

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00065997	2 Total pages filed: 192
3 COMMITTEE NAME Texans for Charles Schwertner		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/17/2017	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 2448 Georgetown, TX 78627-2448	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Dr. Stephen	
		NICKNAME LAST SUFFIX Benold	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 105 Tanksley Cr. Georgetown, TX 78628	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 105 Tanksley Cr. Georgetown, TX 78628	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (512) 943-1266	
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 Limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination	
10 PERIOD COVERED		Month Day Year THROUGH Month Day Year 07/01/2016 12/31/2016	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 03/06/2018 <input type="checkbox"/> General <input type="checkbox"/> Special	

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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME Texans for Charles Schwertner		13 Filer ID (Ethics Commission Filers) 00065997
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Officeholder	CANDIDATE / OFFICEHOLDER NAME Sen. Schwertner Charles M.D. OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) State Senator
	<input type="checkbox"/> Measure	BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year
		DESCRIPTION
15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 530.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 661,562.20
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 102,414.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,674,243.56
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 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.

 Dr. Stephen Benold
 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE**

**FORM SPAC
ADDENDUM**

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12 COMMITTEE NAME Texans for Charles Schwertner		13 Filer ID (Ethics Commission Filers) 00065997
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input checked="" type="checkbox"/> ASSIST (Officeholders only)	<input type="checkbox"/> CANDIDATE <input checked="" type="checkbox"/> OFFICE HOLDER	CANDIDATE / OFFICE HOLDER NAME Sen. Schwertner Charles M.D. OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) State Senator
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION ELECTION DATE MONTH DAY YEAR
		DESCRIPTION

SUBTOTALS - SPAC

17 COMMITTEE NAME Texans for Charles Schwertner		18 Filer ID (Ethics Commission Filers) 00065997
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 649,580.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 11,982.20
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 83,605.00
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 18,809.70
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
14.	<input type="checkbox"/> 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: Sch: 1/120 Rpt: 5/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A&M PAC	7 Amount of Contribution (\$) \$7,500.00
	6 Contributor address; City; State; Zip Code Austin, TX 78768	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AT&T Texas PAC	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00279455) AZ PAC	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code Wilmington, DE 19805	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00040279) Abbott Laboratories Employee PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Abbott Park, IL 60064	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00536573) Abbvie PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Chicago, IL 60064	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/120 Rpt: 6/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abeldt, Buford <hr/> 6 Contributor address; City; State; Zip Code Lufkin, TX 75901	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) Abeldt's Gaslight Pharmacy
Date 10/11/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00429001</u>) Advance America Cash Advance Centers Inc. PAC <hr/> Contributor address; City; State; Zip Code Spartanburg, SC 29306	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00181826</u>) Aetna Inc. PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahlberg, Trevor (Mr.) <hr/> Contributor address; City; State; Zip Code Irving, TX 75038	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Cottonwood Financial
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alberts, Mary <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/120 Rpt: 7/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Boone Humphries Robinson LLP <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77027	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Althaus, Sean (Dr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00089136) Altria Group, Inc. PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado, Agustin <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Production Director		Employer (See Instructions) Emmis Communications
Date 11/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) American Collectors Association of Texas PAC <hr/> Contributor address; City; State; Zip Code Lindale, TX 75771	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/120 Rpt: 8/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) American Pharmacy Inc. GPAC <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78401	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00251876</u>) Amgen Inc. PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20005	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anesthesia Partners of Texas, P.A. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00197228</u>) Anthem PAC <hr/> Contributor address; City; State; Zip Code Indianapolis, IN 46204	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00406892</u>) Applied Materials Inc PAC <hr/> Contributor address; City; State; Zip Code Burlingame, CA 94010	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/120 Rpt: 9/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 10/11/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold Public Affairs, LLC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Associated General Contractors of Texas - Texas Building Branch PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atmos Energy Corporation PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, Elaine <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avant, Bob <hr/> Contributor address; City; State; Zip Code Taylor, TX 76574	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Program Director		Employer (See Instructions) Texas A&M AgriLife Research

