CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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 AVNOLD	мı 5 .	OFFICE USE ONLY
	NICKNAME LAST Zwicke	suffix	dalupe County Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C	ITY; STATE; ZIP CODE	FEB 2 4 2020
Change of Address			Received
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (830) 305-7677	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS (MR) FIRST	MI <	Receipt # Amount \$
NAME	NICKNAME LAST	ے ۔ SUFFIX	Date Processed
	Zwicke	100	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SU		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	REA CODE PHONE NUMBER (830) 305-7677	EXTENSION	
9 REPORT TYPE	January 15 30th day before electric July 15 8th day before electric states and the states are stated as a second state of the states are stated as a second state of the states are stated as a second state of the s		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year OD / 04 / 2020	THROUGH O2	Day Year
11 ELECTION	Month Day Year Primary C3 / 03 / 20 20 General	Runoff Other Description Special	400 J. 100 J. 10
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
	Sheriff	Sheriff	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	crnoll	5. Zwicke 15 Fil	er ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFO	THE CANDIDATE'S OR OFFICEHOLDER'S
MERIO DE LA SECUCIÓ	COMMITTEE TYPE	COMMITTEE NAME	
	SPECIFIC	COMMITTEE ADDRESS	£ ¹ n
Additional Pages	l e	COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$12,985.2
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		
	4. TOTAL POLITICAL EXPENDITURES \$7,678.		
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 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. JOSALINE RANGEL Notary Public, State of Texas My Comm. Exp. 10-26-2023			
***************************************	D No. 13041830-5	Signature of Candidate	e or Officeholder
AFFIX NOTARY STAM		by the said <u>Candidate</u>	, this the
day of broang 20 00, to certify which, witness my hand and seal of office.			
Signature of officer a	administering oath	Printed name of officer administering oath	Total Notary Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Arrold S. Zwicke	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 2-2-2020 6 Contributor address; City; State; Zip Code 1915 Weil Pa., Marion, TX 78124	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:) Brutus Auten Contributor address; City; State; Zip Code Colle Anderson, Hill, Sequin, TX 78155	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:) Terry Hudson Contributor address; City; State; Zip Code P.O. Box 158, San Marcos, 74 78467	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	iions)
Date Full name of contributor out-of-state PAC (ID#:) Gerovino Caks Ronch Contributor address; City; State; Zip Code 18 Augusta Pines Dr., Ste. 210-C, Spring, TX 77389	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r	EEDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Arnold S. Zwicke 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ Robert Wuest 6 Contributor address; \$ 200° 1818 Wayside, Seguin, TK 78155 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) Levoy F Mary Alves Contributor address; City; State; Zip Code 303 Oak Mott Ct., Sequin, TX 78155 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#:_____ Amount of contribution (\$) James & Kay Moeller Contributor address; City; State; Zip Code 1500 Swallows Lr, Sequin, TX 78155 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Mitchell Franz Contributor address; City; State; Zip Code 5175 Huy 90E, Seguin, 7478155 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

MONETARY POLITICAL CONTRIE	SUTIONS SCHEDULE A1
The Instruction Guide explains how to complete this for	orm. 1 Total pages Schedule A1: 3
2 FILER NAME Arnold S. Zwickes	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (III	
2-5-2020 6 Contributor address; City;	State; Zip Code
8 Principal occupation / Job title (See Instructions) 9	Employer (See Instructions)
Date Full name of contributor Gut-of-state PAC (II Scott Bugai	O#:
2-5-2020 Contributor address; City; 1535 Curry Rd., Seguin, T	State; Zip Code #1000000
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor Out-of-state PAC (II Wark & Beverly Carter Contributor address; City; Principal occupation / Job title (See Instructions)	State; Zip Code
Dete	
Date Full name of contributor Out-of-state PAC (II Park Cerds Contributor address; City; PRO Bentragel Seguin,	Sm
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct	THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 4
2 FILER NAME Arnold S. Zwicke	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:) Sharon Panter much Contributor address; City; State; Zip Code Tal Paige, Sewin, Th. 78155	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2.5-2020 Contributor address; City; State; Zip Code 619 Ostberg, Seguing TX 718155	#300°
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	FDFD

