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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS MR FIRST MI OFFICEUSE ONLY NICKNAME LAST SUFFIX MI OFFICEUSE ONLY Date Received
	Zwicke Guadalupe County Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE NAR 1 9 2020 NAR 1 9 2020
5 CANDIDATE/ OFFICEHOLDER PHONE	Received (830) 305-7677 Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS (MR) FIRST MI Receipt # Amount \$ NICKNAME LAST SUFFIX Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY: STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (830) 305-7677
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month Day Year OA / 25 / 2020 THROUGH D3/ 19 / 2020
11 ELECTION	Month Day Year Primary Runoff Other Description General Special
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Sheriff
	GO TO PAGE 2

CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	5 Filer 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.		
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS, OR BUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	
	(OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,693.
EXPENDITURE TOTALS	UNLESS	POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED POLITICAL EXPENDITURES	\$18,378.09
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOCUMENTS	
OUTSTANDING LOAN TOTALS	6. TOTAL F	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	HE \$
18 AFFIDAVIT			erjury, that the accompanying report is rmation required to be reported by me
A FIX COMMY STAN	AWNARENE CAD Notary Public, State of Te Comm. Expires 10-08-2 ACSTARIX (D#2-71018	31griature of outside (1) 200 3-3	this the
Sworn to and subso	ribed before me, , 20,	to certify which, witness my hand and seal of office.	, uns die _ · ·
Signature of officer	administering oath	Printed name of officer administering oath	Notary Public Title of officer admin stering oath

MONET	ARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form. 1 T	otal pages Schedule A1:
2 FILER NAME	Arnold S. Zwicke	3 F	iller ID (Ethics Commission Filers)
4 Date 2-25-2020	5 Full name of contributor out-of-state PAC Douglas Parker 6 Contributor address; City; 1005 & Court, Seguin,	(ID#:) 7 A State; Zip Code	Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Date 2-35, 2020	Full name of contributor out-of-state PAC Wireshia Chepman Contributor address; City; P.O. Boy 2353, Stepin,	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)	
7-32-90	Full name of contributor out-of-state PAC Tuly Flexand Contributor address; City; 318 Montwood, Sequin	State; Zip Code	Amount of contribution (\$)
Principal occup	ration / Job title (See Instructions)	Employer (See Instructions)	
J-35-30	Full name of contributor out-of-state PAC (Shawn Brown) Contributor address; City; 540 5.51. Manyo 51. Sand	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)	
		. V . E .	
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru	F THIS SCHEDULE AS NEEDE ction guide for additional reporti	ED ing requirements.

as provided by Tayon Ethion

MONETA	SCHEDULE A1	
The Ins	struction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Arnold S. Zwicke	3 Filer ID (Ethics Commission Filers)
J-92-9090	Full name of contributor out-of-state PAC (ID#: Guillermo Lava Jr. Contributor address; City; State; Zip Code 310 5. St. Mary's St., Shr Ardonio, The 18805 tion / Job title (See Instructions) 9 Employer (See Inst	
J-32-3030.	Full name of contributor	Amount of contribution (\$)
3	510 5. St. Mary's St., Statutorio, TX 178205	
Principal occupation	on / Job title (See Instructions) Employer (See Inst	tructions)
Date	Full name of contributor out-of-state PAC (ID#: David Christian Contributor address; City; State; Zip Code 800 McCullough Ave., An Arbonio, The	Amount of contribution (\$)
	ion / Job title (See Instructions) Employer (See Instructions)	tructions)
Date 7-75-3020 1	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupati	ion / Job title (See Instructions) Employer (See Inst	tructions)
11	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A f contributor is out-of-state PAC, please see Instruction guide for addition	S NEEDED

Forms provided by Tayon Ethion Commission

MONET	ARY POLITICAL CONTRIBUTIONS	schedule A1
The I	nstruction 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 (\$)
3-38-3050	6 Contributor address; City; State; Zip Code 101 E. Wolte, Ste. 209, Sewin, TX 78155	#750
	TOTE. Notice, sie. out, saguir, it is is	
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See In	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
J-24-2020	Contributor address; City; State; Zip Code	# 1000
Sel	1498 E. Court, Seguin, TX 78155	
Principal occup	ation / Job title (See Instructions) Employer (See In	nstructions)
Date	Full name of contributor) Amount of contribution (\$)
3-3-2020	Contributor address; City; State; Zip Code	- #1,000°
	P.D. Bat 357, Marion, TX 78124	
Principal occup	pation / Job title (See Instructions) Employer (See In	nstructions)
Date	Full name of contributor) Amount of contribution (\$)
3-3-2020	Kim & Debra Grier Contributor address; City; State; Zip Code	#500
	Contributor address; City; State; Zip Code 4822 Weil Rd., Marian, TX 78124	
Principal occu	pation / Job title (See Instructions) Employer (See I	nstructions)
	,	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see Instruction guide for additional contributor is out-of-state.	E AS NEEDED tional reporting requirements.

MONET	ARY POLITICAL CONTRIBUTION	S SCHEDULE A1
The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Arnold 5. Zwicke	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
3-3-3090	6 Contributor address; City; State; Zip 1740 Wird Song Lr, New Brandels, TY	130
March Drong North Co., and and		(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3-3-2020	Contributor address; City; State; Zip	1
	2486 N. Huy Ho, Segvin, TX 7815	
Principal occup	ation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
3-3-2020	Jack Alves Contributor address; City; State; Zip 2057 Chinaberry, New Braunfels, TX	78130 # 305
Principal occup	<u> </u>	(See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip	Code
Principal occup	pation / Job title (See Instructions) Employer	(See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCH If contributor is out-of-state PAC, please see Instruction guide for	EDULE AS NEEDED or additional reporting requirements.

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 7 Amount of contribution (\$) 3-13-2020 6 Contributor address; City; State; Zip Code # 2500 MS2 Lakeview Tr., McQueeney, TK 78123 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) George & Kathy Campbell Contributor address; City; State; Zip Code 3-13-2020 174 Lakeside Dr., Secuin, TX 78155 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Kathleen Geroff Contributor address; City; State; Zip Code 1547 Eastridge Acry, Segvin, TX 78155 Employer (See Inst Date out-of-state PAC (ID#:_ Amount of contribution (\$) \$1,000.00 Principal occupation / Job title (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.

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER N	AME	20 Filer ID (Ethics Co	mmission Fil	ers)
		ILE SUBTOTALS F SCHEDULE	2 2		OTAL UNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$, s
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNI	DS	\$	
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	BUSINESS OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

					-	
Th	ne Instr	uction Guide explains how to complete this forn	n.		1 Total pages Schedule	A2:
2 FILER NAME	E A	rnold S. Zwicke			3 Filer ID (Ethics Comm	nission Filers)
4 TOTAL O	F UNI	TEMIZED IN-KIND POLITICAL CONTRIE	BUTION	s	\$	
5 Date 3-13-70%	7 Co	name of contributor out-of-state PAC (ID#: en McCornel tributor address; City; State; O IHIO West, Segrin, TX 781	Zip Code)	Contribution \$	In-kind contribution description Advertising of Texas. Complete Schedule T.
10 Principal occ		/ Job title (FOR NON-JUDICIAL) (See Instructions)	T	oloye	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principa	al occupation (FOR JUDICIAL)	13 Con	ntribu	utor's job title (FOR JUDI	CIAL)(See Instructions)
14 Contributor's	employ	er/law firm (FOR JUDICIAL)	15 Law	/ firm	n of contributor's spouse	(if any) (FOR JUDICIAL)
16 If contributor	is a chi	ld, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Fu	Il name of contributor)	Amount of Contribution \$	In-kind contribution description
	Co	ntributor address; City; State;	Zip Code	 e	Check if travel outside	of Texas. Complete Schedule T.
Principal occ	upation	/ Job title (FOR NON-JUDICIAL) (See Instructions)	Emp	oloye	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	princip	al occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employ	ver/law firm (FOR JUDICIAL)	Law	/ firm	n of contributor's spouse	(if any) (FOR JUDICIAL)
If contributor	r is a ch	llo, law firm of parent(s) (if any) (FOR JUDICIAL)	L			
1	If contr	ATTACH ADDITIONAL COPIES OF T	HIS SCH	EDU for	JLE AS NEEDED additional reporting r	equirements.