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/120 Rpt: 10/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avery, Nelson (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Georgetown, TX 78628	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Texas A&M Health Science Center
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BNSF Rail PAC	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76161	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Stuart	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78715	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Carol	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Retired		Retired
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Jay	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/120 Rpt: 11/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Phil <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barkemeyer, David (The Honorable) <hr/> Contributor address; City; State; Zip Code Cameron, TX 76520	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker M.D., Emily (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) River Oaks Doctors Group
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry, Paul (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/27/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Battista, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/120 Rpt: 12/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beal, Terry (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Killeen, TX 76549	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beatty, Monica	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Georgetown, TX 78626	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beer Alliance of Texas PAC	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernica, Greg	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77005	
Principal occupation / Job title (See Instructions) Executive Vice-President/CEO		Employer (See Instructions) Harris County Medical Society
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berteau, Robert (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/120 Rpt: 13/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 10/01/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bethea M.D., Henry (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code The Woodlands, TX 77381	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birkman, Lisa	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Round Rock, TX 78680	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bithos, George	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78738	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackridge	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackridge	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/120 Rpt: 14/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blake, Dona <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanton, Meghan <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bober, Kayla <hr/> Contributor address; City; State; Zip Code Houston, TX 77021	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bocchini, Claire <hr/> Contributor address; City; State; Zip Code Houston, TX 77054	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bofferding, Mark <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/120 Rpt: 15/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 10/01/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohreer & Zucker LLP	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Houston, TX 77046		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolton, James (Dr.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bond, Tom	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Greenberg Traurig, LLP
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boom M.D., Julie (Dr.)	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code Bellaire, TX 77401		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Children's Hospital
Date 12/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Border Health PAC	Amount of Contribution (\$) \$25,000.00
Contributor address; City; State; Zip Code McAllen, TX 78504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/120 Rpt: 16/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Box D.D.S, Richard (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78703	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions) Self
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brady, Patricia	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braly, Claudette	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brashear, Ercel (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Georgetown, TX 78627	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Real Estate Broker		Self-Employed
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brazos Public Affairs	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78749	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/120 Rpt: 17/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 10/01/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brentin, John <hr/> 6 Contributor address; City; State; Zip Code Bellaire, TX 77401	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bresnen, Steven <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Steve Bresnen & Associates
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brightwell Jr., George <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78627	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brinker M.D., Mark (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 11/05/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00035675) Bristol-Myers Squibb Employee Political Advocacy Fund <hr/> Contributor address; City; State; Zip Code Washington, DC 20004	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/120 Rpt: 18/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brock, Sue <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browning, Chris <hr/> Contributor address; City; State; Zip Code Moody, TX 76557	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, Truett (Mr.) <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bucher, Julian (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, John <hr/> Contributor address; City; State; Zip Code Bryan, TX 77802	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/120 Rpt: 19/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/13/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bussey, Dolores <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler M.D., Charles (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butt, Charles (Mr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Chairman & CEO		Employer (See Instructions) HEB Grocery Corporation
Date 10/11/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00384818</u>) CVS Health PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20004	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calcote, Byron <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/120 Rpt: 20/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 10/11/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calhoun, Kirk <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75707	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callewart, Craig (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 12/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capelo Law Firm, PC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capitol 405 Group PAC <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75011	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capitol Anesthesiology Association, PA <hr/> Contributor address; City; State; Zip Code Austin, TX 78705	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/120 Rpt: 21/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/05/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capitol Anesthesiology Association, PA	7 Amount of Contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code Austin, TX 78705		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, Craig	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Belton, TX 76513		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, Johnna	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77009		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriage House Partners LLC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78767		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Charles (Mr.)	Amount of Contribution (\$) \$225.00
Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/120 Rpt: 22/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 08/31/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Rusty <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carvelli, John <hr/> Contributor address; City; State; Zip Code Newport Beach, CA 92660	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Executive Vice President		Employer (See Instructions) Liberty Dental Plan of California, Inc.
Date 10/11/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00148031) Caterpillar Employees PAC <hr/> Contributor address; City; State; Zip Code Peoria, IL 61629	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavalier, Wayne (Mr.) <hr/> Contributor address; City; State; Zip Code Jarrell, TX 76537	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00397851) Centene Corporation PAC <hr/> Contributor address; City; State; Zip Code St. Louis, MO 63105	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/120 Rpt: 23/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 11/21/2016	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00397851) Centene Corporation PAC <hr/> 6 Contributor address; City; State; Zip Code St. Louis, MO 63105	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Centerpoint Energy Inc. PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77210	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00410589) Cerner Corporation PAC <hr/> Contributor address; City; State; Zip Code Kansas City, MO 64117	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Randall <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Randall <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/120 Rpt: 24/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chatron, Michael <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78664	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Associated General Contractors
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheatheat, Tim (The Honorable) <hr/> Contributor address; City; State; Zip Code Granger, TX 76530	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chesapeake Energy for Texans PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00035006</u>) Chevron Employees Texas PAC <hr/> Contributor address; City; State; Zip Code San Ramon, CA 94583	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chickasaw Nation <hr/> Contributor address; City; State; Zip Code Ada, OK 74820	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/120 Rpt: 25/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 08/29/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chiles, Meredith <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chody, Robert (Mr.) <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Sheriff		Employer (See Instructions) Williamson County
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Christopher <hr/> Contributor address; City; State; Zip Code San Clemente, CA 92672	Amount of Contribution (\$) \$1,875.00
Principal occupation / Job title (See Instructions) President & CEO		Employer (See Instructions) The Ensign Group Inc.
Date 09/19/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00085316</u>) Cigna PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20004	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, James <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/120 Rpt: 26/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 11/21/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Matt <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Freedom Bail Bonds
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay, Ryan <hr/> Contributor address; City; State; Zip Code Austin, TX 78705	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Texas Star Alliance
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clockwork Red Anesthesia PLLC <hr/> Contributor address; City; State; Zip Code Rio Hondo, TX 78583	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cogdill, Bert (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00248716) Comcast Corporation & NBC Universal PAC <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19103	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/120 Rpt: 27/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compass Bancshares, Inc. PAC	7 Amount of Contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code Birmingham, AL 35296		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Congress Avenue Partners PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connally, Allison	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Houston, TX 77024		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craddock Rice, Dan	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Lakeway, TX 78734		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curlee, Brad	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Round Rock, TX 78681		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/120 Rpt: 28/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 11/05/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dabaghi, Rashad <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dang, Joseph <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniell, David <hr/> Contributor address; City; State; Zip Code Florence, TX 76527	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Brad (Mr.) <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawn Buckingham Campaign <hr/> Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/120 Rpt: 29/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 08/29/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeVillez, Sue <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decker, William <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delisi Communications PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis, Al <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennison, Glenda <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/120 Rpt: 30/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/05/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewan, Brian <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dick, Shawn (The Honorable) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78627	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) District Attorney		Employer (See Instructions) Williamson County
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dietlein, Barbara <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dietlein Eye Center
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dipprey, Ron (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78627	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donahue, Terry <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/120 Rpt: 31/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 10/11/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Downing, Jan <hr/> 6 Contributor address; City; State; Zip Code Gilmer, TX 75644	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) MedShop Pharmacy
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dragsbaek, Anna <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) President & CEO		Employer (See Instructions) Immunization Partnership
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drake, Mary <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drozd, Victor <hr/> Contributor address; City; State; Zip Code Bryan, TX 77802	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DuBois, Rose Marie <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/120 Rpt: 32/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/05/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dupont, Cedric (Dr.)	7 Amount of Contribution (\$) \$1,500.00
6 Contributor address; City; State; Zip Code Austin, TX 78746		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Austin Anesthesia Group
Date 12/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERM Revocable Trust	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code Palo Alto, CA 94303		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Earley, James (Mr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Rockdale, TX 76565		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edge, James	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Bryan, TX 77802		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eisner, Amanda & Kevin	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/120 Rpt: 33/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) El Paso Electric Company Employee PAC <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79960	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00082792</u>) Eli Lilly & Company PAC <hr/> Contributor address; City; State; Zip Code Indianapolis, IN 46285	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Energy Transfer Partners Texas PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) English, Chris (Dr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Little River Healthcare
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Entergy Texas ENPAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/120 Rpt: 34/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/05/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Entergy Texas ENPAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$1,250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/19/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00219642</u>) Enterprise Holdings, Inc. PAC <hr/> Contributor address; City; State; Zip Code St. Louis, MO 63105	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Espiritu, Armando <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00141218</u>) Exelon PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOMCPAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/120 Rpt: 35/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farmer M.D., Masson (Dr.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Ennis, TX 75119	
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions) Self
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fears, Janelle & Robert	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feingold D.D.S, Jeffery	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Fort Lauderdale, FL 33309	
Principal occupation / Job title (See Instructions) President/CEO		Employer (See Instructions) MCNA Dental
Date 12/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fertitta, Tilman	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77027	
Principal occupation / Job title (See Instructions) Chairman & CEO		Employer (See Instructions) Landry's Restaurant, Inc.
Date 12/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finley, Trace	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78745	
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Gateway Partners

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/120 Rpt: 36/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finnell, John <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78715	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, James <hr/> Contributor address; City; State; Zip Code Lantana, TX 76226	Amount of Contribution (\$) \$187.50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, James <hr/> Contributor address; City; State; Zip Code Lantana, TX 76226	Amount of Contribution (\$) \$93.75
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/04/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fite M.D., Diana (Dr.) <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77355	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flax M.D., Ira (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/120 Rpt: 37/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 08/29/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fletcher, Mike <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Focused Advocacy PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Focused Advocacy PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fohn, Louis (Mr.) <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fontaine, Linda <hr/> Contributor address; City; State; Zip Code Austin, TX 78715	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/120 Rpt: 38/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 11/05/2016	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00046474) Ford Motor Company Civic Action Fund <hr/> 6 Contributor address; City; State; Zip Code Detroit, MI 48275	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Robert (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fredrickson, Jennifer <hr/> Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of Baylor Medical PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77010	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of TAMU Engineering PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77041	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/120 Rpt: 39/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fry M.D., Liam (Dr.)	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Austin, TX 78759		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fultz, John	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Navasota, TX 77868		
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Mid South Synergy
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaddes, Larry	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Round Rock, TX 78681		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garland, Ronald	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gavin, Jana	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Avondale, PA 19311		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/120 Rpt: 40/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 11/21/2016	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00199257) Genentech PAC <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94080	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/05/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00292094) Genesis Healthcare, Inc. PAC <hr/> Contributor address; City; State; Zip Code Kennett Square, PA 19348	Amount of Contribution (\$) \$1,875.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giardino M.D., Angelo (Dr.) <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Senior Vice President		Employer (See Instructions) Texas Children's Hospital
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Louis (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giesecke M.D., Martin (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/120 Rpt: 41/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 10/01/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilmer M.D., Peachy (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Houston, TX 77019	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gipson, Ty	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Kelly	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goode-Haddock, Celia (Mrs.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code College Station, TX 77845	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) University Title Company
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodridge M.D., Timothy (Dr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/120 Rpt: 42/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Hunter	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code College Station, TX 77840		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Charles (Dr.)	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code Elgin, TX 78621		
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Charles (Lt. Gen.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Frank	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Bartlett, TX 76511		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00266585) Greenberg Traurig PAC	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code Albany, NY 12207		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/120 Rpt: 43/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 10/11/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulf States Toyota Inc. State PAC <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77077	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gumbert, Sam <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Brenda <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gwendolyn, Emmett <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) NA
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haag, Barry (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) First Texas Bank