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 5 Full name of contributor Lisa Jubela 6 Contributor address; City; State; Zip Code P.D. Bot Ho, Kingbury, The 118638 1-4 Hille (See Instructions) 9 Employer (See Instructions) 7 Amount of contribution (\$) 9 Employer (See Instructions) Amount of contribution (\$) Frank & Caye Powada Contributor address; City; State; Zip Code 2755 IHO West, Sessin, Th 78155 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:_ Date Amount of contribution (\$) Tharon Tate Contributor address; Ci 1006 Elizabeth, Jegvin, TX 78155 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) Howard & Margaret Wilson Contributor address; City; State; Zip Code P.O. Box 73, Kingbury, 7x 78638 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Arnold S. Zwicke 7 Amount of contribution (\$) 2-5-2020 Larry & Susan Fritz 6 Contributor address; City; State; Zip Code 8789 youngsford Rd, Marion, TK 78124 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date out-of-state PAC (ID#:_ TM & Susan Quisley Contributor address; City; State; Zip Code 4699 Gravel PH RD, Segvin, TX 78155 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:____ Amount of contribution (\$) 2-5-2020 Contributor address; City; State; Zip Code P.O. BOX 1967, SANANTONIO, TX 78209 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) Dr. C Bryan Stuckey Contributor address; City; State; Zip Code 168 Lakiside Dr., Jegvin, TX 718155 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Arnold S. Zwicke		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
2-5-2020	6 Contributor address; City;	State; Zip Code	#306#
	13011 Lower Seguin RD, #2, Sche	42, TX 78154	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
2-5-2020	Mark & Jarvie Long Contributor address; City;		2 2
	8196 FM725, McQueeny,	State; Zip Code	#300_
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor		Amount of contribution (\$)
2-5-2020 Randy Schreider Contributor address; City; State; Zip Code			
2290 Gin Rd, Seguin, TX 78155			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC Emmett & Geri Dones an		Amount of contribution (\$)
7-1-3030	Contributor address; City;	State; Zip Code	#4000
	1709 Wordberg, Seguin, TX	78 155	(30)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	lions)
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instruc	F THIS SCHEDULE AS N	EEDED

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Forms provided by Toyon Ethion Commission

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#:)	7 Amount of contribution (\$)
J-5-2000	CMI 6 Contributor address; City; 6TOH Guada Coma Dr, Scher	State; Zip Code	#1,000
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
9-4-8000	City,		#300
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date 2-10-2030	Phil Woest	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
2-10-2020	Contributor address; City; 339 W. Court, Jeguin, TX	State; Zip Code	#1,000
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES C If contributor is out-of-state PAC, please see Instru	OF THIS SCHEDULE AS N	EEDED

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Forms provided by Tayon Ethion Commission

MONET	TARY POLITICAL CONTRI	BUTIONS	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	Lynn & Debra Meyer		7 Amount of contribution (\$)
8 Principal occu	nation / Joh title /See Instruction	9 Employer (See Instruc	tions)
Date 3030	Full name of contributor out-of-state PAC Larry Hermann Contributor address; City; 350 Thorneyer Rd, Sey in	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date)-14-2020	Full name of contributor out-of-state PAC Bevin & Chevre Pereira Pearmon Contributor address; City; P. O. Box 766, Seguin, TX	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	iions)
Date 子-1る- 3 0分0	Full name of contributor out-of-state PAC Raynelle Stantzenberger Contributor address; City; 1649 Golden Sage Dr. Jewin,	State: Zin Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES Of If contributor is out-of-state PAC, please see Instruc	F THIS SCHEDULE AS N	EEDED

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Forms provided by Toyon Ethion Commission

