CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	· · · · · · · · · · · · · · · · · · ·						· ··· · · · · · · · · · · · · · · · ·		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Adolphus		N	A I	Date Rec		USE ONLY	
	NICKNAME	LAST			 SUFFIX	Date Nec	eiveu	5 to	P29 16
		Anderson							
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; e Lane Austi	слу; n. Texas 7	·	IIP GODE				
Change of Address									
5 CANDIDATE/	AREA CODE	PHONE NUMBER		EXTENSION					
OFFICEHOLDER PHONE	(512)	922-4627				Date Hand	d-delivered	or Date Postmar	ked
6 CAMPAIGN	MS / MRS / MR	FIRST	· · ·	N	41	Receipt #		Amount \$	
TREASURER NAME		Elena			ŀ	Date Proc	essed		
147 11012	NICKNAME	LAST			UFFIX	Data tara	4		
		Taylor		·		Date Imag	gea		
7 CAMPAIGN	STREET ANDRESS (NO					ZIP CODE	-		
TREASURER ADDRESS	STALLT ADDALSS (NO) PO BOX PLEASE); /	APT / SUITE #;	CITY; S	STATE;	2 0002	-		
TREASURER		Iliam Cannon		·					
TREASURER ADDRESS (Residence or Business)		·		·					
TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER	3014 W. Wi	PHONE NUMBER 750-8338		EXTENSION		1 to	5th day afte reasurer app Officeholder	er campaign cointment Only) (Attach C/OH - FR	
TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	3014 W. Wi	PHONE NUMBER 750-8338	#1922 A	EXTENSION	as 78745	1 to	5th day afte reasurer app Officeholder	cointment Only) (Attach C/OH - FR	
TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE 10 PERIOD COVERED	3014 W. Wi AREA CODE (512) January 15 July 15 Month	Iliam Cannon PHONE NUMBER 750-8338 X 30th day be Day Year 25 201	#1922 A	EXTENSION Runoff Exceede	d \$500 limit	th (4)	5th day aftereasurer apportional Report	cointment Only) (Attach C/OH - FR	
TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE 10 PERIOD COVERED	3014 W. Wi AREA CODE (512) January 15 July 15 Month 7	Illiam Cannon PHONE NUMBER 750-8338 X 30th day be Bay Year 25 201	#1922 A	EXTENSION EXTENSION Runoff Exceede	d \$500 limit Month 9 COTION TYPE Other	th (4)	5th day aftereasurer apportional Report	cointment Only) (Attach C/OH - FR	
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME A	44 C/OH NAME Adolphus Anderson				
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	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ 0		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	DAY \$		
OUTSTANDING LOAN TOTALS	6. TOTAL F	* O			
18 AFFIDAVIT	ARGERY ELAINE HOP My Commission Expi July 9, 2018	true and correct and includes all info under Title 15, Election Code. res	erjury, that the accompanying report is mation required to be reported by me		
AFFIX NOTARY STAM	IP/SEALABOVE	Signature of Cand	lidate or Officeholder		
Sworn to and subsci		by the said Adulphus Anders (to certify which, witness my hand and seal of office.	n, this the 29th		
Marriem	Elane &	tone Marge-, Elanthor	ikin, Eyec. Assis		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Con						
,							
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$					
4.	4. SCHEDULE E: LOANS						
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS						
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS						
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS						
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$					
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 334.49					
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/	ОН \$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$					

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ City; State; Zip Code 6 Contributor address; 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ 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.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Т	he Instruction Guide explains how to complete this form	1 Total pages Schedule A2:			
2 FILER NAM	16.	3 Filer tD (Ethics Commission Filers)			
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date	6 Full name of contributor	·)	8 Amount of . 9 In-kind contribution Contribution \$. description		
	7 Contributor address; City; State; Zip Coc		: : : : : : : : : : : : : : : : : : :		
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor)	Amount of . In-kind contribution Contribution \$, description		
	Contributor address; City; State; Zip Co.	de			
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	ontributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
<u></u>					
If	ATTACH ADDITIONAL COPIES OF T				