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/120 Rpt: 44/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallford, Brandy <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78681	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Lesley <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harp, Michelle <hr/> Contributor address; City; State; Zip Code La Vernia, TX 78121	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Susan <hr/> Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Tim <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/120 Rpt: 45/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Joshua & Vicky <hr/> 6 Contributor address; City; State; Zip Code College Station, TX 77840	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harron, William <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartford, Melanie <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haskins, Brian <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haufrect M.D., Eric (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/120 Rpt: 46/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawley, Bentley <hr/> 6 Contributor address; City; State; Zip Code Odessa, TX 79762	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynie, Tom <hr/> Contributor address; City; State; Zip Code Navasota, TX 77868	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Haynie Ranch
Date 09/19/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00199711) Health Care Service Corporation Employees' PAC <hr/> Contributor address; City; State; Zip Code Chicago, IL 60601	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00199711) Health Care Service Corporation Employees' PAC <hr/> Contributor address; City; State; Zip Code Chicago, IL 60601	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HeartPlace PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/120 Rpt: 47/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hensley, Jim <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78628	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00196725) Hewlett Packard Company PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00196725) Hewlett Packard Company PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Capstar Partners, LLC
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higginbotham, Dean <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/120 Rpt: 48/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 10/01/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) High, Bettie & Doyle <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) Anson Plaza Pharmacy
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillco PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holcombe, Roderick <hr/> Contributor address; City; State; Zip Code Cameron, TX 76520	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Ann <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Carolyn <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/120 Rpt: 49/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 08/29/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Ned <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) Ned S. Holmes Investments Inc.
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Home Therapy Advocates for Kids PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75380	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Jay <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthesist		Employer (See Instructions) Ascendant Anesthesia
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Jay <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthesist		Employer (See Instructions) Ascendant Anesthesia
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hospital Corporation of America - Texas Good Government Fund <hr/> Contributor address; City; State; Zip Code Irving, TX 75039	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/120 Rpt: 50/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hostetter, Jerry (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Burnet, TX 78611	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hotez, Peter <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) House, Randolph (Mr.) <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Police Retired Officers Association PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77252	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Lisa <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/120 Rpt: 51/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 08/29/2016	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00271007) Humana Inc. PAC	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Washington, DC 20004		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hussey, Mark (Dr.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Bryan, TX 77808		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Texas A&M University
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutson, Marilyn	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Independent Bankers Association of Texas PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Independent Bankers Association of Texas PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/120 Rpt: 52/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Independent Insurance Agents of Texas PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78768	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Independent Insurance Agents of Texas PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78768	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Independent Insurance Agents of Texas PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78768	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Independent Pharmacists RX PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingram, James <hr/> Contributor address; City; State; Zip Code Bryan, TX 77802	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Ingram & Wallis, PC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/120 Rpt: 53/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inman, Merianne	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Georgetown, TX 78633		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jabour, David	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78731		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Twin Liquors
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson Walker, LLP PAC	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code Dallas, TX 75202		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jarrin J.D., Nelson	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Director of Government Affairs		Employer (See Instructions) The Meadows Mental Health Policy Institute for Texas
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jewett, Jon (Mr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/120 Rpt: 54/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Jim 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00010983</u>) Johnson & Johnson PAC Contributor address; City; State; Zip Code New Brunswick, NJ 08933	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Bob (Mr.) Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Janis Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Tim Contributor address; City; State; Zip Code Dalhart, TX 79022	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/120 Rpt: 55/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jost, Lawrence <hr/> 6 Contributor address; City; State; Zip Code Garden City, TX 79739	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Just, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78730	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kacir, Dan (Mr.) <hr/> Contributor address; City; State; Zip Code Temple, TX 76501	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kamm, Robert (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karkoska, Dolores <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/120 Rpt: 56/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 11/05/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karnei, Clifton	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code McGregor, TX 76657	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keel, Deborah	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code West, TX 76691	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Andrew	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Dallas, TX 75225	
Principal occupation / Job title (See Instructions) President/CEO		Employer (See Instructions) Meadows Mental Health Policy Institute
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelton, Kerry (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code College Station, TX 77845	
Principal occupation / Job title (See Instructions) General Manager / CEO		Employer (See Instructions) Mid-South Synergy
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Kathleen	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/120 Rpt: 57/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/05/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenton M.D., Alexander (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Antonio, TX 78212	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Brady for Congress	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Huntsville, TX 77387	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kickapoo Traditional Tribe of Texas	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Eagle Pass, TX 78852	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killebrew, Carolyn	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirley, Francis	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Sykesville, MD 21784	
Principal occupation / Job title (See Instructions) President & CEO		Employer (See Instructions) Nexion Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/120 Rpt: 58/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 08/29/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koehn, Juergen (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Lago Vista, TX 78645	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Konetchy, Howard (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korivi M.D., Praveen (Dr.) <hr/> Contributor address; City; State; Zip Code Tampa, FL 33647	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krienke, Sharon & Roland <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78680	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kucera, Gerald (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) President & CEO		Employer (See Instructions) The Kucera Companies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/120 Rpt: 59/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 11/05/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LB Belon LLC <hr/> 6 Contributor address; City; State; Zip Code Carrollton, TX 75006	7 Amount of Contribution (\$) \$1,875.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaBrecque, Philip (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaMantia, Mary <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Favorite Brands, LLC
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Labas, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamantia, Joseph <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) L&F Distributors

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/120 Rpt: 60/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 10/01/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamantia, Morgan <hr/> 6 Contributor address; City; State; Zip Code Larado, TX 78041	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) L&F Distributors
Date 10/13/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lankford, Shelli <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leal, Roland <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Roland Leal Consulting
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonard, Josh <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$1,875.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Senior Living Properties
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Bruce (Dr.) <hr/> Contributor address; City; State; Zip Code Palm Beach Gardens, FL 33410	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/120 Rpt: 61/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 11/21/2016	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00171843) Liberty Mutual Insurance Company PAC	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Boston, MA 02116		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lightfoot, Bryan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Salado, TX 76571		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd Gosselink Rochelle & Townsend, PC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locke, Anthony (Mr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Georgetown, TX 78628		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locke Lord, LLP	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Dallas, TX 75201		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/120 Rpt: 62/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lofland, Sue	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Georgetown, TX 78633		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/28/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Logan, Gordon (Mr.)	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Sport Clips, Inc.
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longbow Consulting Partners, LLC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ludkow, Ann	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lux, Jon (Mr.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/120 Rpt: 63/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macchi, Joan (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magee, Blake <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Real Estate Development		Employer (See Instructions) Blake Magee Company
Date 12/19/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00247262) Magellan Health Inc. Texas Committee for Good Government PAC <hr/> Contributor address; City; State; Zip Code Columbia, MD 21046	Amount of Contribution (\$) \$2,750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahendru, Vivek (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Central Texas Pain Institute
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Male, Richard <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/120 Rpt: 64/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malloy, Jacqueline (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78628	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maloney, Kenneth <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marangell, Lauren <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marek, Modine & Victor <hr/> Contributor address; City; State; Zip Code Schwertner, TX 76573	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Anne <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/120 Rpt: 65/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Joe (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code College Station, TX 77845	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Karen	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00558932) Maxim Healthcare Services, Inc. PAC	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Alexandria, VA 22314	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Thomas Nyle	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) President & CEO		Employer (See Instructions) Maxwell Auto Dealerships
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAlister, Jana	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Argyle, TX 76226	
Principal occupation / Job title (See Instructions) Certified Anesthesiologist Assistant		Employer (See Instructions) Children's Medical Center

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SCHEDULE A1

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2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCasland, Doug (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78628	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCaslin, Jeanette & Pat <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCauley, Ronda <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClaren, Bob (Mr.) <hr/> Contributor address; City; State; Zip Code Cameron, TX 76520	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Attorney & Rancher		Employer (See Instructions) McClaren Partners, LLC
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCombs, B.J. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Red McCombs Enterprises

