  | Full name of contributor<br><input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City: State: Zip Code                                         | Amount of contribution (\$)                  |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                          | Employer (See Instructions)                  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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<br><b>Jake Collier</b>                                                 |  | 3 Filer ID (Ethics Commission Filers)                                                                                                                                           |  |
| 4 Date<br><b>4-12-19</b>                                     |  | 5 Payee name<br><b>Dianne Myers</b>                                                 |  |                                                                                                                                                                                 |  |
| 6 Amount (\$)<br><b>\$175</b>                                |  | 7 Payee address; City; State; Zip Code                                              |  |                                                                                                                                                                                 |  |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           |  | (a) Category (See Categories listed at the top of this schedule)<br><b>T-Shirts</b> |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |                                                                                     |  |                                                                                                                                                                                 |  |
| Date<br><b>4-26-19</b>                                       |  | Payee name<br><b>Facebook</b>                                                       |  |                                                                                                                                                                                 |  |
| Amount (\$)<br><b>\$50</b>                                   |  | Payee address; City; State; Zip Code                                                |  |                                                                                                                                                                                 |  |
| <b>PURPOSE OF EXPENDITURE</b>                                |  | Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>  |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  |                                                                                     |  |                                                                                                                                                                                 |  |
| Date<br><b>4-22-19</b>                                       |  | Payee name<br><b>WalMart</b>                                                        |  |                                                                                                                                                                                 |  |
| Amount (\$)<br><b>\$156.01</b>                               |  | Payee address; City; State; Zip Code                                                |  |                                                                                                                                                                                 |  |
| <b>PURPOSE OF EXPENDITURE</b>                                |  | Category (See Categories listed at the top of this schedule)<br><b>Materials</b>    |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  |                                                                                     |  |                                                                                                                                                                                 |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>   |  |                                                                                     |  |                                                                                                                                                                                 |  |

# 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<br><b>Jake Collier</b>                                                 |  | 3 Filer ID (Ethics Commission Filers)                                                                                                                                           |  |
| 4 Date<br><b>4-12-19</b>                                     |  | 5 Payee name<br><b>FM Beverage</b>                                                  |  |                                                                                                                                                                                 |  |
| 6 Amount (\$)<br><b>\$15.39</b>                              |  | 7 Payee address; City: State: Zip Code                                              |  |                                                                                                                                                                                 |  |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                   |  | (a) Category (See Categories listed at the top of this schedule)<br><b>Gasoline</b> |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> 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<br><b>4-24-19</b>                                       |  | Payee name<br><b>Shell</b>                                                          |  |                                                                                                                                                                                 |  |
| Amount (\$)<br><b>\$15</b>                                   |  | Payee address; City: State: Zip Code                                                |  |                                                                                                                                                                                 |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        |  | Category (See Categories listed at the top of this schedule)<br><b>Gasoline</b>     |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>4-25-19</b>                                       |  | Payee name<br><b>WalMart</b>                                                        |  |                                                                                                                                                                                 |  |
| Amount (\$)<br><b>\$31.97</b>                                |  | Payee address; City: State: Zip Code                                                |  |                                                                                                                                                                                 |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        |  | Category (See Categories listed at the top of this schedule)<br><b>Materials</b>    |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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                                                                                                                                                       |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>   |  |                                                                                     |  |                                                                                                                                                                                 |  |

# 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 Expenses  
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.

|                                                                                          |  |                                                                                                                           |  |                                                                                                                                                                                        |  |
|------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1</b> Total pages Schedule F1:                                                        |  | <b>2</b> FILER NAME<br><div style="text-align: center;">Jake Collier</div>                                                |  | <b>3</b> Filer ID (Ethics Commission Filers)                                                                                                                                           |  |
| <b>4</b> Date<br><div style="text-align: center;">4-26-19</div>                          |  | <b>5</b> Payee name<br><div style="text-align: center;">Jake's Hamburgers</div>                                           |  |                                                                                                                                                                                        |  |
| <b>6</b> Amount (\$)<br><div style="text-align: center;">\$11.99</div>                   |  | <b>7</b> Payee address; City; State; Zip Code                                                                             |  |                                                                                                                                                                                        |  |
| <b>8</b><br><div style="text-align: center;"><b>PURPOSE<br/>OF<br/>EXPENDITURE</b></div> |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><div style="text-align: center;">Food</div>    |  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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                                                                                                                                                                          |  |
| <b>Date</b><br><div style="text-align: center;">4-24-19</div>                            |  | <b>Payee name</b><br><div style="text-align: center;">Mail Mart Inc.</div>                                                |  |                                                                                                                                                                                        |  |
| <b>Amount (\$)</b><br><div style="text-align: center;">\$1225</div>                      |  | <b>Payee address; City; State; Zip Code</b>                                                                               |  |                                                                                                                                                                                        |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                    |  | <b>Category</b> (See Categories listed at the top of this schedule)<br><div style="text-align: center;">Advertising</div> |  | <b>Description</b><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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                                                                                                                                                                          |  |
| <b>Date</b>                                                                              |  | <b>Payee name</b>                                                                                                         |  |                                                                                                                                                                                        |  |
| <b>Amount (\$)</b>                                                                       |  | <b>Payee address; City; State; Zip Code</b>                                                                               |  |                                                                                                                                                                                        |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                    |  | <b>Category</b> (See Categories listed at the top of this schedule)                                                       |  | <b>Description</b><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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                                                                                                                                                                          |  |
| <b>Date</b>                                                                              |  | <b>Payee name</b>                                                                                                         |  |                                                                                                                                                                                        |  |
| <b>Amount (\$)</b>                                                                       |  | <b>Payee address; City; State; Zip Code</b>                                                                               |  |                                                                                                                                                                                        |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                    |  | <b>Category</b> (See Categories listed at the top of this schedule)                                                       |  | <b>Description</b><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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                                                                                                                                                                          |  |

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

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

|     |                                                                                                             |            |
|-----|-------------------------------------------------------------------------------------------------------------|------------|
| 1.  | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 1433.92 |
| 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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 1680.36 |
| 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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$         |
| 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 | \$         |