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#:) Adam Pereira 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)
	1212 N. Austin, Sequin,		
8 Principal occu	nation / Joh title (See Jackwell)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
9-18-2020	Contributor address; City;	State; Zip Code	# 500
	5561 FM 1104, Kingbury, T	86981. 7	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor		Amount of contribution (\$)
9-18-3030	Rounie & Becky Baker Contributor address; City; State; Zip Code 1175 Baker Rd., Kingbury, Tk 78638		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ons)
Date	Full name of contributor ut-of-state PAC D. L. Schraub Jr.	(ID#:)	Amount of contribution (\$)
9-18-2020	Contributor address; City;	State; Zip Code	# 60°
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES Of If contributor is out-of-state PAC, please see Instruc	F THIS SCHEDULE AS NE	EDED

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Forms provided by Toyon Ethion Commission

SCHEDULE A2

The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2:	
2 FILER NAME Arnold S. Zwicke	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$	
5 Date 6 Full name of contributor out-of-state PAC (ID#:	Zip Code Zip Code Zip Code Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date Full name of contributor out-of-state PAC (ID#:	1.0	
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)		

SCHEDULE A2

The Instruction Guide explains how to complete this f	orm. 1 Total pages Schedule A2:	
² FILER NAME Arnold S. Zwicks	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTR	RIBUTIONS \$	
5 Date 6 Full name of contributor out-of-state PAC (ID#:	Contribution \$ description Food \$ Drinks for meet the candidate	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions	5) 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#: Zachary = Tittory McR Contributor address; City; State 3389 Wetz Rl, Marion, TX 75	; Zip Code	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instruction		
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)		

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:		
2 FILER NAME	E		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 6 Full name of contributor out-of-state PAC (ID#:) DON Bundick 7 Contributor address; City; State; Zip Code 1585 Still Meadow B, Segvin, TX 78155		8 Amount of Contribution \$ 9 In-kind contribution description Food & Drinks for meet the candidate at fower Plant. Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 2-5-2020 Principal occ	Full name of contributor out-of-state PAC (ID#: Clen Meeter Contributor address; City; State; 133 Arroyo, Sewin, TV 18155 Supation / Job title (FOR NON-JUDICIAL) (See Instructions)		Amount of Contribution \$\text{description}\$ & General Points for \$\text{The candidse}\$ & \text{The candidse}\$ & \text{Check if travel outside of Texas. Complete Schedule T.}	
Contributor's principal occupation (FOR JUDICIAL)		Contrib	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)			

SCHEDULE A2

The Instruction Guide explains how to complete this form			1 Total pages Schedule A2:		
2 FILER NAME Anold 5. Zwicke			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIO			\$		
5 _{Date} ユーゴーシのの	6 Full name of contributor out-of-state PAC (ID#: Rob & Sherry Brown 7 Contributor address; City; State; 22109 Frio Dr., Galveston, TX 7		8 Amount of Contribution \$ 9 In-kind contribution description food f Dri NLS for meet the and date at fower Mont. Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		r (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	ibutor'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 3-5-2030	Full name of contributor out-of-state PAC (ID#: UNKNOWN Contributor address; City; State; Cleft at meet the Candidate		Amount of Contribution \$\text{ln-kind contribution} \\ \text{description} \\ \text{Tool \cdot Drinks for must the condidate} \\ \text{Check if travel outside of Texas. Complete Schedule T.}		
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (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)					

SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAME Arnold S. Zwicke			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$		
5 Date 2-5-2020	6 Full name of contributor out-of-state PAC (ID#:) David Will born 7 Contributor address; City; State; Zip Code 170 Lakeside br. Seguin, TX 18155		8 Amount of Contribution \$ 9 In-kind contribution description \$ \tag{Food} \forall Drinks for meet the candidate} \$ Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL) 13 Contrib			tor'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)				
J-5-3020	Full name of contributor out-of-state PAC (ID#: Heather McMinn Contributor address; City; State; 4909 Barclay Heights Crt., Austin, TX		Amount of Contribution \$\\ \text{Contribution} \\ \text{Check if travel outside of Texas. Complete Schedule T.} align*		
			r (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)					

