

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: 25 ✓ | | | | | | | | | | | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%;">Mrs.</td> <td style="width:15%; font-size: small;">FIRST</td> <td style="width:35%;">Nicole</td> <td style="width:5%; font-size: small;">MI</td> <td style="width:10%;">Short</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td></td> <td style="font-size: small;">LAST</td> <td>Bishop</td> <td style="font-size: small;">SUFFIX</td> <td></td> </tr> </table> | MS / MRS / MR | Mrs. | FIRST | Nicole | MI | Short | NICKNAME | | LAST | Bishop | SUFFIX | | OFFICE USE ONLY <hr/> Date Received <div style="font-size: 2em; font-family: cursive;">1/18/18</div> <div style="font-size: 1.5em; font-family: cursive;">@ 4:50 pm</div> <hr/> Date Hand-delivered or Date Postmarked <div style="font-size: 1.5em; font-family: cursive;">KLO</div> ✓ | | | | | | | |
| MS / MRS / MR | Mrs. | FIRST | Nicole | MI | Short | | | | | | | | | | | | | | | | |
| NICKNAME | | LAST | Bishop | SUFFIX | | | | | | | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; height: 20px; width: 100%;"></div> <input type="checkbox"/> Change of Address | | | | | | | | | | | | | | | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; height: 20px; width: 100%;"></div> | | | | | | | | | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%;">Mrs.</td> <td style="width:15%; font-size: small;">FIRST</td> <td style="width:35%;">Susan</td> <td style="width:5%; font-size: small;">MI</td> <td style="width:10%;">G</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td></td> <td style="font-size: small;">LAST</td> <td>Allen</td> <td style="font-size: small;">SUFFIX</td> <td></td> </tr> </table> | MS / MRS / MR | Mrs. | FIRST | Susan | MI | G | NICKNAME | | LAST | Allen | SUFFIX | | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: small;">Receipt #</td> <td style="width:50%; font-size: small;">Amount \$</td> </tr> <tr> <td colspan="2" style="font-size: small;">Date Processed</td> </tr> <tr> <td colspan="2" style="font-size: small;">Date Imaged</td> </tr> </table> | | Receipt # | Amount \$ | Date Processed | | Date Imaged | |
| MS / MRS / MR | Mrs. | FIRST | Susan | MI | G | | | | | | | | | | | | | | | | |
| NICKNAME | | LAST | Allen | SUFFIX | | | | | | | | | | | | | | | | | |
| Receipt # | Amount \$ | | | | | | | | | | | | | | | | | | | | |
| Date Processed | | | | | | | | | | | | | | | | | | | | | |
| Date Imaged | | | | | | | | | | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small> | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7850 Smokey View; Boerne; TX; 78015 | | | | | | | | | | | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (210) 415 - 7846 | | | | | | | | | | | | | | | | | | | | |
| 9 REPORT TYPE | <table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table> | | | <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | | | | | |
| <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | | | | | | | | | | | | | |
| 10 PERIOD COVERED | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">Month</td> <td style="width:25%; font-size: small;">Day</td> <td style="width:25%; font-size: small;">Year</td> <td style="width:25%; font-size: small;">THROUGH</td> <td style="width:25%; font-size: small;">Month</td> <td style="width:25%; font-size: small;">Day</td> <td style="width:25%; font-size: small;">Year</td> </tr> <tr> <td style="text-align: center;">07</td> <td style="text-align: center;">01</td> <td style="text-align: center;">2017</td> <td></td> <td style="text-align: center;">12</td> <td style="text-align: center;">31</td> <td style="text-align: center;">2017</td> </tr> </table> | | | Month | Day | Year | THROUGH | Month | Day | Year | 07 | 01 | 2017 | | 12 | 31 | 2017 | | | | |
| Month | Day | Year | THROUGH | Month | Day | Year | | | | | | | | | | | | | | | |
| 07 | 01 | 2017 | | 12 | 31 | 2017 | | | | | | | | | | | | | | | |
| 11 ELECTION | ELECTION DATE <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">Month</td> <td style="width:25%; font-size: small;">Day</td> <td style="width:25%; font-size: small;">Year</td> </tr> <tr> <td style="text-align: center;">03</td> <td style="text-align: center;">06</td> <td style="text-align: center;">2018</td> </tr> </table> | Month | Day | Year | 03 | 06 | 2018 | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | | | | | | | |
| Month | Day | Year | | | | | | | | | | | | | | | | | | | |
| 03 | 06 | 2018 | | | | | | | | | | | | | | | | | | | |
| 12 OFFICE | OFFICE HELD (if any) Kendall County Criminal District Attorney | 13 OFFICE SOUGHT (if known) Kendall County Criminal District Attorney | | | | | | | | | | | | | | | | | | | |
| GO TO PAGE 2 | | | | | | | | | | | | | | | | | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