PLEDGED CONTRIBUTIONS SCHEDULE B 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date Amount 6 Full name of pledgor ☐ out-of-state PAC (ID#:___ 9 In-kind contribution of Pledge \$ description 7 Pledgor address; State; Zip Code City; Check if travel outside of Texas. Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) Date Amount In-kind contribution Full name of pledgor out-of-state PAC (ID#:_ of Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution Full name of pledgor ut-of-state PAC (ID#:___ Pledge \$ description City; State; Zip Code Pledgor address; _ Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Full name of pledgor Date out-of-state PAC (ID#:_ 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) 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 CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Event Expense Lo Fees O Food/Beverage Expense P By Gift/Awards/Memorials Expense P	pan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1	: 2 FILER NAME Arnol 2 5. 7	Zwicke	3 Filer ID (Ethics Commission Filers)
4 Date 2-22-2020	5 Payee name Sessin Christian	A	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
#375°°	1456 E. Kingsbury S	it, Sequir, TK	U8122
8	(a) Category (See Categories listed at the top of this sche		1
PURPOSE OF	Alber	Purchased	two Auction Items ivs) @ Fundraiser
EXPENDITURE		Cha	ivs) () Fundraiser
	(c) Check if travel outside of Texas. Complete Sched	ule T. Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
2-33-2020	Elm Creek Chris	st Lutheran C	hurch
Amount (\$)	Payee address;	City;	State; Zip Code
#33500	3305 Church Rd., Se	877 YK , nice	122
	Category (See Categories listed at the top of this sched		
PURPOSE OF		Aurchased 1	Auction Items
EXPENDITURE	Other	@ Fu	draiser
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	П		
Date	Payee name		
5-38-2000	Cadence Targeted	Communicat	ions
Amount (\$)	Payee address;	City;	State; Zip Code
#13,409.46	829 Tom Sawyer Rd., D	ripping Springs, T	1K 48190
	Category (See Categories listed at the top of this sched	dule) Description	
PURPOSE OF	Adventising	mail	nte.
EXPENDITURE	Tarvelli sing	1 1000	
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austin	n. TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	PT.		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDIII E AS MEE	:DED
Forms provided by Texas Et			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Ravised 9/26/2010

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Expense Office Over Polling Expense Printing Expense Printing Expense Office Over Polling Expense Over Polling Expen	erhead/Rental Expense Tr pense Tr xpense Tr Vages/Contract Labor Of	olicitation/Fundraising Expense ansportation Equipment & Related Expense avel In District avel Out Of District her (enter a category not listed above)
1 Total pages Schedule F1	The state of the s		Filer ID (Ethics Commission Filers)
4 Date 2-27-2020	5 Payee name Sessin Gazette		
# 496	Payee address; P.D. Boy Dev, Sego	City; IN TX T8156	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advantising	(b) Description	- Al
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
2-27-2020	Marion Education	Loundation	CAC
Amount (\$)	Payee address; P.O. Boy 314, Mari	city;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Puchase © 1	LAuction Items) Fundraiser
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
3-3-2020	Power Plant		
Amount (\$) \$3,552.53	Payee address; 2006 Stockdale Hu	Oity;	State; Zip Code
B.I.D	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food & Beverage Expense	Election	Vight Event
	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/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AS MEEDE	D
Forms provided by Texas Ft	h cs Commission www.ethics.state.tx.t		U
	······a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a	1.7	D

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this for •• Complete only if "Report Type" on page 1 is marked "Final		•
1	C/OH NAME	Arnold S. Zwicke	2 Filer ID (Ethics Commission Filers)
3	SIGNATURE			
	ing a report as	ny further political contributions or political expenditures in connection with my final report terminates my campaign treasurer appointment. I also understar make any campaign expenditures without a campaign treasurer appointment of	nd that I may	
		Signatur	re of Candid	date / Officeholder
4		S NOT AN OFFICEHOLDER & B below <i>only</i> if you are not an officeholder. ••		
	A. CAME	AIGN FUNDS		
	Check only	ne:		
	I do no	have unexpended contributions or unexpended interest or income earned from	om political c	ontributions.
	may n persor unexp this fin	unexpended contributions or unexpended interest or income earned from political convert unexpended political contributions or unexpended interest or incomal use. I also understand that I must file an annual report of unexpended onded contributions or unexpended interest or income earned on political contributions. Further, I understand that I must dispose of unexpended political coerained on political contributions in accordance with the requirements of Elect	me earned of contributions butions long entributions a	on political contributions to and that I may not retain er than six years after filing and unexpended interest or
	Check only o	retain assets purchased with political contributions or interest or other incom	e from politic	cal contributions.
	that I r persor	ain assets purchased with political contributions or interest or other income from ay not convert assets purchased with political contributions or interest or other all use. I also understand that I must dispose of assets purchased with politic ments of Election Code, § 254.204.	er income fro	m political contributions to
		S	ignature of	Candidate
5	OFFICEHOLD	ER		
	•• Complete th	s section only if you are an officeholder ••		
	file. I an officeho	are that I remain subject to filing requirements applicable to an officeholder who do also aware that I will be required to file reports of unexpended contributions if, a der, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the	last required report as an
		Się	gnature of C	Officeholder