

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: 27
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX;	APT / SUITE #; CITY; STATE; ZIP CODE
<input type="checkbox"/> Change of Address		337 Jean St. Sequin TX 78155	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(210)	602-8008	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS		STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; STATE; ZIP CODE
<input type="checkbox"/> Change of Address		337 Jean St. Sequin TX 78155	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(210)	602-8008	
9 REPORT TYPE	<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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	11	0	2023
	THROUGH		01 / 14 / 2024
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	3	5	24
12 OFFICE		OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
			Sheriff
14 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	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
<input type="checkbox"/> Additional Pages			

OFFICE USE ONLY

Date Received
Guadalupe Co Elections
JAN 16 2024
TINA ROBINSON
Received

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

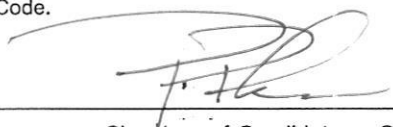
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <i>Subtotal A-1</i>	\$ 7,225 ⁰⁰ / ₁₀₀
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ _____
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. <i>(Paid by P.P. Political Committee)</i>	\$ 1,990 ⁴¹ / ₁₀₀
	4. TOTAL POLITICAL EXPENDITURES <i>(Face Expenditures from Campaign Funds \$3,992.25)</i>	\$ 5,982.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,232.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ _____

Review
 1,990.41 + 3,992.25 = 5,982.66
 Total Expenditures

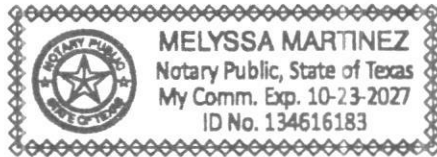
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Patrick Lynn Pinder this the 16 day of January, 2024, to certify which, witness my hand and seal of office.

Melyssa Martinez Melyssa Martinez Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

 Signature of Candidate/Officeholder (Declarant)

Review
 7,225.00 - 3,992.25 = 3,232.75

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,225 ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,992.25
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS <i>Personal CC</i>	\$ 1,990 ⁴¹ / _{xy}
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: (5)
2 FILER NAME Patrick Pinder		3 Filer ID (Ethics Commission Filers)
4 Date 12/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wayne Lottman	7 Amount of contribution (\$) \$ 750⁰⁰
6 Contributor address; City; State; Zip Code 327 Big Hawk New Braunfels TX 78130		
8 Principal occupation / Job title (See Instructions) Criminal Investigator		9 Employer (See Instructions) Guadalupe County PMO
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wayne Lottman	Amount of contribution (\$) \$ 450⁰⁰
Contributor address; City; State; Zip Code 327 Big Hawk New Braunfels TX 78130		
Principal occupation / Job title (See Instructions) Criminal Investigator		Employer (See Instructions) Guadalupe Co
Date 12/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Pinder	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 3013 William Scharbrough Schertz TX 78154		
Principal occupation / Job title (See Instructions) Retired.		Employer (See Instructions)
Date 12/20/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marisa Herring	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 1201 N. Santa Clara 2D Marion TX 78128		
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions) Guadalupe Co
<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>		

(220000)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Patrick Pinder</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/19/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Madeline Kenney Gregory Kenney</i>	7 Amount of contribution (\$) <i>\$1000.00</i>
6 Contributor address; City; State; Zip Code <i>30524 William Scarborough Schertz TX 78154</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions) <i>military</i>
Date <i>12/20/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patrick Pinder</i>	Amount of contribution (\$) <i>\$10.00</i>
Contributor address; City; State; Zip Code <i>337 Jean St Sequin 78155</i>		
Principal occupation / Job title (See Instructions) <i>Fire Marshal / EMC</i>		Employer (See Instructions) <i>Guadalupe County</i>
Date <i>12/20/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kenna Baumgartel</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>2138 Echo Hill New Braunfels TX 78130</i>		
Principal occupation / Job title (See Instructions) <i>Student</i>		Employer (See Instructions) <i>Student</i>
Date <i>12/30/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wiley Contracting</i>	Amount of contribution (\$) <i>\$350.00</i>
Contributor address; City; State; Zip Code <i>8120 Huber RD Sequin TX 78155</i>		
Principal occupation / Job title (See Instructions) <i>Contractor / owner</i>		Employer (See Instructions) <i>wiley Contracting LLC</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

(550.00)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Patrick Pinder</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/31/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark Valli</i>	7 Amount of contribution (\$) <i>\$ 250⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>1520 Hoffman RD sequin TX 78155</i>		
8 Principal occupation / Job title (See Instructions) <i>Navy</i>		9 Employer (See Instructions) <i>Military</i>
Date <i>12/31/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Andrew Munk</i>	Amount of contribution (\$) <i>\$ 100⁰⁰</i>
Contributor address; City; State; Zip Code <i>2855 FM 1979 San Marcos TX 78066</i>		
Principal occupation / Job title (See Instructions) <i>Self - Employed</i>		Employer (See Instructions) <i>Self - Employed / GA Powers Co.</i>
Date <i>1/3/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patrick Pinder</i>	Amount of contribution (\$) <i>\$ 200⁰⁰</i>
Contributor address; City; State; Zip Code <i>337 Jean St sequin TX 78155</i>		
Principal occupation / Job title (See Instructions) <i>Fire Marshal / EMC</i>		Employer (See Instructions) <i>Guadalupe County</i>
Date <i>1/10/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Allen Farm House Cassie / mattlyn kratt</i>	Amount of contribution (\$) <i>\$ 300</i>
Contributor address; City; State; Zip Code <i>2600 FM 758 New Braunfels TX 78130</i>		
Principal occupation / Job title (See Instructions) <i>Owner</i>		Employer (See Instructions) <i>Allen Farm House</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

350⁰⁰

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Patrick Pinder</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/3/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pam + Gregory Kraft</i>	7 Amount of contribution (\$) <i>\$ 500</i>
6 Contributor address; City; State; Zip Code <i>1540 Saur Ln New Braunfels TX 78130</i>		
8 Principal occupation / Job title (See Instructions) <i>Mechanic: Shop Owner</i>		9 Employer (See Instructions) <i>Self Employed.</i>
Date <i>1/3/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephen Inman</i>	Amount of contribution (\$) <i>\$ 500</i>
Contributor address; City; State; Zip Code <i>501 Silver side RD Ste 23 Wilmington DE 19809</i>		
Principal occupation / Job title (See Instructions) <i>Owner</i>		Employer (See Instructions) <i>SRK Enterprises Inc.</i>
Date <i>1/8/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chase Greir</i>	Amount of contribution (\$) <i>\$ 1000</i>
Contributor address; City; State; Zip Code <i>339W Court St Sequin TX 78155</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1/5/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kreschendalyn Backus</i>	Amount of contribution (\$) <i>\$ 500</i>
Contributor address; City; State; Zip Code <i>5011 Huber RD Sequin TX 78155</i>		
Principal occupation / Job title (See Instructions) <i>Partner / stand owner</i>		Employer (See Instructions) <i>Mas Ficworks</i>

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

(2500.00)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Patrick Pinder</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/20/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephanic Brown</i>	7 Amount of contribution (\$) <i>\$ 50</i>
	6 Contributor address; City; State; Zip Code <i>2841 Berry Trace Schertz TX 78154</i>	
8 Principal occupation / Job title (See Instructions) <i>Teacher</i>		9 Employer (See Instructions) <i>SCUCIED</i>
Date <i>12/27/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tim Bogish</i>	Amount of contribution (\$) <i>\$ 50</i>
	Contributor address; City; State; Zip Code <i>304 Ferryboat New Braunfels TX 78130</i>	
Principal occupation / Job title (See Instructions) <i>IT specialist</i>		Employer (See Instructions)
Date <i>12/23/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard King</i>	Amount of contribution (\$) <i>\$ 25</i>
	Contributor address; City; State; Zip Code <i>4210 Cherry tree Dr Schertz TX 78154</i>	
Principal occupation / Job title (See Instructions) <i>Nurse</i>		Employer (See Instructions) <i>Freedom Hospice</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kim GRIER</i>	Amount of contribution (\$) <i>1,000⁰⁰</i>
	Contributor address; City; State; Zip Code <i>4822 Webb Rd Maroon TX 78124</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

(Contributions
7,225⁰⁰)

(1,125⁰⁰)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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 G:	2 FILER NAME <i>Patrick Pardon</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12-13-2023</i>	5 Payee name <i>Patrick Pardon (Personal Credit Card)</i>
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6 Amount (\$) <i>\$1,1368.51</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>337 Joan St, Sezon Tx 78155</i>
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Signs To Launch Prostate Cancer</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <i>SHeriff</i>	Office held
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Date <i>12-16-2023</i>	Payee name <i>Patrick Pardon (Personal Credit Card)</i>
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Amount (\$) <i>\$244.41</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>337 Joan Street Sezon Tx 78155</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Signs To Launch Prostate Cancer</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <i>SHeriff</i>	Office held
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Date <i>12-16-2023</i>	Payee name <i>Patrick Pardon (Personal Credit Card)</i>
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Amount (\$) <i>\$144.39</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>337 Joan Street Sezon Tx 78155</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Business Cards - To Launch Prostate Cancer</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

(\$1,990.41)

(\$1,757.71)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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 G:	2 FILER NAME <i>PATRICK PARDON</i>	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name <i>PATRICK PARDON</i>	<i>(Personal Credit Card)</i>	
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6 Amount (\$) <i>\$232.70</i>	7 Payee address;	City;	State;	Zip Code
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<i>337 Joan Street Seaman TX</i>	<i>TX</i>		<i>78155</i>

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertisement</i>	(b) Description <i>Sign Stickers - to Amazon</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

Amount (\$) <i>1</i>	Payee address;	City;	State;	Zip Code
<input checked="" type="checkbox"/> Reimbursement from political contributions intended				

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <i>1</i>	Payee address;	City;	State;	Zip Code
<input checked="" type="checkbox"/> Reimbursement from political contributions intended				

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

(232.70)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 FILER NAME <i>Patrick Pardon</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12-19-2023</i>	5 Payee name <i>Patrick Pardon</i>	
6 Amount (\$) <i>11,447.92</i> <i>XP</i>	7 Payee address; City; State; Zip Code <i>337 JEAN STREET Sejour TX 78155</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertisement</i>	(b) Description <i>signs to help me</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date <i>12-16-2023</i>	Payee name <i>Patrick Pardon</i>	
Amount (\$) <i>982</i> <i>XP</i>	Payee address; City; State; Zip Code <i>337 JEAN STREET Sejour TX 78155</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertisement</i>	Description <i>Post of Facebook - Home Depot</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name Office sought Office held	

Date <i>12-22-2023</i>	Payee name <i>Patrick Pardon</i>	
Amount (\$) <i>59.24</i> <i>XP</i>	Payee address; City; State; Zip Code <i>337 JEAN STREET Sejour TX 78155</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertisement</i>	Description <i>Signs - Water - Ties - Lunch</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

(43,992.25)

(1,517.00)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 FILER NAME <i>Patrick Pudon</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--------------------------------------	---------------------------------------

4 Date <i>12-22-2023</i>	5 Payee name <i>Patrick Pudon</i>
-----------------------------	--------------------------------------

6 Amount (\$) <i>\$ 191.23</i>	7 Payee address; City; State; Zip Code <i>337 - Joan Street Soyom Tx 78155</i>
-----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertisement</i>	(b) Description <i>T-Post to Trucker Supply</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

Date <i>12-23-2023</i>	Payee name <i>Patrick Pudon</i>
Amount (\$) <i>\$ 105.87</i>	Payee address; City; State; Zip Code <i>337 Joan Street Soyom Tx 78155</i>

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

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

Date <i>12-23-2023</i>	Payee name <i>Patrick Pudon</i>
Amount (\$) <i>\$ 29.20</i>	Payee address; City; State; Zip Code <i>337 Joan Street Soyom Tx 78155</i>

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

(324.30)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Patrick Pardon</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12-30-2023</i>	5 Payee name <i>Patrick Pardon</i>	
6 Amount (\$) <i>\$24⁰⁷/₂₄</i>	7 Payee address; City; State; Zip Code <i>337 Joan Street, Seyon TX 76155</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertisement</i>	(b) Description <i>Lamps - Office Depot</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>01/06/2024</i>	Payee name <i>Patrick Pardon</i>	City; State; Zip Code
Amount (\$) <i>\$16²¹/₂₄</i>	Payee address; <i>337 Joan Street, Seyon TX 76155</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertisement</i>	Description <i>Screws - Rots - Home Depot</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>01-07-2024</i>	Payee name <i>Patrick Pardon</i>	City; State; Zip Code
Amount (\$) <i>\$13⁶⁰</i>	Payee address; <i>337 Joan Street Seyon TX 76155</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertisement</i>	Description <i>Brackets - Lowes</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