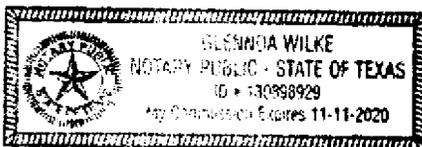
FORM C/OH
COVER SHEET PG 2

| | |
|--|--|
| 14 C/OH NAME Nicole Short Bishop | 15 Filer ID (Ethics Commission Filers) |
|--|--|

| | | |
|--|---|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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. | |
| | <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | |
|-------------------------|---|--------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 175.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 21,764.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 681.83 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 15,225.40 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 10,657.44 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 14,163.87 |

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.

Nicole S Bishop

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Glenda Wilke*, this the *18th* day of *January*, 20*18*, to certify which, witness my hand and seal of office.

Glenda Wilke
Signature of officer administering oath

Glenda Wilke
Printed name of officer administering oath

Coordinator
Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME

Nicole Short Bishop

20 Filer ID (Ethics Commission Filers)

**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE**

**SUBTOTAL
AMOUNT**

| | | | |
|-----|--------------------------|--|--------------|
| 1. | <input type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 14,215.00 |
| 2. | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 7,594.00 |
| 3. | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0 |
| 4. | <input type="checkbox"/> | SCHEDULE E: LOANS | \$ 6,846.49 |
| 5. | <input type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 15,225.40 |
| 6. | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0 |
| 7. | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 8. | <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0 |
| 9. | <input type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 0 |
| 10. | <input type="checkbox"/> | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0 |
| 11. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 12. | <input type="checkbox"/> | 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: 1 of 7

2 FILER NAME
Nicole Short Bishop

3 Filer ID (Ethics Commission Filers)

4 Date
10/1/2017

5 Full name of contributor out-of-state PAC (ID#: _____)
Nicole Bishop

7 Amount of contribution (\$)
\$10.00

6 Contributor address; City; State; Zip Code



8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
7/6/2017

Full name of contributor out-of-state PAC (ID#: _____)
Nicole Bishop

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code



Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/9/2017

Full name of contributor out-of-state PAC (ID#: _____)
Robert Klemstein

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code

131 River Bend Rd, Comfort, TX 78013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/2/2017

Full name of contributor out-of-state PAC (ID#: _____)
Robert Klemstein

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code

131 River Bend Rd, Comfort, TX 78013

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 of 7

2 FILER NAME
Nicole Short Bishop

3 Filer ID (Ethics Commission Filers)

4 Date
11/20/2017

5 Full name of contributor out-of-state PAC (ID#: _____)
Richard Drum

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
109 Village Cove, Boerne, TX 78006

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
11/9/2017

Full name of contributor out-of-state PAC (ID#: _____)
Richard & Christine Park

Amount of contribution (\$)

Contributor address; City; State; Zip Code

PO Box 637, Boerne, TX 78006

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/17/2017

Full name of contributor out-of-state PAC (ID#: _____)
James Claude Tom

Amount of contribution (\$)

Contributor address; City; State; Zip Code

29615 Terra Vista, Fair Oaks Ranch, TX 78015

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/5/2017

Full name of contributor out-of-state PAC (ID#: _____)
Ed Coffey

Amount of contribution (\$)

Contributor address; City; State; Zip Code

148 Lake View Dr., Boerne, TX 78006

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3 of 7

2 FILER NAME
Nicole Short Bishop

3 Filer ID (Ethics Commission Filers)

4 Date
12/11/2017

5 Full name of contributor out-of-state PAC (ID#: _____)
Grady & Rhonda Jolly

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

201 Wollschlaeger, Boerne, TX 78006

\$150.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
7/20/2017

Full name of contributor out-of-state PAC (ID#: _____)
Karolyn Lang

Amount of contribution (\$)

Contributor address; City; State; Zip Code

203 US Highway 87 North #101, Comfort, TX 78013

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/11/2017

Full name of contributor out-of-state PAC (ID#: _____)
Dawn Fulgham

Amount of contribution (\$)

Contributor address; City; State; Zip Code

44 Jennifer Dr, Boerne, TX 78006

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/20/2017

Full name of contributor out-of-state PAC (ID#: _____)
Armondo Muzquiz

Amount of contribution (\$)

Contributor address; City; State; Zip Code

121 Timber Mountain Dr, Boerne, TX, 78006

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4 of 7

2 FILER NAME
Nicole Short Bishop

3 Filer ID (Ethics Commission Filers)

4 Date
8/8/2017

5 Full name of contributor out-of-state PAC (ID#: _____)
Stephanie & Ross Webb

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
1420 Del Rio, Fort Myers, FL 33901

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
8/11/2017

Full name of contributor out-of-state PAC (ID#: _____)
John & Elizabeth Burns

Amount of contribution (\$)

Contributor address; City; State; Zip Code
609 Houston Avenue, Houston, TX 77007-7707

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/28/2017

Full name of contributor out-of-state PAC (ID#: _____)
Parviz Daryaei

Amount of contribution (\$)

Contributor address; City; State; Zip Code
118 Wanda, Boerne, TX 78006

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/28/2017

Full name of contributor out-of-state PAC (ID#: _____)
Larry Ripley 0

Amount of contribution (\$)

Contributor address; City; State; Zip Code
339 Remington Dr., Bergheim, TX 78004

\$250.0

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: 5 of 7

2 FILER NAME
Nicole Short Bishop

3 Filer ID (Ethics Commission Filers)

4 Date
8/11/2017

5 Full name of contributor out-of-state PAC (ID#: _____)
Karen Daly

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
133 Saddle Club, Boerne, TX 78006

\$300.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/1/2017

Full name of contributor out-of-state PAC (ID#: _____)
Craig & Sandra Radke

Amount of contribution (\$)

Contributor address; City; State; Zip Code
117 S. Hill Top Dr., Boerne, TX 78006-5940

\$300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/11/2017

Full name of contributor out-of-state PAC (ID#: _____)
Douglas Boyd

Amount of contribution (\$)

Contributor address; City; State; Zip Code
739 Kreutzberg Rd

\$480.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/11/2017

Full name of contributor out-of-state PAC (ID#: _____)
Dusty Clayton

Amount of contribution (\$)

Contributor address; City; State; Zip Code
167A Sabine RD

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6 of 7

2 FILER NAME
Nicole Short Bishop

3 Filer ID (Ethics Commission Filers)

4 Date
9/12/2017

5 Full name of contributor out-of-state PAC (ID#: _____)
Samantha Dimaio

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
302 Aster Trail, San Antonio, TX 78256

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
12/1/2017

Full name of contributor out-of-state PAC (ID#: _____)
Suzanne Woodward & Jim Fish

Amount of contribution (\$)

Contributor address; City; State; Zip Code
109 Creekside Terrace, Boerne, TX 78006

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
7/17/2017C.F.