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/120 Rpt: 67/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Linda (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78628	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Rhea & Roy <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGee, Flo <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Receptionist		Employer (See Instructions) Cornerstone Mortgage
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGee M.D., Lindy (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 12/19/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00225342) McGuire Woods PAC <hr/> Contributor address; City; State; Zip Code Richmond, VA 23219	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/120 Rpt: 68/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McHorse, Paul <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Anesthesiologist Assistant		9 Employer (See Instructions) Baylor Scott & White Health
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Lee (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) McIntosh Holdings
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLane, Drayton <hr/> Contributor address; City; State; Zip Code Temple, TX 76503	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) The Mclane Group
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeod, Wade (Dr.) <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMillan, Jana (Mrs.) <hr/> Contributor address; City; State; Zip Code Bryan, TX 77802	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/120 Rpt: 69/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/05/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mednax, Inc. PAC <hr/> 6 Contributor address; City; State; Zip Code Sunrise, FL 33323	7 Amount of Contribution (\$) \$25,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meeks, Anna <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menzel, Paul <hr/> Contributor address; City; State; Zip Code Houston, TX 77021	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meredith, Lonnie <hr/> Contributor address; City; State; Zip Code Haskell, TX 79521	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Owner/Pharmacist		Employer (See Instructions) The Haskell Drug Store
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mersiosky, Mike (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Sonic Drive-In

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/120 Rpt: 70/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 08/29/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miles, Arlene & Jared	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Georgetown, TX 78628		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miles, John	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Carl (Mr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Hill Country Staffing Co.
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, Jack	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Florence, TX 76527		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mire, Ellen (Mrs.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/120 Rpt: 71/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 10/01/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Catherine <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77089	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Matthew <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions) Stratus Anesthesia Southlake
Date 09/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Matthew <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		Employer (See Instructions) Stratus Anesthesia Southlake
Date 08/29/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00430256</u>) Molina Healthcare Inc. PAC <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90802	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00430256</u>) Molina Healthcare Inc. PAC <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90802	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/120 Rpt: 72/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/10/2016	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00042069) Monsanto Citizenship Fund <hr/> 6 Contributor address; City; State; Zip Code St. Louis, MO 63167	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Dennis <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Vicki <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mortensen, Dale (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulligans, Matthew <hr/> Contributor address; City; State; Zip Code College Station, TX 77840	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/120 Rpt: 73/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Multer, Jerry Don (Mr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Wall, TX 76957	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Lori	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00022368) National Association of Chain Drug Stores PAC	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code Arlington, VA 22209	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00170258) National Association of Mutual Insurance Companies PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Indianapolis, IN 46268	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) National Child Care Coalition PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Rowlett, TX 75088	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/120 Rpt: 74/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) National Child Care Coalition PAC <hr/> 6 Contributor address; City; State; Zip Code Rowlett, TX 75088	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) National Cutting Horse Association PAC <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nayman, Ralph (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal, Jean <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/27/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nettles, Bentley <hr/> Contributor address; City; State; Zip Code Wellborn, TX 77881	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Nettles Law PLLC

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/120 Rpt: 75/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 11/05/2016	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00064774) NextEra Energy PAC <hr/> 6 Contributor address; City; State; Zip Code Juno Beach, FL 33408	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman, Isaac <hr/> Contributor address; City; State; Zip Code Taylor, TX 76574	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norris, Hugh <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NuStar PAC <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nucor Corporation PAC <hr/> Contributor address; City; State; Zip Code Jewett, TX 75846	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/120 Rpt: 76/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Connor, Sondra <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ONCOR Texas State PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75202	Amount of Contribution (\$) \$3,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Odom, George (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogden, Steve (The Honorable) <hr/> Contributor address; City; State; Zip Code Bryan, TX 77802	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) President & CEO		Employer (See Instructions) Ogden Resources
Date 12/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Old American Capital Corp PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75252	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/120 Rpt: 77/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oldham, Casey <hr/> 6 Contributor address; City; State; Zip Code College Station, TX 77845	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oleinik, Charlotte <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77320	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ottinger, Tim (Mr.) <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAC for Engineers <hr/> Contributor address; City; State; Zip Code Austin, TX 78768	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmerton, Leighton <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/120 Rpt: 78/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/05/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patt, Hanoch (Dr.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Austin, TX 78703	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Texas Oncology
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peckham, Will (The Honorable)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Round Rock Travel
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pediatric Dentists PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peisen, Grant	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Buda, TX 78610	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) L&F Distributors
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peisen, Lisa Marie	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code El Paso, TX 79912	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) L&F Distributors

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/120 Rpt: 79/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perdue, Brandon, Fielder, Collins & Mott, LLP <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79408	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Roy <hr/> Contributor address; City; State; Zip Code Houston, TX 77010	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pewitt, Bill <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Government Affairs Consultant		Employer (See Instructions) Bill Pewitt & Associates
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham, Binh <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham, Holly <hr/> Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/120 Rpt: 80/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phenix, Billy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Attorney/Legislative Consultant		9 Employer (See Instructions) Self
Date 11/05/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00239780) Philips Electronics North America Corporate PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, June Jett <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce II, Robert <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77342	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitts, Peggy <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) University of Texas		Employer (See Instructions) Program Director

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/120 Rpt: 81/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pope, Tillie & John <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00066472) Property Casualty Insurers Association of America PAC <hr/> Contributor address; City; State; Zip Code Chicago, IL 60631	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Putnam, Terry <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Q PAC <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76102	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rabb, Nancy <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Nancy Rabb Properties, Ltd.

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2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/05/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachor, Jeffery	7 Amount of Contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code Dallas, TX 75205		
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Berkshire Hathaway Automotive Inc.
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raimer M.D., Ben (Dr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Galveston, TX 77551		
Principal occupation / Job title (See Instructions) Physician/Professor		Employer (See Instructions) University of Texas Medical Branch
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ratcliff, Jim	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray, Richard (Mr.)	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code The Woodlands, TX 77304		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Richie's Specialty Pharmacy
Date 10/11/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00097568) Raytheon PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Arlington, VA 22209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/120 Rpt: 83/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Red Horn, LP <hr/> 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00344663</u>) ResCare, Inc. Advocacy Fund <hr/> Contributor address; City; State; Zip Code Louisville, KY 40223	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Retz, Richard (Dr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Ed <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Kevin <hr/> Contributor address; City; State; Zip Code Spring, TX 77379	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/120 Rpt: 84/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 11/05/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ridgeway, Jeffrey <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberson, Evan (Mr.) <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert E. Johnson Campaign Account <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Dan <hr/> Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robison, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Gov Whiz

