CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS(MR) FIRST AVNOLL NICKNAME LAST	MI 5. SUFFIX	OFFICE USE ONLY Date Received
	Zwicke		Guadalupe County Election
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CO	city; state; zip code	(N FEB 0 3 2020
Change of Address			Developed
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (830) 355-767	EXTENSION	Received Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS(MR) FIRST Aruold	мі 5.	Receipt # Amount \$ Date Processed
_	NICKNAME LAST	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / S	100 A 200 C C C C C C C C C C C C C C C C C C	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (830) 305-76	EXTENSION	
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH Month	Day Year / 2020
11 ELECTION	Month Day Year Primary O3 / O3 / OOO General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know)	n) rift
	go то	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME	Arnoll	S. Zwicke 15 Fil	er ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME	W. W. C.
ent of Turkered Space	GENERAL		
P P	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR BUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5, 104.70
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES \$3,681,43		
CONTRIBUTION BALANCE	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			
	J ESCAMILLA	I swear, or affirm, under penalty of perjury, true and correct and includes all informatic under Title 15, Election Code. Texas	
	My Comm. Exp. 05-21-	2022 \$	
800000000	000000000000000000000000000000000000000	Signature of Candidate	or Officeholder
AFFIX NOTARY STAMP / SEALABOVE			
Mond C Zuicke 201			
Sworn to and subscribed before me, by the said, this the, this the			
1-Secamida 1 Fecamilla Monara Publica			
Signature of officer a	dministering oath	Printed name of officer administering oath Ti	tle of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME	Arnold S. Zwicke		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (IE Toseph B. Ternigan 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ions)
Date	Full name of contributor Out-of-state PAC (III) Chandler R. Schluette	r	Amount of contribution (\$)
1-14-2020	425 Elmwool Dr., Jeguin,	TX 78155	#100°
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date -17-7070	Full name of contributor out-of-state PAC (III Mark Westbrook - Commer Contributor address; City; 219 Lange Rd., Sequin,		Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date -18-3030	Full name of contributor out-of-state PAC (III Warren Kutscher-Kutscher Contributor address; City; 14390 N. State Hwy 123, SanMarc	Farms State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

19 FILER	19 FILER NAME 20 Filer ID (Ethics Cor		
	ULE SUBTOTALS OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	8	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	8 ° 1	\$
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.	3. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$		\$
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 CONTRIBUT TO FILER	TONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Arnold S. Zwicke		3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor out-of-state PAC Tarnes & Kay Moeller 6 Contributor address; City; 1500 Swallows Ln., Seguin, pation / Job title (See Instructions)	State; Zip Code TV 18155 9 Employer (See Instruc	7 Amount of contribution (\$)
Date 1-26-2020	Full name of contributor out-of-state PAC Johanda & Dennis Sutt Contributor address; City; P.D. Box 357 Marion,	State; Zip Code	Amount of contribution (\$)
		, , , , , ,	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 1-2020	Full name of contributor out-of-state PAC Violet S. Pennington Contributor address; City; P.O. BOH S Kingsbury,	State; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 1-27-2020	Contributor address; City; P.O. BOX 145 Kingsburg	State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
	II .		

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

19	19 FILER NAME 20 Filer ID (Ethics Commission Filers)		
1	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
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 \$		
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 to complete this form. 1 Total pages Schedule A1:				
2 FILER NAME Arnold S. Zwicke	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor out-of-state PAC (ID#:) Patrick L. Mayer 6 Contributor address; City; State; Zip Code P.O. Box 1306 LAVernia, TX 7812 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$)			
Date Full name of contributor out-of-state PAC (ID#:) Mark Love	Amount of contribution (\$)			
1-29-2020 Contributor address; City; State; Zip Code 8196 FM 7725, McQueency, TX 78123	# 200			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date Full name of contributor Out-of-state PAC (ID#:) Sen Garza III	Amount of contribution (\$)			
Contributor address; City; State; Zip Code	#500°			
720 W. IHO Jewin, TK 78155	27			
Principal occupation / Job title (See Instructions) Employer (See Instru	ictions)			
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)			
8280 Linne Rd., Seguin, TX 78155				
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.

FORM C/OH COVER SHEET PG 3

Davised 0/26/2010

19 FILER NAME 20 Filer ID (Ethics of	Commission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. SCHEDULE E: LOANS	\$	
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	\$	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	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. FILER NAME 3 Filer ID (Ethics Commission Filers) Arnold S. Zwicke 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ C. A. Meyer 6 Contributor address; City; State; Zip Code 77 78 12 1555 County Road 352, Lavernia, TX 78121 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date 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 out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

19	19 FILER NAME Arnold 5. Zwicke			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	$\sqrt{}$	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	4	\$ 3, 700
2.	\checkmark	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 3, 700°
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.	\checkmark	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$3,681.63
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 \$		\$	
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 CONTRIBUT TO FILER	ONS RETURNED	\$

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:	
2 FILER NAME Arrold S. Zwicke	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$ 1,404 70	
5 Date 6 Full name of contributor out-of-state PAC (ID#:		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date Full name of contributor out-of-state PAC (ID#:		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS SCHEDULE B Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor out-of-state PAC (ID#: 8 Amount 9 In-kind contribution 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 Amount Full name of pledgor out-of-state PAC (ID#:_ In-kind contribution of Pledge \$ description Pledgor address: City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (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) In-kind contribution Amount of Date Full name of pledgor out-of-state PAC (ID#:_ description Pledge \$ Pledgor address; City; State; Zip Code 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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other Capter a extensional listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries \(\) The Instruction Guide explains how to	Wages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	2 FILER NAME Arnold S. Zwic	3 Filer ID (Ethics Commission Filers)
4 Date 1-15-2020	5 Payee name Seguin Gazett	(e)
6 Amount (\$)	7 Payee address; 1012 Schriewer Rd.,	Seguin, TX 18155
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Advertising Expense	Youth Thou Al
	(c) Check if 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	Payee name	
1-24-2020	Tractor Supply	
Amount (\$)	Payee address;	City; State; Zip Code
# 1/1 20	1500 E. Court,	Servin, TX 78155
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertising Expense	T-posts for signs
	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/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
1-25-2020	Lifegate Christian	School
Amount (\$)	Payee address;	City; State; Zip Code
9525	395 Lifegate Ln.,	Seguin, TX 78155
DUDDOOF	Category (See Categories listed at the top of this schedule)	Description Rower Tool Kit
PURPOSE OF EXPENDITURE	Other	Purchased Auction Item
	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/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		
Orme provided by Toyon Ethi	2 1 1110	OTTED SEL MO NEEDED

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED LOANS Date of loan 7 Name of lender Loan Amount (\$) out-of-state PAC (ID#: 10 Interest rate Is lender State; Zip Code 8 Lender address: City; a financial Institution? 11 Maturity date N 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 15 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 16 GUARANTOR 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:_ Interest rate State; Zip Code City; Lender address; Is lender a financial Institution? Maturity date N Employer (See Instructions) Principal occupation / Job title (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) Name of guarantor **GUARANTOR** INFORMATION State; Zip Code City; Guarantor address; 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	S FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office O Food/Beverage Expense Polling B Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense Transportation Equipment & Related Expense Expense Travel In District Travel Out of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Arnold 5. Zw	3 Filer ID (Ethics Commission Filers)
4 Date 1-30-2020	5 Payee name Guadalipe County 7 Payee address;	Republican Party
6 Amount (\$) \$ 410	7 Payee address; P.O. Boy 551, Cib	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description Lincoln Day Dinner
	(c) Check if 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/OF	Candidate / Officeholder name	Office sought Office held
Date 1-31-2020	Payee name BuildASign	
4 1,014 84	Payee address; 11525a Stonehollow Dr	.#100, Austin, TX M8758
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertising Expense	yard signs
	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/OI	Candidate / Officeholder name H	Office sought Office held
2-1-2020	St. James Cathol	ic School
Amount (\$)	Payee address; 507 S. Camp St.,	Seguin, TX 18155
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Purchased Auction Item (gun cabinet)
Complete Overv	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/OI	Candidate / Officeholder name	Office sought Office held

Forms provided by Tayon Ethion Commission

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS SCHEDULE E						
The	Instruction Guide explains how to compl	1 Total pages Schedule E:				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UN	NITEMIZED LOANS	\$				
5 Date of loan 7 Name of lender			9 Loan Amount (\$)			
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate			
Y N			11 Maturity date			
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	Λ			
account (See Instru		ds were deposited into political ions)				
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
not applicable		State; Zip Code 21 Employer (See Instructions)				
Date of loan	Name of lender out-of-state F	PAC (ID#:)	Loan Amount (\$)			
Is lender a financial			Interest rate			
Institution?			Maturity date			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)				
Description of Collateral		Check if personal funds were deposited into political account (See Instructions)				
none			Amount Guaranteed (\$)			
GUARANTOR INFORMATION	Name of guarantor		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Guarantor address; City;	State; Zip Code				
not applicable Principal Occupati	ion (See Instructions)	Employer (See Instructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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

The Instruction Guide explains how to complete this form. 1 Total pages Schodule FT: 2 FILER NAME Arnold S. Zoicke 3 Filer ID (Ethics Commission Filers) 4 Date 2-1-2020 5 Payee name 5 Comp St., South, TK TQ SS 6 Amount (\$) 9 7 Payee address; Comp St., South, TK TQ SS 8 PURPOSE OF EXPENDITURE (c) Check if avaid outside of Tools Schoolule T. Check if Austin, TX, officiented inline suspece Complete Schoolule T. Check if Austin, TX, officiented inline suspece Complete Schoolule T. Check if Austin, TX, officiented inline suspece Complete Schoolule T. Check if Austin, TX, officiented inline suspece Complete Schoolule T. Check if Austin, TX, officiented inline suspece Complete Schoolule T. Check if Austin, TX, officiented inline suspece Complete Schoolule T. Check if Austin, TX, officiented inline suspece Complete Schoolule T. Check if Austin, TX, officiented inline suspece Complete Schoolule T. Check if Austin, TX, officiented inline suspece Complete Schoolule T. Check if Austin, TX, officiented inline suspece Complete Schoolule T. Check if Austin, TX, officiented inline suspece Complete Schoolule T. Check if Austin, TX, officiented inline suspece Complete Schoolule T. Check if Austin, TX, officiented inline suspece Complete Schoolule T. Check if Austin, TX, officiented inline suspece Complete Schoolule T. Check if Austin, TX, officiented inline suspece Complete Schoolule T. Check if Austin, TX, officiented inline suspece Complete Schoolule T. Check if Austin, TX, officiented inline suspece Complete Schoolule T. Check if Austin, TX, officiented inline suspece Complete Schoolule T. Check if Austin, TX, officiented inline suspece Complete Schoolule T. Check if Austin, TX, officiented inline suspece Complete Schoolule T. Check if Austin, TX, officiented inline suspece Complete Schoolule T. Check if Austin, TX, officiented inline suspece Complete Schoolule T. Check if Austin, TX, officiented inline suspece Complete Schoolule T. Check if Austin, TX, officiented inline suspece Check III and Check if Austin, TX, officie	Candidate/Officeholder/Politica		ages/Contract Labor Other (e	Dut Of District enter a category not listed above)	
## Date Seven name Seven na	Credit Card Payment	The Instruction Guide explains how to co	mplete this form.		
6 Amount (\$) 9 Payee address;	1 Total pages Schedule F1:	2 FILER NAME Arnold 5. Zw	3 Files	r ID (Ethics Commission Filers)	
(a) Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule)		5 Payee name St. James Cath	land School		
PURPOSE OF EXPENDITURE (c) Check if avail outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living systems of systematic property of the politic state of the politic schedule of the	- 0	7 Payee address; 507 5. Camp St.,	Seguin, TX	State; Zip Code	
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9 Complete QNLY if direct expenditure to benefit C/OH Date	OF	Donation to fundraiser	Gun		
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULF AS NEEDED					
		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		

	LOANS			SCHEDULE E		
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule E:		
2	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	4 TOTAL OF UNITEMIZED LOANS			\$		
5	Date of loan 7 Name of lender out-of-state PAC (ID#:)			9 Loan Amount (\$)		
6	Is lender a financial Institution? 8 Lender address; City; State; Zip Code			10 Interest rate		
	Y N			11 Maturity date		
12	Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)			
14	Description of Col	account (See Instru		ds were deposited into political ions)		
16	GUARANTOR INFORMATION	17 Name of guarantor 18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)		
20	not applicable Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)			
	Date of loan Name of lender out-of-state PAC (ID#:)		PAC (ID#:)	Loan Amount (\$)		
	Is lender Lender address; City; State; Zip Code a financial		State; Zip Code	Interest rate		
	Institution? Y N			Maturity date		
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Collateral		ateral	Check if personal funds were deposited into political account (See Instructions)			
	none	Name of guarantor		Amount Guaranteed (\$)		
	GUARANTOR INFORMATION		State; Zip Code			
		Guarantor address; City;	State, Zip couc			
	not applicable Principal Occupati	on (See Instructions)	Employer (See Instructions)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

Revised 9/26/2019