Full name of contributor out-of-state PAC (ID#: _____)
Jeb Wait

Amount of contribution (\$)

Contributor address; City; State; Zip Code
205 Swed Creek, Boerne, TX 78006

\$1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/5/2017

Full name of contributor out-of-state PAC (ID#: _____)
Vic Vaughan

Amount of contribution (\$)

Contributor address; City; State; Zip Code
11203 Cimarron Crest, Boerne, TX 78006

\$1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7 of 7

2 FILER NAME
Nicole Short Bishop

3 Filer ID (Ethics Commission Filers)

4 Date
12/20/2017

5 Full name of contributor out-of-state PAC (ID#: _____)
Shawn Vaughan

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
25523 River Ranch, San Antonio, TX 78255

\$1,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
8/11/2017

Full name of contributor out-of-state PAC (ID#: _____)
Rhonda Minarcin

Amount of contribution (\$)

Contributor address; City; State; Zip Code
711 FM 474, Boerne, TX 78006

\$1,200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/24/2017

Full name of contributor out-of-state PAC (ID#: _____)
Jack Short

Amount of contribution (\$)

Contributor address; City; State; Zip Code
31611 Wild Oak Hill, Fair Oaks Ranch, TX 78015

\$5,000.00

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: 1 of 3 | |
| 2 FILER NAME Nicole Short Bishop | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 100.00 | |
| 5 Date 10/28/2017 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob Butrico | 8 Amount of Contribution \$ \$500.00 | 9 In-kind contribution description Sponsored Campaign Shoot team for Republican Shoot out - event expense <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| 7 Contributor address; City; State; Zip Code 105 Agarita Court, Boerne, TX 78006 | | | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

| | | | |
|---|---|---|---|
| Date 11/18/2017 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert & Rosales Saenz | Amount of Contribution \$ \$341.00 | In-kind contribution description Entertainment for guests and facility for Meet & Greet event expense <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| Contributor address; City; State; Zip Code 531 FM 3351 N, Boerne, TX 78006 | | | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | Employer (FOR NON-JUDICIAL) (See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

| | | | |
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|--|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: 2 of 3 | |
| 2 FILER NAME Nicole Short Bishop | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 8/11/2017 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessica Johnson 7 Contributor address; City; State; Zip Code 109 Branding Iron Rd, Boerne, TX 78006 | 8 Amount of Contribution \$ \$253.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | 9 In-kind contribution description Paid the Comfort Meet Market for beverages provided to guests - Event Expense |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 12/10/2017 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clint Cook Contributor address; City; State; Zip Code 411 Sparkling Springs, Boerne, TX 78006 | Amount of Contribution \$ \$400 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | In-kind contribution description Multi location photography session |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | Employer (FOR NON-JUDICIAL) (See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: 3 of 3 | |
| 2 FILER NAME Nicole Short Bishop | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 12/31/2017 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Short | 8 Amount of Contribution \$ \$6,000.00 | 9 In-kind contribution description Office Space for Campaign Headquarters - Office Rental Expense |
| 7 Contributor address; City; State; Zip Code 31611 Wild Oak Hill Fair Oaks Ranch, TX 78006 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

| | | | |
|--|---|---|----------------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Contribution \$ | In-kind contribution description |
| | Contributor address; City; State; Zip Code | | |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | Employer (FOR NON-JUDICIAL) (See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

| | |
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1 of 1

2 FILER NAME
Nicole Short Bishop

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan
12/31/2017

7 Name of lender out-of-state PAC (ID#: _____)
Nicole Short Bishop

9 Loan Amount (\$)
\$6,846.49

6 Is lender a financial Institution?
Y N X

8 Lender address; City; State; Zip Code
PO Box 1261 Boerne, Texas 78006

10 Interest rate
0

11 Maturity date
January 1, 2019

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial Institution?
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------|--|---------------------------------------|
| 1 Total pages Schedule F1: 1 of 11 | 2 FILER NAME Nicole Short Bishop | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------------|--|---------------------------------------|

| | |
|----------------------------|-----------------------------------|
| 4 Date 8/11/2017 | 5 Payee name Adam Huvar |
|----------------------------|-----------------------------------|

| | |
|----------------------------------|---|
| 6 Amount (\$) \$250.00 | 7 Payee address; City; State; Zip Code 613 Deer Forrest Dr. W, Pipe Creek, TX 78063 |
|----------------------------------|---|

| | | |
|------------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense auctioneer |
|------------------------------------|---|--|