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/120 Rpt: 85/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosell, Cathy <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Romnii <hr/> Contributor address; City; State; Zip Code Houston, TX 77067	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudd, Glenn (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rural Friends of Texas Electric Cooperatives <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutledge M.D., J. Neal (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/120 Rpt: 86/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rydman, John <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Spec's Liquor Stores
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sadau, Ernie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saldarriaga, Alina <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sands, Bob (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$525.00
Principal occupation / Job title (See Instructions) City Councilman		Employer (See Instructions) City of Georgetown
Date 10/11/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00144345) Sanofi US Services Inc. Employees' PAC <hr/> Contributor address; City; State; Zip Code Bridgewater, NJ 08807	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/120 Rpt: 87/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/10/2016	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00144345) Sanofi US Services Inc. Employees' PAC <hr/> 6 Contributor address; City; State; Zip Code Bridgewater, NJ 08807	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scheibel, Chester <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schleder, Betty <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Everett (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schneider, Julie <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/120 Rpt: 88/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 10/01/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scholtes M.D., Anna (Dr.)	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Houston, TX 77027		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schrowang, Sue	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Georgetown, TX 78628		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, A.R. "Babe"	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Self
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwertner Sr., Charles (Mr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Abilene, TX 79602		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwertner, Don	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Jarrell, TX 76537		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/120 Rpt: 89/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwertner, Harvey <hr/> 6 Contributor address; City; State; Zip Code Boerne, TX 78006	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Thomas <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$1,875.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Pinnacle Health Facilities XIX
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sedadent Anesthesia Services, PLLC <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Senior Care Centers PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Septimus, Joshua <hr/> Contributor address; City; State; Zip Code Houston, TX 77081	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/120 Rpt: 90/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sera, Gary (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Iola, TX 77861	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Service Corporation International PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shafer, Jennifer <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharp, Janet (Mrs.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaughnessy, Nancy <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/120 Rpt: 91/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simank, Kristi	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Georgetown, TX 78633		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sledge Law Group, PLLC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smithers, Jeff	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code San Antonio, TX 78258		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Smithers Merchant Builders, LP
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) South Austin Community Acupuncture PLLC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78704		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southwestern Committee on Political Education for Southwestern Public	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Amarillo, TX 79105		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Space City Anesthesia AA's	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Houston, TX 77058	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sperling, Richard	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spinner, Stanley	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Bellaire, TX 77401	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/21/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00089342</u>) Sprint Corporation PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Overland Park, KS 66251	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Standard, Tommy (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Milano, TX 76556	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Standard Home Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/120 Rpt: 93/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Jason <hr/> 6 Contributor address; City; State; Zip Code Liberty Hill, TX 78642	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Financial Advisor		9 Employer (See Instructions) Edward Jones
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staudt, Edna (The Honorable) <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Justice of the Peace		Employer (See Instructions) Williamson County
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Troy <hr/> Contributor address; City; State; Zip Code Belton, TX 76513	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Dental Solutions
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sundar, Sanjana <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sweeney, Kathy <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/120 Rpt: 94/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swift, Bernard (Dr.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78232	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Texas Med Clinic
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Symank, Dennis	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Liberty Hill, TX 78642	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00441733) Takeda Pharmaceutical America Inc. PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Deerfield, IL 60015	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talamo, Maria	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tapestry Post Acute Care	Amount of Contribution (\$) \$1,875.00
	Contributor address; City; State; Zip Code Victoria, TX 77901	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 91/120 Rpt: 95/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 08/29/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tatum, Barbara <hr/> 6 Contributor address; City; State; Zip Code Davilla, TX 76523	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, John <hr/> Contributor address; City; State; Zip Code Highland Village, TX 75077	Amount of Contribution (\$) \$1,593.75
Principal occupation / Job title (See Instructions) President & CEO		Employer (See Instructions) Rambling Oaks Courtyard Extensive Care Community
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teegarden, James <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00479998</u>) Tenaska Employees Texas PAC <hr/> Contributor address; City; State; Zip Code Omaha, NE 68154	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tenet Healthcare Corporation PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75202	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/120 Rpt: 96/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Wilson Campaign <hr/> 6 Contributor address; City; State; Zip Code Granite Shoals, TX 78654	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tesch, Robert <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Real Estate Developer		Employer (See Instructions) Tesch Development Company
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tesch, Sandra Lee <hr/> Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texan Cancer PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77079	Amount of Contribution (\$) \$2,200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Lawsuit Reform PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/120 Rpt: 97/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Lawsuit Reform PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas & Southwestern Cattle Raisers Association PAC <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76102	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Academy of Nutrition and Dietetics PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Aggregates & Concrete Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Agricultural Aviation Association Ag Air PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78768	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 94/120 Rpt: 98/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Agricultural Cooperative Council PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Air Conditioning Contractors Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Alliance Oil & Gas PAC <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76301	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Alliance for Life PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78765	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Apartment Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 08/29/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association for Home Care & Hospice PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association for Home Care & Hospice PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association of Assisted Living TALAPAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association of Builders HOME PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association of Health Plans PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 96/120 Rpt: 100/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association of Health Underwriters PAC	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Duncanville, TX 75137		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association of Marriage and Family Therapy (TAMFT) PAC	Amount of Contribution (\$) \$750.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association of Mutual Insurance Companies PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Yoakum, TX 77995		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association of Physician Assistants (TAPA) PAC	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association of REALTORS (TREPAC)	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/120 Rpt: 101/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association of REALTORS (TREPAC)	7 Amount of Contribution (\$) \$5,000.00
	6 Contributor address; City; State; Zip Code Austin, TX 78701	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Automobile Dealers Association PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Business & Commerce BACPAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Cattlefeeders Association BEEF-PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Amarillo, TX 79106	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Certified Registered Nurse Anesthetists PAC	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 98/120 Rpt: 102/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/05/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Coalition of Dental Service Organizations PAC <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75248	7 Amount of Contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas College of Emergency Physicians PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Consumer Lenders PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Dental Association DenPAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Dental Association DenPAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 99/120 Rpt: 103/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 08/29/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Dental Hygienists' Association HyPAC <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76016	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Employee PAC of Luminant Holding Company LLC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Food & Fuel Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Friends of Time Warner Cable PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Funeral Directors Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78741	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 100/120 Rpt: 104/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Health Care Association PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78765	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Health Care Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78765	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Hospital Association HOSPAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$4,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Land Developers Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78768	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Land Title Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$9,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 10/11/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Land Title Association PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Manufactured Housing Association Inc. PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Medical Association TEXPAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Medical Association TEXPAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Medical Association TEXPAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 10/11/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Mortgage Bankers PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$3,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Nurse Practitioners PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Nursery & Landscape Association (TNLA) PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Occupational Therapy Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Oil & Gas Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 10/11/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Ophthalmological Association EyePAC	7 Amount of Contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code Austin, TX 78701		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Oral & Maxillofacial Surgeons PAC	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code San Antonio, TX 78229		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Osteopathic Medical Association PAC	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Pharmacy Association PharmPAC	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code Austin, TX 78757		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Pipeline Association PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 104/120 Rpt: 108/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 08/29/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Podiatric Medical Association PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Podiatric Medical Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Poultry PAC <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Psychological Association PAC <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78630	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Radiological Society PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 105/120 Rpt: 109/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/10/2016	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00107615) Texas Rental Association PAC <hr/> 6 Contributor address; City; State; Zip Code Moline, IL 61265	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Restaurant Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78767	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Rural Water PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Society of Anesthesiologists PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Society of Certified Public Accountants PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Society of Certified Public Accountants PAC <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Speech, Language & Hearing Association (TSHA) PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas State Farm Agents PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78767	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas State Rifle Association PAC <hr/> Contributor address; City; State; Zip Code Paige, TX 78659	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas State University System PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78767	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas State Wide Telephone Cooperative, Inc. PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Surplus Lines Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78766	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Towing & Storage Association (TTSA) PAC <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77386	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The American Electric Power Company Texas Committee for <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Posey Law Firm, PC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Hazel <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomson M.D., Cole (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Memorial Hermann
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thrash, Erin <hr/> Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timmerman, Tim (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Real Estate Development		Employer (See Instructions) Self-Employed
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tippie, Henry <hr/> Contributor address; City; State; Zip Code Austin, TX 78755	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 10/01/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tittle, Katharine <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77055	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torrey, Bill (Mr.) <hr/> Contributor address; City; State; Zip Code Cameron, TX 76520	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) District Attorney		Employer (See Instructions) Milam County
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Toan <hr/> Contributor address; City; State; Zip Code Houston, TX 77064	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00376376</u>) Travelers Companies, Inc. PAC <hr/> Contributor address; City; State; Zip Code Hartford, CT 06183	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trujillo, Rae (Mr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trzaska, Frank <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77098	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Jeff <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Self
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyroch, Alan (Dr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) US Anesthesia Partners of Texas PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$17,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) USAA Employee PAC <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78288	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 11/21/2016	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00010470) Union Pacific Corporation Fund for Effective Government <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20005	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00274431) UnitedHealth Group PAC <hr/> Contributor address; City; State; Zip Code Minnetonka, MN 55343	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/19/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00185520) Universal Health Services Employees Good Government Fund <hr/> Contributor address; City; State; Zip Code King of Prussia, PA 19406	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) University of Houston PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77227	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Upton, Wade <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 10/01/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez McStay, L. Rosie <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77008	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Arsdale, Corbin <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Associated General Contractors of Texas		Employer (See Instructions) Vice President & General Counsel
Date 08/15/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van den Bent, Jerre <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Therapy 2000 Inc.
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verizon Good Government Club <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vessali, Parviz (Mr.) <hr/> Contributor address; City; State; Zip Code College Station, TX 77840	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 10/11/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veterans & Civilians Brain Injury Advocates PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veterinary PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78754	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voyles, Claudia <hr/> Contributor address; City; State; Zip Code Austin, TX 78742	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00093054) Wal-Mart Stores Inc. PAC for Responsible Government <hr/> Contributor address; City; State; Zip Code Bentonville, AR 72716	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Whitney <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 10/01/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter III, J.C. "Rusty" <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77002	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Walter Oil & Gas Corporation
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ware, Neel (Dr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Marcia <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Martha & Glenn <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78627	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Andrew <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weed, John (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Rockdale, TX 76567	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Little River Healthcare
Date 09/19/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00390575</u>) Welcare PAC	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tampa, FL 33634	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00034595</u>) Wells Fargo & Co. Employee PAC	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Minneapolis, MN 55402	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welsh, Dinah	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Texas EMS Trauma & Acute Care Foundation (TETAF)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weltge, Arlo	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bellaire, TX 77401	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wenzell, Joseph	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Weatherford, TX 76086		
8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist		9 Employer (See Instructions) Self
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Judith	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheat, Thomas	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Dallas, TX 75247		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Ronnie (The Honorable)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Huntsville, TX 77340		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittaker, Christopher	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78749		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 10/11/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wholesale Beer Distributors of Texas PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wholesale Beer Distributors of Texas PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, Susie <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Gregory <hr/> Contributor address; City; State; Zip Code Shoreacres, TX 77571	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Victor <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Dennis (The Honorable)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Groesbeck, TX 76642	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/21/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00425975</u>) Windstream PAC	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Little Rock, AR 72212	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winstead PAC	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75201	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Vivian & Leo	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Georgetown, TX 78626	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard, Beth & Ray	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 119/120 Rpt: 123/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 08/29/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worley, Carol <hr/> 6 Contributor address; City; State; Zip Code Rockdale, TX 76567	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Michael <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Texas Pharmacy Business Council
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yearwood, John <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Youngblood, John (Judge) <hr/> Contributor address; City; State; Zip Code Cameron, TX 76520	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) 20th District Court of Texas
Date 08/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaharias, David <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 120/120 Rpt: 124/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Date 10/11/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zarrabi D.D.S, Saam (Dr.)	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75201	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions) Self
Date 11/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zerr, Maria	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Houston, TX 77005	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zhu, Wensheng	Amount of Contribution (\$) \$560.00
	Contributor address; City; State; Zip Code Sugar Land, TX 77479	
Principal occupation / Job title (See Instructions) Anesthesiologist Assistant		Employer (See Instructions) Memorial Hermann Sugar Land
Date 10/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zucker, James	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77008	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 125/192	
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 08/29/2016	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Medical Association (TEXPAC) 7 Contributor address; City; State; Zip Code Austin, TX 78701	8 Amount of contribution (\$) \$43.08	9 In-kind contribution description Food and beverage expense at fundraising reception <input type="checkbox"/> 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 11/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Medical Association (TEXPAC) Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$4,279.48	In-kind contribution description Food and beverage expense for fundraising reception at Warwick Melrose Hotel <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
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)			
Date 09/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701	Amount of contribution (\$) \$7,659.64	In-kind contribution description Refreshments for Ranch Roundup BBQ & Fundraiser <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
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)			