(54.45)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 FILER NAME <i>PATRICK PRUDON</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>01-07-2024</i>	5 Payee name <i>PATRICK PRUDON</i>	
6 Amount (\$) <i>\$124.53</i>	7 Payee address; City; State; Zip Code <i>337 Joan Street, Soyuz TX 78155</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Accountant</i>	(b) Description <i>T. Poets Home Depot</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>01-10-2024</i>	Payee name <i>PATRICK PRUDON</i>	City; State; Zip Code
Amount (\$) <i>\$74.84</i>	Payee address; <i>337 Joan Street Soyuz TX 78155</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Accountant</i>	Description <i>wood strips - Home Depot</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>01-13-2024</i>	Payee name <i>PATRICK PRUDON</i>	City; State; Zip Code
Amount (\$) <i>\$18.51</i>	Payee address; <i>337 Joan Street Soyuz TX 78155</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Accountant</i>	Description <i>wood strips Home Depot</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

(217.66)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 FILER NAME <i>Patrick Puroca</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>01-05-2024</i>	5 Payee name <i>Patrick Puroca</i>	
6 Amount (\$) <i>\$1732.00</i>	7 Payee address; City; State; Zip Code <i>337 Jovan Street Seaman TX 76155</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Accountant</i>	(b) Description <i>Sigues - First Political</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>01-02-2024</i>	Payee name <i>Patrick Puroca</i>	
Amount (\$) <i>\$144.39</i>	Payee address; City; State; Zip Code <i>337 Jovan Street Seaman TX - 76155</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Accountant</i>	Description <i>Business Cards - Loan Pay</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

(1,476.20)



LeapFrog Promotions 18771 FM 2252 Bldg 9 San Antonio, TX 78266

INVOICE for Patrick Pinder for Guadalupe County Sheriff
Signs, cards and Koozies

SHIPPING ADDRESS

Patrick Pinder
337 Jean Street
Seguin, TX 78155
United States

BILLING ADDRESS

Patrick Pinder
337 Jean Street
Seguin, TX 78155
United States

AMOUNT DUE

\$1,368.51 USD

PROJECT #

4774

INVOICE #

17944

DATE

Dec 12, 2023

TERMS

Credit Card

CUSTOMER PO**24x18" DS Coroplast**

24x18" Double sided Coroplast, full color

ITEM

Size: TBD - Color: Full Color

TOTAL UNITS**QTY**

200

200

PRICE

\$6.38

AMOUNT

\$1,276.00

Setup Cost -

1

\$0.00

\$0.00

TOTAL

\$1,276.00

Questions about this invoice?

Brian Kennedy
stellarservice@leapfrogpromos.com

LeapFrog Promotions
18771 FM 2252
Bldg 9
San Antonio, TX 78266
United States

SUBTOTAL

\$1,276.00

TAX - TEXAS ORGIN BASED (78266):

\$92.51

TOTAL

USD \$1,368.51





LeapFrog Promotions 18771 FM 2252 Bldg 9 San Antonio, TX 78266

INVOICE for Patrick Pinder for Guadalupe County Sheriff
Koozies

SHIPPING ADDRESS

Patrick Pinder
337 Jean Street
Seguin, TX 78155
United States

BILLING ADDRESS

Patrick Pinder
337 Jean Street
Seguin, TX 78155
United States

AMOUNT DUE

\$244.41 USD

PROJECT #

4780

INVOICE #

17956

DATE

Dec 13, 2023

TERMS

Credit Card

CUSTOMER PO

BEST Coolie

Show your party guests that you're the coolest company around by handing out this promotional beverage holder! Made from premium quality 1/8" thick, open cell econo foam, this coolie is available in an assortment of stylish colors and provides great insulation and absorbs condensation. It can be customized to your liking with an imprinted logo, company name, event title or any information you want to convey. A second side and bottom imprint are also offered. Keeps drinks cold in summer and hands warm and dry in winter! Great for all seasons! Ideal for sporting events, wedding favors, corporate giveaways and much more! 1 color, 1 location.

ITEM	QTY	PRICE	AMOUNT
Size: TBD - Color: Black	250	\$0.59	\$147.50
TOTAL UNITS	250		
Setup Cost - one sided on color	1	\$45.00	\$45.00
TOTAL			\$192.50

Services

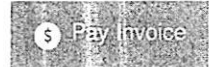
SERVICE	QTY	PRICE	AMOUNT
Freight			
Ground Shipping	1	\$35.38	\$35.38

Questions about this invoice?

Brian Kennedy
stellarservice@leapfrogpromos.com

LeapFrog Promotions
18771 FM 2252
Bldg 9
San Antonio, TX 78266
United States

SUBTOTAL	\$227.88
TAX - TEXAS ORGIN BASED (78266):	\$16.53
TOTAL	USD \$244.41





LeapFrog Promotions 18771 FM 2252 Bldg 9 San Antonio, TX 78266

INVOICE for Patrick Pinder for Guadalupe County Sheriff
Business Cards

SHIPPING ADDRESS

Patrick Pinder
337 Jean Street
Seguin, TX 78155
United States

BILLING ADDRESS

Patrick Pinder
337 Jean Street
Seguin, TX 78155
United States

AMOUNT DUE

\$144.79 USD

PROJECT #

4787

INVOICE #

17969

DATE

Dec 15, 2023

TERMS

Credit Card

CUSTOMER PO

2" X 3.5" 16PT Business Cards with Full UV on the front only

2" X 3.5" 16PT Business Cards with Full UV on the front only 1000QTY

ITEM	QTY	PRICE	AMOUNT
Size: 2X3.5" - Color: 4/4	1	\$135.00	\$135.00
TOTAL UNITS	1		
TOTAL			\$135.00

Questions about this invoice?

Brian Kennedy
stellarservice@leapfrogpromos.com

LeapFrog Promotions
18771 FM 2252
Bldg 9
San Antonio, TX 78266
United States

SUBTOTAL	\$135.00
TAX - TEXAS ORGIN BASED (78266):	\$9.79
TOTAL	USD \$144.79





LeapFrog Promotions 18771 FM 2252 Bldg 9 San Antonio, TX 78266

INVOICE for Patrick Pinder for Guadalupe County Sheriff
Large Coroplast signs with Grommets

SHIPPING ADDRESS

Patrick Pinder
337 Jean Street
Seguin, TX 78155
United States

BILLING ADDRESS

Patrick Pinder
337 Jean Street
Seguin, TX 78155
United States

AMOUNT DUE

\$1,447.92 USD

PROJECT #

4776

INVOICE #

17988

DATE

Dec 19, 2023

TERMS

Credit Card

CUSTOMER PO

Coroplast Sign

Coroplast Signs Single Sided Full color with Grommets(1 in each corner)

ITEM	QTY	PRICE	AMOUNT
Size: 8FTX4FT - Color: Single Sided	12	\$56.67	\$680.04
TOTAL UNITS	12		
TOTAL			\$680.04

Coroplast Sign

Coroplast Sign Single Sided full color

ITEM	QTY	PRICE	AMOUNT
Size: 4FT X 4FT - Color: Single Sided	12	\$25.00	\$300.00
TOTAL UNITS	12		
TOTAL			\$300.00

Coroplast Sign

Coroplast Sign DOUBLE SIDED

ITEM	QTY	PRICE	AMOUNT
Size: 4FT X 4FT - Color: Double Sided	8	\$46.25	\$370.00
TOTAL UNITS	8		
TOTAL			\$370.00

Questions about this invoice?

Brian Kennedy
stellarservice@leapfrogpromos.com

LeapFrog Promotions
18771 FM 2252
Bldg 9
San Antonio, TX 78266
United States

SUBTOTAL	\$1,350.04
TAX - TEXAS ORGIN BASED (78266):	\$97.88
TOTAL	USD \$1,447.92





TractorSupply.com

1500 EAST CT ST STE 900
SEGUIN, TX 78155
830-372-1222

Ticket: 83537
Date: 12/23/23 Time: 1:50 PM
Store: 414 Register: 3
Cashier: Kristine

Item	Qty	Price	Amount
14IN BLK CABLE TIES 30 PK			
1039961	3	8.99	26.97
		Subtotal	26.97
		Tax	2.23
		Total	29.20

Debit Card - SALE 29.20
 *****1178 - EMV Chip
 Authorization #: 155712
 Bank Reference #: 51347117572
 Terminal ID : 001790414000300
 Cryptogram : 8F89924C1C821778
 AID : A0000000042203
 APP : US Debit
 CVM : NONE / 1F0302
 TVR : 8000088000 / TSI : 6800

Change 0.00
 I agree to pay the above amount according to my
 card issuer agreement.

Neighbor's Club
 Neighbor
 Loyalty #: *****3493

For more details on your point balance, rewards,
 and exclusive benefits, download the Tractor
 Supply mobile app or go to www.neighborsclub.com

As a member of Neighbor's Club, earn 5% in Rewards
 when you use a TSC Store Card to make a purchase.
 Subject to credit approval. Learn more @
www.TractorSupply.com/TSCCard or see a team member
 for more details.

For our Returns Policy, visit

TractorSupply.com/returns

Help a neighbor. Review your products.

www.tractorsupply.com/reviews

Go to telltractorsupply.com or Call

1-800-541-4429 within 7 days to

complete a survey and be entered in

a monthly drawing for a chance to

win a \$2500 shopping spree.

(Awarded as Gift Cards) Ends 12/31/2023

Click on "Sweepstakes Rules" for

complete details or to participate

without purchase or survey.

Enter Survey Code #: 0414-03-083537-122323-1350-5

SOLD ITEM COUNT = 3



T1KX617PJY4AXPCF

Please call 1-877-718-6750 for Customer Solutions.

Sign up now for ads, news, and more at

TractorSupply.com

Customer Copy

1st Source Digital
4390 E FM 1518 Selma, Texas 78154
mandy@1stsourcedigital.com
(210) 566-8800
Fax : (210) 566-8802
EIN #: 20-3982119



www.1stsourcedigital.com

Invoice 66002

4x8 election signs

INVOICE DATE
Thu, 01/04/2024
INV.DUE DATE
Fri, 01/05/2024

TERMS
Due on receipt

ORDERED BY
Patrick Pinder

CONTACT INFO
Patrick
ppinderforsheriff@gmail.com

#	ITEM	QTY	UOM	U.PRICE	TOTAL (EXCL. TAX)	TAXABLE
1	Coroplast 8'x4' single sided 4m Coroplast fn; 66002.eps blow up	40	Each	\$40.00	\$1,600.00	Y

Final payment is due when invoices are received unless credit terms have been extended to include NET 30. If payments for past orders are not received within 60 days, we reserve the right to cancel future orders.
Past Due Invoices are subject to a Late Payment Fee of \$XX.XX for each month past due, and (or) a X% Finance Charge of the outstanding balance due each month. All materials remain the property of Company Name until paid for in full.

Subtotal: \$1,600.00
Sales Tax (8.25%): \$132.00
Total: \$1,732.00

SIGNATURE:

DATE:



LeapFrog Promotions 18771 FM 2252 Bldg 9 San Antonio, TX 78266

INVOICE for Patrick Pinder for Guadalupe County Sheriff
Card Reorder-New Art

SHIPPING ADDRESS

Patrick Pinder
337 Jean Street
Seguin, TX 78155
United States

BILLING ADDRESS

Patrick Pinder
337 Jean Street
Seguin, TX 78155
United States

AMOUNT DUE

\$144.79 USD

PROJECT #

4813

INVOICE #

18028

DATE

Jan 2, 2024

TERMS

Credit Card

CUSTOMER PO**2" X 3.5" 16PT Business Cards with Full UV on the front only**

2" X 3.5" 16PT Business Cards with Full UV on the front only 1000QTY

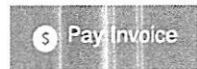
ITEM	QTY	PRICE	AMOUNT
Size: 2X3.5" - Color: 4/4	1	\$135.00	\$135.00
TOTAL UNITS	1		
TOTAL			\$135.00

Questions about this invoice?