Revised 9/8/2015

SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES \$. 9 In-kind contribution 5 Date 6 Full name of pledgor out-of-state PAC (ID#:_ Amount of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date In-kind contribution Amount Full name of pledgor out-of-state PAC (ID#:_ of Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of Full name of pledgor ____ out-of-state PAC (iD#:_ In-kind contribution Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas, Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Date Full name of pledgor out-of-state PAC (ID#:____ Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE E **LOANS** 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME TOTAL OF UNITEMIZED LOANS 5 Date of loan 9 Loan Amount (\$) 7 Name of lender out-of-state PAC (ID#:____ 10 Interest rate 6 Is lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date Ν Υ 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 19 Amount Guaranteed (\$) 16 GUARANTOR INFORMATION 18 Guarantor address; City; State: Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender Out-of-state PAC (ID#:_ Interest rate Is lender Lender address; City; State; Zip Code a financial Institution? Maturity date Υ Ν Principal occupation / Job title (See Instructions) Employer (See Instructions) Check if personal funds were deposited into political Description of Collateral account (See Instructions) none Amount Guaranteed (\$) GUARANTOR Name of guarantor INFORMATION Guarantor address; City; State; Zlp Code not applicable Employer (See Instructions) Principal Occupation (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 Accounting/Banking Consulting Expense Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District Travel Out Of District Contributions/Donations Made By Legal Services 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 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) City; State; Zip Code Payee address; Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) City; State; Zip Code Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense					
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District					
Contributions/Donations Made B	By Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District					
Candidate/Officeholder/Politica	al Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)					
	The Instruction Guide explain	ns how to complete this form.						
	0.5050000		6 m 10 /Ell 6 1 1 Ell 1					
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
			<u> </u> .					
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$								
5 Date	6 Payee name							
1	3 . 4 . 3							
77 4 (4)	O David and Charles	Zin Carla						
7 Amount (\$)	8 Payee address; City; State;	Zip Code						
	ļ							
9 TYPE OF								
I TPE OF	Political	Non-Political						
EXPENDITURE								
40	(2) Colores (5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5							
10	(a) Category (See Categories listed at the top of thi	is schedule) (b) Description	on					
PURPOSE		Checki	travel outside of Texas. Complete Schedule T.					
OF			Trater salabo di Toxas, compioto condutto 1.					
EXPENDITURE		Check	if Austin, TX, officeholder living expense					
11 Complete ONLY if direct	0 111 / 000 1 11	0///	Off h - l - l					
expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held					
expenditure to periorit 0/07	п]					
Data	Pavee name							
Date	Payee name							
Date	Payee name							
		75- Oods						
Date Amount (\$)	Payee name Payee address; City; State;	Zip Code						
		Zip Code	· · · · · · · · · · · · · · · · · · ·					
		Zip Code						
		Zip Code	· · · · · · · · · · · · · · · · · · ·					
Amount (\$)		Zip Code						
Amount (\$) TYPE OF	Payee address; City; State;							
Amount (\$)		Zip Code Non-Political						
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Amount (\$) TYPE OF	Payee address; City; State;	Non-Political s schedule) Descriptio						
Amount (\$) TYPE OF	Payee address; City; State;	Non-Political s schedule) Descriptio	on Travel outside of Texas, Complete Schedule T,					
Amount (\$) TYPE OF EXPENDITURE	Payee address; City; State;	Non-Political s schedule) Descriptic	travel outside of Texas. Complete Schedule T,					
Amount (\$) TYPE OF EXPENDITURE PURPOSE	Payee address; City; State;	Non-Political s schedule) Descriptic						
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Amount (\$) TYPE OF EXPENDITURE PURPOSE OF	Payee address; City; State; Political Category (See Categories listed at the top of thi	Non-Political s schedule) Descriptic	Travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense					
Amount (\$) TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; City; State; Political Category (See Categories listed at the top of thi	Non-Political s schedule) Descriptic Check if	Travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense					
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Amount (\$) TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; City; State; Political Category (See Categories listed at the top of thi Candidate / Officeholder name	Non-Political s schedule) Check ii Check Office sought	Travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense Office held					
Amount (\$) TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; City; State; Political Category (See Categories listed at the top of thi	Non-Political s schedule) Check ii Check Office sought	Travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense Office held					

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom Investment is purchased	
,	6 Address of person from whom investment is purchased; City	v; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee				е	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 F4:	2 FILER	NAME			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEN	IIZED EXP	ENDITURES CHARGED	TOACRED	IT CARD	\$		
5 Date	6 Payee	name			I		
7 Amount (\$)	8 Payee	address; City; State;	Zip Code				
9 TYPE OF EXPENDITURE		Political	Non-Politica	l			
10	(a) Catego	ory (See Categories listed at the top of thi	s schedule)	(b) Description	on		
PURPOSE				Checkil	travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE					if Austin, TX, officeholder living expense		
EXI ENDITORIE				, =	, , , a sur, , , , , , , , , , , , , , , , , , ,		
11 Complete ONLY if direct expenditure to benefit C/O		didate / Officeholder name	Office	sought	Office held		
Date	Payee	name					
Amount (\$)	Payee	address; City; State;	Zip Code				
TYPE OF EXPENDITURE		Political	Non-Politica	l			
	Catego	ory (See Categories listed at the top of this	s schedule)	Description	on		
PURPOSE			·	Checkif	travel outside of Texas, Complete Schedule T.		
OF EXPENDITURE				Check i	f Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI		didate / Officeholder name	Office	sought	Office held		
	ATTAC	: H ADDITIONAL COPIES O	F THIS SCHE	DULE AS NE	EDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitl/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