POLITICAL EXPENDITURES 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
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: Sch: 1/20 Rpt:	2	FILER NAME Texans for Charles Schwertner	3	Filer ID (Ethics Commission Filers) 00065997
4	Date 11/14/2016	5	Payee name Alonti		
6	Amount (\$) \$917.97	7	Payee address; City; State; Zip Code 701 South Lamar Boulevard Austin, TX 78704		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for Sunset Advisory Commission and staff		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/03/2016		Payee name American Legion Post 911		
	Amount (\$) \$500.00		Payee address; City; State; Zip Code PO Box 221 Cedar Park, TX 78630		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship for Gold Star family banquet		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/29/2016		Payee name Andrew Nelson for Mayor		
	Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 720 N. Rosemary Drive Bryan, TX 77802		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution to Andrew Nelson for Bryan Mayor		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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
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: Sch: 2/20 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/10/2016	5 Payee name Anedot.com	
6 Amount (\$) \$458.77	7 Payee address; City; State; Zip Code 5555 Hilton Avenue Suite 106 Baton Rouge, LA 70808	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee for online contributions
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/12/2016	Payee name Bill Daugette Campaign	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 2986 State Highway 19 Huntsville, TX 77320	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution to Bill Daugette for Walker County Commissioner, Pct 3
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/09/2016	Payee name Brazos Valley Veterans Memorial	
Amount (\$) \$250.00	Payee address; City; State; Zip Code PO Box 11055 College Station, TX 77842	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation for "Rosie the Riveter" statue
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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
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: Sch: 3/20 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 Date 09/27/2016	5 Payee name Carter, Charles
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6 Amount (\$) \$1,700.00	7 Payee address; City; State; Zip Code 234 Olde Oak Drive Georgetown, TX 78633
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor for Ranch Roundup BBQ & Fundraiser
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/16/2016	Payee name Cedar Valley Band
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Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 809 Paleface Ranch Road Spicewood, TX 78669
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Band for annual Ranch Roundup BBQ & Fundraiser
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/19/2016	Payee name Central Texas Republican Assembly
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Amount (\$) \$10.00	Payee address; City; State; Zip Code 1101 S. Mopac Expressway Austin, TX 78746
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign membership fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES 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
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: Sch: 4/20 Rpt:	2	FILER NAME Texans for Charles Schwertner	3	Filer ID (Ethics Commission Filers) 00065997
4	Date 12/15/2016	5	Payee name Clark, Leah		
6	Amount (\$) \$500.00	7	Payee address; City; State; Zip Code 696 County Road 267 Georgetown, TX 78628		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contract labor		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/24/2016		Payee name First Texas Bank		
	Amount (\$) \$23.50		Payee address; City; State; Zip Code 900 South Austin Avenue Georgetown, TX 78626		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense New checks for SPAC account		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/15/2016		Payee name Georgetown Area Republican Women		
	Amount (\$) \$16.00		Payee address; City; State; Zip Code 1530 Sun City Blvd Suite 120 Georgetown, TX 78633		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership fee		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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
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: Sch: 5/20 Rpt:	2	FILER NAME Texans for Charles Schwertner	3	Filer ID (Ethics Commission Filers) 00065997
4	Date 08/18/2016	5	Payee name Georgetown Area Republican Women PAC		
6	Amount (\$) \$48.00	7	Payee address; City; State; Zip Code 2913 Gabriel View Drive Georgetown, TX 78628		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership fee		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/26/2016		Payee name Gerald Yezak Campaign for Sheriff		
	Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 1104 S Main Street Bremond, TX 76629		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Donation to Robertson County Sheriff Gerald Yesak		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/30/2016		Payee name Grimes County Republican Women		
	Amount (\$) \$10.00		Payee address; City; State; Zip Code 7506 CR 204 Plantersville, TX 77363		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership fee		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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
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: Sch: 6/20 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
4 Date 11/16/2016	5 Payee name Grimes County Republican Women	
6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 7506 CR 204 Plantersville, TX 77363	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch meeting with Grimes County Republican Women
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/16/2016	Payee name Grimes County Republican Women	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 7506 CR 204 Plantersville, TX 77363	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/17/2016	Payee name HEARTS Veterans Museum	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 463 State Highway 75 Huntsville, TX 77320	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of annual Veterans Day Banquet
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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
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: Sch: 7/20 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/06/2016	5 Payee name Heart of Texas Council of Governments	
6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code 1514 S New Road Waco, TX 76711	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2016	Payee name Heath, Janet	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 12324 N Highway 77 Lexington, TX 78947	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Homemade blankets to be donated at 2017 Reagan Day celebrations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/15/2016	Payee name Holloway, Thomas (Mr.)	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 404 Rio Grande Apt 228 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contract labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 8/20 Rpt:	2	FILER NAME Texans for Charles Schwertner	3	Filer ID (Ethics Commission Filers) 00065997
4	Date 10/19/2016	5	Payee name Landy Warren Campaign		
6	Amount (\$) \$500.00	7	Payee address; City; State; Zip Code 1804 Whip O Will Round Rock, TX 78681		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution to Landy Warren for Williamson County Commissioner, Pct 1		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 08/05/2016		Payee name Mike McCloskey Campaign for SREC-5		
	Amount (\$) \$150.00		Payee address; City; State; Zip Code PO Box 231 Cedar Park, TX 78630		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch sponsorship for Senate District 5 meeting		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 09/19/2016		Payee name Minuteman Press		
	Amount (\$) \$1,393.00		Payee address; City; State; Zip Code 1011 Ranch Road 2243 Georgetown, TX 78628		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event posters, pens, koozies, and first aid kits for annual Ranch Roundup BBQ & Fundraiser		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES 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
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: Sch: 9/20 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/27/2016	5 Payee name Norfleet Strategies, LLC	
6 Amount (\$) \$8,262.77	7 Payee address; City; State; Zip Code 1801 Lavaca Street Suite 106 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Invitations and postage for Ranch Roundup BBQ & Fundraiser
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2016	Payee name Northwest Austin Republican Women	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 10504 Painted Valley Cove Austin, TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with Northwest Austin Republican Women
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2016	Payee name Pregnancy Care Center of Huntsville	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 1215 15th Street Huntsville, TX 77340	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to pregnancy resource center
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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
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: Sch: 10/20 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
4 Date 10/27/2016	5 Payee name Republican Women of Brazos Valley	
6 Amount (\$) \$18.00	7 Payee address; City; State; Zip Code 4020 Stillmeadow Drive Bryan, TX 77802	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch meeting with the Republican Women of Brazos Valley
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2016	Payee name Robertson County Republican Party	
Amount (\$) \$120.00	Payee address; City; State; Zip Code PO Box 387 Calvert, TX 77837	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship for annual GOP Chili Dinner
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2016	Payee name Round Rock Chamber of Commerce	
Amount (\$) \$1,550.00	Payee address; City; State; Zip Code 212 E Main Street Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration for district staff to participate in Leadership Round Rock
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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
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: Sch: 11/20 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
4 Date 11/03/2016	5 Payee name Schleder, Betty	
6 Amount (\$) \$123.12	7 Payee address; City; State; Zip Code 332 Rio Grande Loop Georgetown, TX 78633	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Decorations for Ranch Roundup BBQ & Fundraiser
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2016	Payee name Schwertner Ranch & Event Center	
Amount (\$) \$35,291.19	Payee address; City; State; Zip Code 1200 Lindemann Road Schwertner, TX 76573	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental expense and event coordination for Ranch Roundup BBQ & Fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2016	Payee name Spaw Senate Account	
Amount (\$) \$150.00	Payee address; City; State; Zip Code PO Box 12068 Austin, TX 78711	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of Christmas Angel program
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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
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: Sch: 12/20 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/06/2016	5 Payee name St. Helen's Catholic School	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 2700 East University Avenue Georgetown, TX 78626	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship for annual Fall Festival
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/09/2016	Payee name Strauss, Jordan	
Amount (\$) \$28.00	Payee address; City; State; Zip Code 3349 General Parkway College Station, TX 77845	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contract labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/18/2016	Payee name Sun City Republican Club	
Amount (\$) \$48.00	Payee address; City; State; Zip Code 2 Texas Drive Georgetown, TX 78633	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner with Sun City Republican Club
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/20 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
4 Date 08/15/2016	5 Payee name Sun City Republican Club	
6 Amount (\$) \$16.00	7 Payee address; City; State; Zip Code 2 Texas Drive Georgetown, TX 78633	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/02/2016	Payee name Sun City Republican Club	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 2 Texas Drive Georgetown, TX 78633	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/12/2016	Payee name Texas Alliance for Life	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2026 Guadalupe Street Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of annual Texas Alliance for Life Banquet
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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
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: Sch: 14/20 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
4 Date 12/07/2016	5 Payee name Texas Senate Ladies Club	
6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code PO Box 12068 Austin, TX 78711	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of Senate Ladies Dinner
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2016	Payee name Texas State Senate	
Amount (\$) \$101.25	Payee address; City; State; Zip Code PO Box 12068 Austin, TX 78711	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texas state flags for constituents
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2016	Payee name Texas State Senate	
Amount (\$) \$35.50	Payee address; City; State; Zip Code PO Box 12068 Austin, TX 78711	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flags for constituents
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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
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: Sch: 15/20 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
4 Date 10/26/2016	5 Payee name Texas State Senate	
6 Amount (\$) \$45.00	7 Payee address; City; State; Zip Code PO Box 12068 Austin, TX 78711	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ceremonial gavel for constituent
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2016	Payee name Texas Tech University Athletics	
Amount (\$) \$450.00	Payee address; City; State; Zip Code 2500 Broadway Lubbock, TX 79409	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tickets to football game with legislators
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2016	Payee name The Caring Place	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2000 Railroad Avenue Georgetown, TX 78626	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship for Deep in the Heart Golf Tournament
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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
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: Sch: 16/20 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
4 Date 10/05/2016	5 Payee name Traub, Ariel	
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 1212 Sam Bass Circle Apt. 112 Round Rock, TX 78681	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contact labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/06/2016	Payee name Traub, Ariel	
Amount (\$) \$122.34	Payee address; City; State; Zip Code 1212 Sam Bass Circle Apt. 112 Round Rock, TX 78681	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contact labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/20/2016	Payee name Traub, Ariel	
Amount (\$) \$38.00	Payee address; City; State; Zip Code 1212 Sam Bass Circle Apt. 112 Round Rock, TX 78681	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contact labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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
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: Sch: 17/20 Rpt:	2	FILER NAME Texans for Charles Schwertner	3	Filer ID (Ethics Commission Filers) 00065997
4	Date 08/18/2016	5	Payee name Trey J. Blocker, PLLC		
6	Amount (\$) \$2,500.00	7	Payee address; City; State; Zip Code PO Box 684763 Austin, TX 78768		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ethics and compliance attorney retainer		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/16/2016		Payee name US Post Office		
	Amount (\$) \$140.00		Payee address; City; State; Zip Code 2300 Scenic Drive Georgetown, TX 78626		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO Box rental for Texans for Charles Schwertner		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/04/2016		Payee name USAA Visa Credit Card		
	Amount (\$) \$1,567.91		Payee address; City; State; Zip Code 10750 McDermott Freeway San Antonio, TX 78288		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of July statement for expenditures reported on Schedule F4		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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
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: Sch: 18/20 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
4 Date 09/13/2016	5 Payee name USAA Visa Credit Card	
6 Amount (\$) \$2,252.90	7 Payee address; City; State; Zip Code 10750 McDermott Freeway San Antonio, TX 78288	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of August statement for expenditures reported on Schedule F4
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2016	Payee name USAA Visa Credit Card	
Amount (\$) \$4,448.83	Payee address; City; State; Zip Code 10750 McDermott Freeway San Antonio, TX 78288	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of September statement for expenditures reported on Schedule F4
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2016	Payee name USAA Visa Credit Card	
Amount (\$) \$2,048.76	Payee address; City; State; Zip Code 10750 McDermott Freeway San Antonio, TX 78288	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of October statement for expenditures reported on Schedule F4
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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
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: Sch: 19/20 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
4 Date 11/03/2016	5 Payee name USAA Visa Credit Card	
6 Amount (\$) \$4,754.48	7 Payee address; City; State; Zip Code 10750 McDermott Freeway San Antonio, TX 78288	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of November statement for expenditures reported on Schedule F4
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/07/2016	Payee name USAA Visa Credit Card	
Amount (\$) \$3,475.71	Payee address; City; State; Zip Code 10750 McDermott Freeway San Antonio, TX 78288	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of December statement for expenditures reported on Schedule F4
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2016	Payee name Walker County Republican Party	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 7394 Huntsville, TX 77341	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to Walker County Republican Party
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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
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: Sch: 20/20 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 Date 10/25/2016	5 Payee name Walker County Republican Women
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6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code PO Box 7394 Huntsville, TX 77342
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership fee
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/22/2016	Payee name Williamson County Republican Party
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 716 South Rock Street Georgetown, TX 78626
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of annual Grand Old Picnic
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 07/14/2016	6 Payee name 600 Degrees Pizzeria
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7 Amount (\$) \$147.95	8 Payee address; City; State; Zip Code 124 E 8th Street Georgetown, TX 78626
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch meeting with legislative/district staff
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/24/2016	Payee name AT&T Wireless
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Amount (\$) \$105.77	Payee address; City; State; Zip Code PO Box 537104 Atlanta, GA 30353
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mobile phone service for campaign
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
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 F4: Sch: 2/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 10/24/2016	6 Payee name AT&T Wireless
-----------------------------	--------------------------------------

7 Amount (\$) \$105.77	8 Payee address; City; State; Zip Code PO Box 537104 Atlanta, GA 30353
----------------------------------	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mobile phone service for campaign
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/24/2016	Payee name AT&T Wireless
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Amount (\$) \$105.85	Payee address; City; State; Zip Code PO Box 537104 Atlanta, GA 30353
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mobile phone service for campaign
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 08/27/2016	6 Payee name AT&T Wireless
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7 Amount (\$) \$105.85	8 Payee address; City; State; Zip Code PO Box 537104 Atlanta, GA 30353
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mobile phone service for campaign
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/24/2016	Payee name Alonti
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Amount (\$) \$308.40	Payee address; City; State; Zip Code 701 South Lamar Boulevard Austin, TX 78704
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for Sunset Advisory Commission and staff
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
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 F4: Sch: 4/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 09/22/2016	6 Payee name American Flag Superstore
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7 Amount (\$) \$56.00	8 Payee address; City; State; Zip Code 650 Willeo Road Roswell, GA 30075
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Miniature American flags for Ranch Roundup BBQ & Fundraiser
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/08/2016	Payee name Apple Store
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Amount (\$) \$912.68	Payee address; City; State; Zip Code 2901 S. Capitol of Texas Highway Austin, TX 78746
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense New campaign mobile phone
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
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 F4: Sch: 5/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 11/15/2016	6 Payee name Apple Store
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7 Amount (\$) \$81.14	8 Payee address; City; State; Zip Code 2901 S. Capitol of Texas Highway Austin, TX 78746
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Case for campaign mobile phone
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/21/2016	Payee name Bath & Body Works
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Amount (\$) \$40.59	Payee address; City; State; Zip Code 1019 West University Avenue Georgetown, TX 78628
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candles for Georgetown District Office
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 6/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 11/11/2016	6 Payee name Bryan-College Station Chamber of Commerce
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7 Amount (\$) \$30.00	8 Payee address; City; State; Zip Code 4001 East 29th Street Bryan, TX 77802
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luncheon for district staff with U.S. Senator John Cornyn
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/08/2016	Payee name Buc-ee's
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Amount (\$) \$59.69	Payee address; City; State; Zip Code 1700 State Highway 71 Bastrop, TX 78602
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel for out-of-district campaign travel
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
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 F4: Sch: 7/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 11/30/2016	6 Payee name Capitol Gift Shop
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7 Amount (\$) \$108.25	8 Payee address; City; State; Zip Code 1400 Congress Avenue Austin, TX 78701
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Capitol Christmas ornaments to donate to Heroes Night Out
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/24/2016	Payee name Capitol Gift Shop
--------------------	---------------------------------