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

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

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 3 Filer ID (Ethics Commission Filers) Arnold S. Zwicke 4 Date Seguin Gazette 7 Payee address; 2-3-2020 6 Amount (\$) Zip Code 1012 Schriewer Rd., Sequin, TX 78155 #HELDE (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Voters Guida Al Advertising Expense EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Office Depot 2-3-3000 Amount (\$) City; State: Zip Code 1500 E Court, Seguin, TY 718155 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Hand outs Advertising Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name American Legion Post 245 2-9-2020 yee address;
618 E. Kingbury, Securi, TX 78155 Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) **PURPOSE** Event Expense Casino Night Fundraises Table Sponsor **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	, and the control of the control	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 Arnoll 5.	. Zwicke	3 Filer ID (Ethics Commission Filers)				
4 Date 2-12-2020	5 Payee name Build Asign						
6 Amount (\$)	7 Payee address;	City;	State; Zip Code				
# 1,015 bb	11525a Stonehollow Dr. #100, Austin, TX 78758						
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description					
PURPOSE OF EXPENDITURE	Advertising expens	se yard s	igns				
	(c) Check if travel outside of Texas. Complete Si	chedule T. Check if Aus	tin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
9-13-2030	Build A Sign						
Amount (\$)	Payee address;	City;	State; Zip Code				
#173°=	11525a Storehollow Dr.	.#100, Austin, TY	L 78758				
	Category (See Categories listed at the top of this s	chedule) Description					
PURPOSE OF EXPENDITURE	Advertising expense	- 4x4	Signs				
	Check if travel outside of Texas. Complete So	chedule T. Check if Aust	tin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
2-14-2020	Sezvin Goze	He					
Amount (\$)	Payee address;	City;	State; Zip Code				
#86592	1012 Schriewer Rd,	, Seguin, TX	18155				
	Category (See Categories listed at the top of this so	chedule) Description					
PURPOSE OF EXPENDITURE	Advertising expens	e Early	voting AD				
	Check if travel outside of Texas. Complete So	chedule T. Check if Aust	in, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Office held						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEFDED							

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 Legal Services 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 (enter a category solicited above)

Candidate/Officeholder/Politica Credit Card Payment	Filling Ex	Vages/Contract Labor Other (enter a category not listed above)		
1 Total pages Schedule F1:	T	3 Files ID (Fithing Commission Files)		
4 Date 2-14-2020	5 Payee name Aver Schertz Serior Citiz	zen Center		
6 Amount (\$)	7 Payee address; 608 Schertz Pkwy,	Schutz, TX 78154		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	(b) Description Ice Cream Social		
9 Complete <u>QNLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held		
Date 2-14-2020	Payee name Cara da luze Courty Youth	Livestock & Homemakus Show		
Amount (\$)	Payee address;	0''		
#1,300	P.O. Box 1400, Sequin	J. State, Lip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense - paying for. Pledges made on 1-18-2020 Show.	Ad-ons to student projects.		
	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		
Date	Payee name			
2-14-5050	KWED- 1580 Rad	مثا		
Amount (\$)	Payee address; 609 E. Court, Segui	City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adventising expense	Description Rads		
Complete ONLY if all a	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				

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
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

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

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 3 Filer ID (Ethics Commission Filers) Arnold S. Zwicke 4 Date 9-90-9090 Zip Code #1,00.34 1012 Schriewer Rd., Seguin, TR 78155 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Campaign Hd Advertising expense **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Dragently Cornert & Design Corp.

Payee address; City; State;

2175. River, Seguin, TX 78155 2-19-2020 Amount (\$) Zip Code #91471 Category (See Categories listed at the top of this schedule) +-shirts **PURPOSE** Advertising expense OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED