CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	duide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS MR FIRST	Anthony	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	1/eyes		Suadalupe County Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	PO Box; APT/SUITE#;		FEB 0 3 2020
	ADEA CODE	EVIENCION	Dona Mo
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered of Mate-Commarked
6 CAMPAIGN TREASURER	MS /MRS / MR FIRST	Cann	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Reyes		Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SI		STATE; ZIP CODE
ADDRESS	3035 Hidden Mead	ow Segun	Tx 78/55
(Residence or Business)	,,,,,		, , , , , , , ,
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (\$90) 305 - 850	EXTENSION Z	
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign
			treasurer appointment (Officeholder Only)
	July 15 Sth day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
OOVERED	01/01/2020	THROUGH 6	23/2020
11 ELECTION	ELECTION DATE Month Day Year Primary	ELECTION TYPE Runoff Other	
	Month Day Year Primary 03/04/2020 General	Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	
		Guadalage (ounty Constable Por. 2
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Mark Lathony Payes 15 File	r ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
-	GENERAL COMMITTEE NAME Authory Pays				
	SPECIFIC ROPES Hidden Minder Syn	iTX 78155			
Additional Pages	Christy Lynn Pays				
	3035 Hodden Meadow Sesam	,Tx 7815T			
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$250.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$ \$2,510.00			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$			
18 AFFIDAVIT					
MELISSA J DOSS Notary ID #124678312 My Commission Expires September 16, 2023 I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEALABOVE					
Sworn to and subscribed before me, by the said Mark Ruges , this the 3rd					
day of Feb	, 20, to certify which, witness my hand and seal of office.				
Musto	Son Mulissayloss	Hary			
Signature of officer a	dministering oath Printed name of officer administering oath Titl	e of officer administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Mark Anthony Regs 20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 250.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$ 2,510.08
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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	\$ \$ 2,510.0
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
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

		The	Instruction Guide explains how	1 Total pages Schedule A1:		
2 FILER NAME Mark Zayes 4 Date 5 Full name of contributor out-of-state PAC (ID#:) Claveras Wruler Service, LLC 6 Contributor address; City; State; Zip Code						3 Filer ID (Ethics Commission Filers)
4 01	Date /	row	5 Full name of contributor Chroad Wruleur 2 6 Contributor address; BOO TH-/O Wish	City;	(ID#:) L C State; Zip Code	7 Amount of contribution (\$)
8	Prin	cipal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
	Date		Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
			Contributor address;	City;	State; Zip Code	
	Princ	ipal occup	ation / Job title (See Instructions)		Employer (See Instruc	etions)
	Date Full name of contributor out-of-state PA		out-of-state PAC	C (ID#:) Amount of contribution (\$)		
			Contributor address;	City;	State; Zip Code	
	Princ	ipal occup	eation / Job title (See Instructions)		Employer (See Instruc	etions)
	Date		Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
			Contributor address;	City;	State; Zip Code	
	Princ	ipal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)

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 compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME Mark Anthony (2	ryes	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 7 Name of lender Ques out-of-state F	PAC (ID#:)	9 Loan Amount (\$) \$ 219.71
6 Is lender a financial 8 Lender address; City;	State; Zip Code	10 Interest rate
Y (N) 3035 Hidden Mendon	Signin 17x 7x155	11 Maturity date
Principal occupation / Job title (See Instructions) Lew Exercise (See Instructions)	13 Employer (See Instructions)	y Shuffs Office
14 Description of Collateral	15	s were deposited into political
16 GUARANTOR INFORMATION 17 Name of guarantor		19 Amount Guaranteed (\$)
18 Guarantor address; City;	State; Zip Code	
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	
Pate of loan Name of lender Out-of-state of lender Name of lender Name of lender	PAC (ID#:)	Loan Amount (\$) 90
Is lender Lender address; City; a financial Institution?	State; Zip Code	Interest rate
	Jeguin TX 78155	Maturity date
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	its Shorts Office
Description of Collateral	Check if personal funds account (See Instructio	s were deposited into political
GUARANTOR Name of guarantor INFORMATION		Amount Guaranteed (\$)
Guarantor address; City;	State; Zip Code	
Principal Occupation (See Instructions)	Employer (See Instructions)	
ATTACH ADDITIONAL COPIE If lender is out-of-state PAC, please see Inst	ES OF THIS SCHEDULE AS NEED truction guide for additional repo	ED orting requirements.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2020

LOANS

SCHEDULE E

The Ins	struction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Mark Anthony (2)	t	\$
5 Pate of loan 7	Name of lender out-of-state P		9 Loan Amount (\$)
a financial	3 Lender address; City; 3035 Hidden Mulaw	State: Zip Code Segni 17 78/15	10 Interest rate 11 Maturity date
/ //	/ Job title (See Instructions)	13 Employer (See Instructions)	Sheriffs Office
14 Description of Collate	eral	Check if personal fund account (See Instruction	s were deposited into political ons)
16 GUARANTOR INFORMATION	7 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	8 Guarantor address; City;	State; Zip Code	
20 Principal Occupation	n (See Instructions)	21 Employer (See Instructions)	
Date of Ioan 1 13 120 20	Name of lender Out-of-state F		Loan Amount (\$) 32
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y (N)	3035 Hidden Mendow S	eguin TX 78155	Maturity date
1 . / F /	/ Job title (See Instructions)	Employer (See Instructions) Cruada Inde County	Sheriffs Office
Description of Collate	ral	Check if personal fund account (See Instruction	s were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupation	(See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL CODE	,	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The Instruction Guid	lete this form.	1 Total pages Schedule E:	
2 FILER NAME MWW	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED L	OANS	l	\$
5 Pate of loan 7 Name of len	Anthom Co	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender add a financial Institution?		State; Zip Code	10 Interest rate
	lden Meadow S	Degum TX 78155	11 Maturity date
Principal occupation / Job title (See	e Instructions)	13 Employer (See Instructions)	y Shuiffs Office
14 Description of Collateral		Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION 17 Name of gua	arantor		19 Amount Guaranteed (\$)
18 Guarantor a	address; City;	State; Zip Code	2
20 Principal Occupation (See Instruction	ons)	21 Employer (See Instructions)	L
Date of Ioan Name of Ien	der out-of-state	PAC (ID#:)	Loan Amount (\$)
Is lender Lender add a financial Institution?	. (State; Zip Code	Interest rate
Y N 3035 H	rdden Mendon	Jegun TX 78135	Maturity date
Principal occupation / Job title (See	a Instructions)	Employer (See Instructions) Quarklinge County	Sheriffs Office
Description of Collateral		Check if personal fund account (See Instruction	ds were deposited into political ons)
GUARANTOR Name of gua INFORMATION	rantor		Amount Guaranteed (\$)
Guarantor a	ddress; City;	State; Zip Code	
not applicable			
Principal Occupation (See Instruction	ns)	Employer (See Instructions)	
ATT If lender is out-of-st	FACH ADDITIONAL COPI tate PAC, please see Ins	ES OF THIS SCHEDULE AS NEE truction guide for additional rep	DED porting requirements.

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

Event Expense 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)

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	2 FILER NAME Anthon Ruga 3 Filer ID (Ethics Commission Filers)				
4 Date 1 3 7020	5 Payee name ST Sowce Pigital				
6 Amount (\$) 3	7 Payee address; City; State; Zip Code 4390 E. FM 1518 Sclma 1TX 78154				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Db Political Signs (Iside) Wirest Object of travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held				
Date 114 2020	Payee name Jiffy Shuts				
Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1000 N. West St. Smite 1200 Wilmington DE 19301				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advartising Explose Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held				
Date 1 19 2020	Payee name Colyfe Noved				
Reimbursement from political contributions intended	Payee address; City; State; Zip Code [3677 FM 725 Sghm TY 77/55				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advatising Experies Check if travel outside of Texas. Complete Schedule T. Check if Austin TX officeholder living average.				
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 PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
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

Candidate/Officeholder/Politiceholde	cal Committee	Legal Services	Salarie	s/Wages/Contract Labor	Other (enter a categor	y not listed above)
The Instruction Guide explains how to complete this form.						
1 Total pages Schedule G:	2 FILER N	AME Mule	Anthon	n Pures	3 Filer ID (Ethics	Commission Filers)
4 Date 3 2020	5 Payee na	Vista Pr	int			
6 Amount (\$) 4 219 2 Reimbursement from political contributions intended	7 Payee ac	Wyman St	· Wa	city; tham, y	State;	Zip Code
8 PURPOSE OF EXPENDITURE	Alask	(See Categories listed at 151 Mg	nse	(b) Description	stin, TX, officeholder living e	undid te Isto
9 Complete ONLY if direct expenditure to benefit C/OH	Candi	date / Officeholder r	name	Office sought		Office held
Date 1 9 2020	Payee na	me Fast	Loonis			
Amount (\$) Relimbursement from political contributions intended	Payee ad	1/	ston Smi	4 172 Su	swhard TX	Zip Code
PURPOSE OF EXPENDITURE	Λ.	(See Categories listed at	erse	Description	Koonies	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		late / Officeholder r		Office sought	istin, TX, officeholder living e	Office held
Date 1 7 2020	Payee na		Digital		-	
Reimbursement from political contributions intended	Payee ad	eress; E. FM	1518	Selma	State;	Zip Code 7815 4
PURPOSE OF EXPENDITURE	Adve	(See Categories listed at HUNG 5 Check if travel outside of Texas	Gense	Description Obe Political Check if Aus	al Sisns 10 stin, TX, officeholder living ex	Motal Gan Holders
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder n	ame	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					