Brian Kennedy
stellarservice@leapfrogpromos.com

LeapFrog Promotions
18771 FM 2252
Bldg 9
San Antonio, TX 78266
United States

SUBTOTAL	\$135.00
TAX - TEXAS ORGIN BASED (78266):	\$9.79
TOTAL	USD \$144.79



REWARDED



840 LOOP 337
NEW BRAUNFELS, TX 78130
830-626-3026

Ticket: 506032
Date: 12/23/23
Store: 215
Cashier: Billie

Time: 9:06 AM
Register: 1

Item	Qty	Price	Amount
TPOST 5.5FT 1.25 GN 3609104	20	4.89	97.80
Subtotal			97.80
Tax			8.07
Total			105.87

BY
PK 12/23

MasterCard - SALE 105.87
 *****1178 - EMV Chip
 Authorization #: 100174
 Terminal ID : 001790215000100
 Cryptogram : E29061954DFB5434
 AID : A0000000042203
 APP : US Debit
 CVM : NONE / 1F0302
 TVR : 8000088000 / TSI : 6800

Change 0.00
I agree to pay the above amount according to my card issuer agreement.

Neighbor's Club
Neighbor
Loyalty #: *****3493



272 FM 1103
CIBOLO, TX 78108
210-566-1151

Ticket: 609960
Date: 12/22/23
Store: 2231
Cashier: Taylor

Time: 11:14 AM
Register: 1

Item	Qty	Price	Amount
14IN BLK CABLE TIES 30 PK 1039961	1	8.99	8.99
14IN BLK CABLE TIES 30 PK 1039961	1	8.99	8.99
21IN CABLE TIES 10 PK 1039962	1	8.99	8.99
21IN CABLE TIES 10 PK 1039962	1	8.99	8.99
TPOST 5.5FT 1.25 GN 3609104	30	4.69	140.70
Subtotal			176.66
Tax			14.57
Total			191.23

Cash 200.00

Change
Cash (8.77)

Neighbor's Club
Loyalty #: *****3493

For more details on your point balance, rewards, and exclusive benefits, download the Tractor Supply mobile app or go to



**How doers
get more done.**



**How doers
get more done.**

201 W I-10
SEGUIN, TX 78155 (830)372-0714

8437 00003 95111 01/10/24 04:17 PM
SALE CASHIER MALACHI

775469912088 1X2X8 FVRR <A>
1X2-8FT STRIP
24@1.58 37.92
775469913085 1X3-8 STRIP <A>
1X3-8FT STRIP
12@2.54 30.48

SUBTOTAL 68.40
SALES TAX 5.64
TOTAL \$74.04

XXXXXXXXXXXX9691 DEBIT USD\$ 74.04

AUTH CODE 000330
Chip Read Verified By PIN
AID A0000000042203 US Debit

8437 01/10/24 04:17 PM



8437 03 95111 01/10/2024 4459

RETURN POLICY DEFINITIONS
POLICY ID DAYS POLICY EXPIRES ON
A 1 90 04/09/2024

DID WE NAIL IT?

Take a short survey for a chance TO WIN
A \$5,000 HOME DEPOT GIFT CARD

Opine en español

www.homedepot.com/survey

User ID: H88 198948 190514
PASSWORD: 24060 190511

Entries must be completed within 14 days
of purchase. Entrants must be 18 or
older to enter. See complete rules on
website. No purchase necessary.

201 W I-10
SEGUIN, TX 78155 (830)372-0714

8437 00051 43656 01/13/24 03:39 PM
SALE SELF CHECKOUT

775469912088 1X2X8 FVRR <A>
1X2-8FT STRIP
11@1.58 17.38

SUBTOTAL 17.38
SALES TAX 1.43
TOTAL \$18.81

XXXXXXXXXXXX9691 DEBIT USD\$ 18.81

AUTH CODE 000074
Chip Read Verified By PIN
AID A0000000042203 US Debit

8437 01/13/24 03:39 PM



8437 51 43656 01/13/2024 3869

RETURN POLICY DEFINITIONS
POLICY ID DAYS POLICY EXPIRES ON
A 1 90 04/12/2024

DID WE NAIL IT?

Take a short survey for a chance TO WIN
A \$5,000 HOME DEPOT GIFT CARD

Opine en español

www.homedepot.com/survey

User ID: H88 96038 87652
PASSWORD: 24063 87601

Entries must be completed within 14 days
of purchase. Entrants must be 18 or
older to enter. See complete rules on
website. No purchase necessary.