Ι,	Candidate/Officeholder/Politic	cal Committee	Legal Service	es		s/Wages/Contract Labor	Other (enter a cate	gory not listed above)
`	oredit Card Faymerit		The Instru	iction Guide expla	ins how to	o complete this form.		
1	Total pages Schedule G:	2 FILER NA	ME	·			3 Filer ID (Ethi	cs Commission Filers)
			Adolpl	nus Anderso	n			
4	Date	5 Payeenan	ne					
	8/30/2016		Supe	r Cheap Sigr	าร			
6	Amount (\$)	7 Payee add	fress;	City; State; Z	lip Code			
	334.49							
	Reimbursement from political contributions	9200 Wa	iterford (Center Blvd.	Suite	100 Austin, Tex	as 78758	
L	intended						·	
8	PURPOSE	(a) Category (See Categories	listed at the top of this s	chedule)	(b) Description		
	OF	Drintin	ıg Exper	ISO .			le of Texas. Complete Scho	
	EXPENDITURE	FILL	ig Expei			L Check if Austin, }	X, officeholder living ex	pensa
9	Complete ONLY if direct expenditure to benefit C/C		ate / Officel	older name		Office sought		Office held
	onponential to someth and	~,,						
-	Date	Payee nan	1e					
		ĺ						
-	Amount (\$)	Payee add	trace '	City; State; Z	in Code			
	γιποσπε (φ)	1 dyoc dae		ony, oldio, 2	.ip codo			
	Reimbursement from							
	political contributions intended							
		Category (See Categories	listed at the top of this s	chedule)	(b) Description		
	PURPOSE OF				ĺ	Check if travel outsid	e of Texas. Complete Sche	dula T.
	EXPENDITURE					Check if Austin, T.	X, officeholder living ex	pense
	Complete ONLY if direct		ate / Officeh	older name		Office sought		Office held
	expenditure to benefit C/C	ЭH						
	5.	Б.						
	Date	Payee nam	10					
ļ								
	Amount (\$)	Payee add	lress;	City; State; Z	ip Code			
	Reimbursement from political contributions							•
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	OF EXPENDITURE					<u> </u>	K, officeholder living ex	•
	Complete ONLY if direct	Candida	ate / Officeh	older name		Office sought		Office held
	Complete ONLY if direct expenditure to benefit C/C		ate / Onicen	uluei fidille		Office sought		Cilido ficia
			····					
		ATTA	CH ADDITI	ONAL COPIES C	OF THIS S	SCHEDULE AS NEED	Eυ	

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services Sale The Instruction Guide explains how	v to complete this form,	Other (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Cod	e et	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	Check if travel outside of	of Texas. Complete Schedule 7. officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Cod	ie	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Check if travel outside o	of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/Of	Candidate / Officeholder name	Office sought	Office held
Date	Business name		S. A. S.
Amount (\$)	Business address; City; State; Zip Coc	łe	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Check if travel outside of	f Texas. Complete Schedule T. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEED)ED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
4 Date	5 Payee name						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)					
Date	Payee name						
Amount (\$)	Payee address; City; State; Zip Code						
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)					
Date	Payee name						
Amount (\$)	Payee address; City; State; Zip Code						
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)					
Date .	Payee name						
Amount (\$)	Payee address; City; State; Zip Code						
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)					
	ATTACH ADDITIONAL COPIES OF THIS :	SCHEDULE AS NEEDED					

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State;	Zip Code	
	7 Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received Check if I	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received Check if p	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; Clty; State;	Zip Code	ď
	Purpose for which amount is received Check if p	political contribution (returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instr	uction Guide explain	1 Total pages Schedule T:			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor	/ Corporation or Labor	Organization / Pledgor	/ Payee		
5 Contribution / Expend	diture reported on:				
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
6 Dates of travel	6 Dates of travel 7 Name of person(s) traveling				
	8 Departure city or name of departure location				
	9 Destination city or	name of destination lo	cation		
10 Means of transportation					
Name of Contributor	/ Corporation or Labor (Organization / Pledgor /	Payee		
Contribution / Expend	liture reported on:				
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name of person(s	s) traveling			
	Departure city or r	name of departure locat	ion		
	Destination city or	name of destination lo	cation		
Means of transportat	on Purpo	ose of travel (including	name of conference, s	eminar, or other event)	
Name of Contributor /	Corporation or Labor C	Organization / Pledgor /	Payee	· · · · · · · · · · · · · · · · · · ·	
O - table til - 15	7				
Contribution / Expend Schedule A2	Schedule B		Пания	Полите	
		Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name of person(s) traveling			
	Departure city or n	ame of departure locati	ion		
	Destination city or	name of destination loc	eation		
Means of transportati	on Purpo	ose of travel (including a	name of conference, se	eminar, or other event)	
	ΔΤΤΔΟΗ ΔΓ	DDITIONAL COPIES (OF THIS SCHEDIU F	AS NEEDED	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.				
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••				
1	C/OH N		2 Filer ID (Ethics Commission Filers)	
		Adolphus Anderson		
3	SIGNATURE			
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on the			
		Signature of Candidate / Officeholder		
4	FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder			
	A,	CAMPAIGN FUNDS		
	Check only one:			
	X	[X] I do not have unexpended contributions or unexpended interest or income earned from political contributions.		
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.		
	B. ASSETS			
	Check only one:			
	X	[X] I do not retain assets purchased with political contributions or interest or other income from political contributions.		
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	in income from political contributions to	
OFFICEHOLDER Complete this section <i>only</i> if you are an officeholder				
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.			
		Sic	anature of Officeholder	