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|---------------------------|---------------------------------|
| Date 10/19/2017 | Payee name Bella Sera |
|---------------------------|---------------------------------|

| | |
|--------------------------------|---|
| Amount (\$) \$224.37 | Payee address; City; State; Zip Code 812 N Main St., Boerne, TX 78006 |
|--------------------------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meet & Greet Food |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|---------------------------|-------------------------------------|
| Date 10/19/2017 | Payee name Bending Branch |
|---------------------------|-------------------------------------|

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|--------------------------------|--|
| Amount (\$) \$184.46 | Payee address; City; State; Zip Code 704 High Street, Boerne, TX 78006 |
|--------------------------------|--|

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|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meet & Greet Food |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: 2 of 11 | 2 FILER NAME Nicole Short Bishop | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/15/2017 | 5 Payee name Etchworkz | |
| 6 Amount (\$) \$170.00 | 7 Payee address; City; State; Zip Code 233 S. Main St H, Boerne, TX 78006 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense name tags |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| Date 9/30/2017 | Payee name Facebook | |
| Amount (\$) \$14.27 | Payee address; City; State; Zip Code 1601 Willow Rd, Melo Park, CA 94025-1452 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsored content |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| Date 12/28/2017 | Payee name Facebook | |
| Amount (\$) \$50.00 | Payee address; City; State; Zip Code 1601 Willow Rd, Melo Park, CA 94025-1452 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsored content |
| | 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: 3 of 11 | 2 FILER NAME Nicole Short Bishop | 3 Filer ID (Ethics Commission Filers) |
|--|---|--|

| | |
|----------------------------|---------------------------------|
| 4 Date 8/31/2017 | 5 Payee name Facebook |
|----------------------------|---------------------------------|

| | |
|---------------------------------|---|
| 6 Amount (\$) \$77.13 | 7 Payee address; City; State; Zip Code 1601 Willow Rd, Melo Park, CA 94025-1452 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <p style="text-align:center">Advertising Expense</p> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX; officeholder living expense <p style="text-align:center">Sponsored content</p> |
|---|--|---|

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|--|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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|--------------------|------------------------|
| Date 12/30/2017 | Payee name Facebook |
|--------------------|------------------------|

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|-------------------------|--|
| Amount (\$) \$120.72 | Payee address; City; State; Zip Code 1601 Willow Rd, Melo Park, CA 94025-1452 |
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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <p style="text-align:center">Advertising Expense</p> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX; officeholder living expense <p style="text-align:center">Sponsored content</p> |
|-------------------------------|--|---|

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|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|--------------------|------------------------------|
| Date 12/10/2017 | Payee name Firehouse Fare |
|--------------------|------------------------------|

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|-------------------------|--|
| Amount (\$) \$150.00 | Payee address; City; State; Zip Code 107 Chase Circle, Boerne, TX 78006 |
|-------------------------|--|

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|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <p style="text-align:center">Food/Beverage Expense</p> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX; officeholder living expense <p style="text-align:center">Meet & Greet Food</p> |
|-------------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: 4 of 11 | 2 FILER NAME Nicole Short Bishop | 3 Filer ID (Ethics Commission Filers) |
|--|---|--|

| | |
|-----------------------------|---|
| 4 Date 12/10/2017 | 5 Payee name Lipstick & Locks |
|-----------------------------|---|

| | |
|----------------------------------|--|
| 6 Amount (\$) \$130.00 | 7 Payee address; City; State; Zip Code 1109 S Main St #204, Boerne, TX 78006 |
|----------------------------------|--|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense photo shoot hair & makeup |
|---|--|---|

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|--|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|--------------------|------------------------------------|
| Date 11/29/2017 | Payee name Magnets on the Cheap |
|--------------------|------------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$389.96 | Payee address; City; State; Zip Code 11525A Stonehollow Dr., Suite 100, Austin, TX 78758 |
|-------------------------|---|

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Car Magnets |
|-------------------------------|--|--|

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|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|--------------------|-----------------------------|
| Date 10/31/2017 | Payee name Murphy Nasica |
|--------------------|-----------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 815A Brazos, Suite 304, Austin, TX 78701 |
|-------------------------|--|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense November 17 consulting fee |
|-------------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: 5 of 11 | 2 FILER NAME Nicole Short Bishop | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/7/2017 | 5 Payee name Murphy Nasica | |
| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code 815A Brazos, Suite 304, Austin, TX 78701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Nov 17 digital ads and consulting |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____ | |
| Date 12/01/2017 | Payee name Murphy Nasica | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 815A Brazos, Suite 304, Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dec 17 consulting fee |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____ | |
| Date 12/02/2017 | Payee name Murphy Nasica | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code 815A Brazos, Suite 304, Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dec 17 digital ads and consulting |
| | 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|--|---|-------------------------------|---------------|
| 1 Total pages Schedule F1: 6 of 11 | 2 FILER NAME Nicole Short Bishop | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date 10/19/2017 | 5 Payee name Murphy Nasica | | | | |
| 6 Amount (\$) \$1,500.00 | 7 Payee address; City; State; Zip Code 815A Brazos, Suite 304, Austin, TX 78701 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signing Fee | | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> | | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | |
| Date 7/6/2017 | Payee name Republican Party of Texas | | | | |
| Amount (\$) \$285.00 | Payee address; City; State; Zip Code 211 E 7th St #915, Austin, TX 78701 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign manager school | | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> | | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | |
| Date 10/10/2017 | Payee name Vesta ATT | | | | |
| Amount (\$) \$10.00 | Payee address; City; State; Zip Code 1433 S. Main St, Boerne, TX 78006 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense internet subscription | | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> | | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| 9 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: 7 of 11 | 2 FILER NAME Nicole Short Bishop | 3 Filer ID (Ethics Commission Filers) |
|--|---|--|

| | |
|-----------------------------|----------------------------------|
| 4 Date 10/25/2017 | 5 Payee name Vesta ATT |
|-----------------------------|----------------------------------|

| | |
|---------------------------------|--|
| 6 Amount (\$) \$10.00 | 7 Payee address; City; State; Zip Code 1433 S. Main St, Boerne, TX 78006 |
|---------------------------------|--|

| | | |
|---|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense internet subscription |
|---|---|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-------------------|-------------------------|
| Date 10/2/2017 | Payee name Vesta ATT |
|-------------------|-------------------------|

| | |
|------------------------|---|
| Amount (\$) \$25.00 | Payee address; City; State; Zip Code 1433 S. Main St, Boerne, TX 78006 |
|------------------------|---|

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense internet subscription |
|-------------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|--------------------|-------------------------|
| Date 11/08/2017 | Payee name Vesta ATT |
|--------------------|-------------------------|

| | |
|------------------------|---|
| Amount (\$) \$78.13 | Payee address; City; State; Zip Code 1433 S. Main St, Boerne, TX 78006 |
|------------------------|---|

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense internet subscription |
|-------------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: 8 of 11 | 2 FILER NAME Nicole Short Bishop | 3 Filer ID (Ethics Commission Filers) |
|--|---|--|

| | |
|----------------------------|----------------------------------|
| 4 Date 12/8/2017 | 5 Payee name Vesta ATT |
|----------------------------|----------------------------------|

| | |
|---------------------------------|--|
| 6 Amount (\$) \$78.13 | 7 Payee address; City; State; Zip Code 1433 S. Main St, Boerne, TX 78006 |
|---------------------------------|--|

| | | |
|---|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense internet subscription |
|---|---|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|--------------------|-------------------------|
| Date 10/12/2017 | Payee name Vesta ATT |
|--------------------|-------------------------|

| | |
|------------------------|---|
| Amount (\$) \$78.13 | Payee address; City; State; Zip Code 1433 S. Main St, Boerne, TX 78006 |
|------------------------|---|

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense internet subscription |
|-------------------------------|--|--|

| | | | |
|---|---|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name 1 of 3 | Office sought | Office held |
|---|---|---------------|-------------|

| | |
|--------------------|---------------------------------|
| Date 11/27/2017 | Payee name Explorer Magazine |
|--------------------|---------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 930 E Blanco Rd #200, Boerne, TX 78006 |
|-------------------------|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense December Explorer Ad |
|-------------------------------|---|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: 9 of 11 | 2 FILER NAME Nicole Short Bishop | 3 Filer ID (Ethics Commission Filers) |
|--|---|--|

| | |
|-----------------------------|--|
| 4 Date 12/20/2017 | 5 Payee name Explorer Magazine |
|-----------------------------|--|

| | |
|----------------------------------|---|
| 6 Amount (\$) \$300.00 | 7 Payee address; City; State; Zip Code 930 E Blanco Rd #200, Boerne, TX 78006 |
|----------------------------------|---|

| | | |
|---|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense January Explorer Ad |
|---|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-------------------|-----------------------------|
| Date 11/6/2017 | Payee name Murphy Nasica |
|-------------------|-----------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$105.20 | Payee address; City; State; Zip Code 815A Brazos, Suite 304, Austin, TX 78701 |
|-------------------------|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business Cards |
|-------------------------------|---|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|--------------------|-----------------------------|
| Date 12/12/2017 | Payee name Murphy Nasica |
|--------------------|-----------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$210.36 | Payee address; City; State; Zip Code 815A Brazos, Suite 304, Austin, TX 78701 |
|-------------------------|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photoshoot |
|-------------------------------|---|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: 10 of 11 | 2 FILER NAME Nicole Short Bishop | 3 Filer ID (Ethics Commission Filers) |
|---|---|--|

| | |
|------------------------------------|---|
| 4 Date 11/20/2017 | 5 Payee name Murphy Nasica |
|------------------------------------|---|

| | |
|---|--|
| 6 Amount (\$) \$250.00 | 7 Payee address; City; State; Zip Code 815A Brazos, Suite 304, Austin, TX 78701 |
|---|--|

| | | |
|---|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing Walk Books |
|---|--|--|

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|--------------------------|------------------------------------|
| Date 11/7/2017 | Payee name Murphy Nasica |
|--------------------------|------------------------------------|

| | |
|--------------------------------|---|
| Amount (\$) \$447.72 | Payee address; City; State; Zip Code 815A Brazos, Suite 304, Austin, TX 78701 |
|--------------------------------|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Magnetic Bumper Stickers |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|--------------------------|------------------------------------|
| Date 11/7/2017 | Payee name Murphy Nasica |
|--------------------------|------------------------------------|

| | |
|--------------------------------|---|
| Amount (\$) \$534.76 | Payee address; City; State; Zip Code 815A Brazos, Suite 304, Austin, TX 78701 |
|--------------------------------|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push Cards |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: 11 of 11 | 2 FILER NAME Nicole Short Bishop | 3 Filer ID (Ethics Commission Filers) |
|---|---|--|

| | |
|-----------------------------|--------------------------------------|
| 4 Date 12/15/2017 | 5 Payee name Murphy Nasica |
|-----------------------------|--------------------------------------|

| | |
|----------------------------------|---|
| 6 Amount (\$) \$541.25 | 7 Payee address; City; State; Zip Code 815A Brazos, Suite 304, Austin, TX 78701 |
|----------------------------------|---|

| | | |
|---|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard sign shipping |
|---|---|--|

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|--------------------|-----------------------------|
| Date 11/20/2017 | Payee name Murphy Nasica |
|--------------------|-----------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$750.00 | Payee address; City; State; Zip Code 815A Brazos, Suite 304, Austin, TX 78701 |
|-------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|--------------------|-----------------------------|
| Date 11/20/2017 | Payee name Murphy Nasica |
|--------------------|-----------------------------|

| | |
|---------------------------|--|
| Amount (\$) \$4,578.98 | Payee address; City; State; Zip Code 815A Brazos, Suite 304, Austin, TX 78701 |
|---------------------------|--|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard signs |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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