LOWE'S HOME CENTERS, LLC
 17280 IH 35 N
 SCHERTZ, TX 78154 (210) 619-8300

- SALE -

SALES#: FSTLAN05 3875366 TRANS#: 988849687 12-22-23

292678 18-IN BLK CABLE TIES 15-C	35.92
4 @ 8.98	
755696 HM #9X2-IN PP 305SS-XL 35	9.98
61702 HM 1-CT 3/4-IN FLAT WASHE	4.80
10 @ 0.48	
15346 HM 1-CT 1-1/4-IN SS FENDE	4.00
10 @ 0.40	

SUBTOTAL:	54.70
TOTAL TAX:	4.51
INVOICE 72587 TOTAL:	59.21
CASH:	60.00
CHANGE:	0.79

STORE: 2824 TERMINAL: 44 12/22/23 20:36:17
 # OF ITEMS PURCHASED: 25
 EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOWE'S.
 FOR DETAILS ON OUR RETURN POLICY, VISIT
 LOWES.COM/RETURNS
 A WRITTEN COPY OF THE RETURN POLICY IS AVAILABLE
 AT OUR CUSTOMER SERVICE DESK

LOWEST PRICE GUARANTEE
 FOR MORE DETAILS, VISIT LOWES.COM/LOWESTPRICEGUARANTEE

 * SHARE YOUR FEEDBACK! *
 * ENTER FOR A CHANCE TO BE *
 * ONE OF FIVE \$500 WINNERS DRAWN MONTHLY! *
 * ENTRE EN EL SORTEO MENSUAL *
 * PARA SER UNO DE LOS CINCO GANADORES DE \$500! *
 * *
 * ENTER BY COMPLETING A SHORT SURVEY *
 * WITHIN ONE WEEK AT: www.lowes.com/survey *
 * YOUR ID #725871 282453 561765 *
 * *
 * NO PURCHASE NECESSARY TO ENTER OR WIN. *
 * VOID WHERE PROHIBITED. MUST BE 18 OR OLDER TO ENTER. *
 * OFFICIAL RULES & WINNERS AT: www.lowes.com/survey *

STORE: 2824 TERMINAL: 44 12/22/23 20:36:17



How doers
 get more done.

201 W I-10
 SEGUIN, TX 78155 (830)372-0714

8437 00062 35774 12/16/23 01:05 PM
 SALE SELF CHECKOUT

030699318049 SIGN FRAME <A>
 H-BRACKET SIGN HOLDER
 4@2.27 9.08

SUBTOTAL	9.08
SALES TAX	0.74
TOTAL	\$9.82
XXXXXXXXXXXX0467 VISA	
	USD\$ 9.82
AUTH CODE 06164C/2623108	TA
Chip Read	
AID A0000000031010	CHASE VISA

8437 12/16/23 01:05 PM



8437 62 35774 12/16/2023 0179

RETURN POLICY DEFINITIONS
 POLICY ID DAYS POLICY EXPIRES ON
 A 1 90 03/15/2024

 DID WE NAIL IT?
 Take a short survey for a chance TO WIN
 A \$5,000 HOME DEPOT GIFT CARD

Opine en español

www.homedepot.com/survey

User ID: H89 80274 71899
 PASSWORD: 23616 71837

Entries must be completed within 14 days
 of purchase. Entrants must be 18 or
 older to enter. See complete rules on
 website. No purchase necessary.

Office DEPOT OfficeMax

NEW BRAUNFELS - (830) 620-4995

12/30/2023 12:55 PM

Cards



V2TTQUAP46Y5B4XCB

SALE	472-1-7677-1058094-23.12.2	
455086 LBL,1.25X1.75,		22.79 SS
572398 REWARDS ENROLL	0.01	
Promotion	-0.01	
You Pay		0.00SS
Subtotal:		22.79
Sales and Use Tax 1.88		
Total:		24.67
Debit Card 9691:		24.67

AUTH CODE 091289
TDS Contactless
AID A0000000042203 US Debit
TVR 0000048001
CVS PIN Verified

Patrick Pinder 58****788

Total Savings:
\$0.01

XX

WE WANT TO HEAR FROM YOU!
Visit survey.officedepot.com
and enter the survey code below
46MF TMND YRDG
or scan the below QR code



XX

XX

Important Final Step Required!

You need to complete your registration
online to get your Rewards Certificate.
Simply log in to your account at
officedepotrewards.com with your member
number and complete the required fields.