Amount (\$) \$38.97	Payee address; City; State; Zip Code 1400 Congress Avenue Austin, TX 78701
------------------------	--

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Brooches for Ranch Roundup BBQ & Fundraiser hostesses
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 8/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 09/29/2016	6 Payee name Chick-Fil-A
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7 Amount (\$) \$19.95	8 Payee address; City; State; Zip Code 13240 Northwest Freeway Houston, TX 77040
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner with campaign staff after fundraising reception
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/05/2016	Payee name City Park Valet LLC
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Amount (\$) \$9.00	Payee address; City; State; Zip Code 98 San Jacinto Boulevard Austin, TX 78701
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Valet parking fee for legislative meeting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 9/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 10/27/2016	6 Payee name Classic Rock Coffee Co.
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7 Amount (\$) \$58.50	8 Payee address; City; State; Zip Code 129 E Washington Avenue Navasota, TX 77868
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coffee for meeting with local officials
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/07/2016	Payee name College Station Noon Lions Club
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Amount (\$) \$66.00	Payee address; City; State; Zip Code PO Box 112 College Station, TX 77841
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership fee for district staff
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
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 F4: Sch: 10/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 11/13/2016	6 Payee name Corner Store
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7 Amount (\$) \$74.57	8 Payee address; City; State; Zip Code 12200 FM 969 Austin, TX 78724
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel for in-district travel
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/16/2016	Payee name Crossroads Cafe
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Amount (\$) \$181.84	Payee address; City; State; Zip Code 14775 FM 487 Schwertner, TX 76511
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch meeting with Ranch Roundup BBQ & Fundraiser hostesses
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 11/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 11/22/2016	6 Payee name Dropbox.com
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7 Amount (\$) \$10.65	8 Payee address; City; State; Zip Code 184 Berry Street Suite 400 San Francisco, CA 94107
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online data storage services
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/22/2016	Payee name Dropbox.com
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Amount (\$) \$10.65	Payee address; City; State; Zip Code 184 Berry Street Suite 400 San Francisco, CA 94107
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
----------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online storage services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 12/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

5 Date 09/22/2016	6 Payee name Dropbox.com
-----------------------------	------------------------------------

7 Amount (\$) \$10.65	8 Payee address; City; State; Zip Code 184 Berry Street Suite 400 San Francisco, CA 94107
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online data storage services
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/22/2016	Payee name Dropbox.com
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Amount (\$) \$10.65	Payee address; City; State; Zip Code 184 Berry Street Suite 400 San Francisco, CA 94107
------------------------	--

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
----------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online data storage services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 13/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 10/21/2016	6 Payee name El Monumento
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7 Amount (\$) \$54.67	8 Payee address; City; State; Zip Code 205 West 2nd Street Georgetown, TX 78626
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch meeting with district staff to discuss constituent services
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/30/2016	Payee name Facebook.com
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Amount (\$) \$122.41	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook ads
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 14/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 10/05/2016	6 Payee name Four Seasons Hotel
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7 Amount (\$) \$85.61	8 Payee address; City; State; Zip Code 98 San Jacinto Boulevard Austin, TX 78701
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch meeting with Capitol staff to discuss legislative business
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/22/2016	Payee name Galaxy Cafe
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Amount (\$) \$12.63	Payee address; City; State; Zip Code 1000 West Lynn Street Austin, TX 78703
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch meeting with legislative staff
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 15/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 10/06/2016	6 Payee name Georgetown Chamber of Commerce
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7 Amount (\$) \$10.00	8 Payee address; City; State; Zip Code 1 Chamber Way Georgetown, TX 78626
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chamber of Commerce Ambassador luncheon for district staff
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/23/2016	Payee name Georgetown Chamber of Commerce
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Amount (\$) \$10.00	Payee address; City; State; Zip Code 1 Chamber Way Georgetown, TX 78626
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chamber of Commerce Ambassador luncheon for district staff
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
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 F4: Sch: 16/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 10/29/2016	6 Payee name GoDaddy.com
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7 Amount (\$) \$194.46	8 Payee address; City; State; Zip Code 14455 North Hayden Road Suite 226 Scottsdale, AZ 85260
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain name registration for campaign website
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/15/2016	Payee name GoDaddy.com
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Amount (\$) \$15.17	Payee address; City; State; Zip Code 14455 North Hayden Road Suite 226 Scottsdale, AZ 85260
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website maintenance
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
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 F4: Sch: 17/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 11/08/2016	6 Payee name HEB
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7 Amount (\$) \$480.61	8 Payee address; City; State; Zip Code 1000 East 41st Street Austin, TX 78751
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coffee, water, soda, other groceries for Capitol office
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/19/2016	Payee name HEB
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Amount (\$) \$479.39	Payee address; City; State; Zip Code 1000 East 41st Street Austin, TX 78751
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coffee, water, soda, other groceries for Capitol office
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 18/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 12/01/2016	6 Payee name Hill Country Springs
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7 Amount (\$) \$116.99	8 Payee address; City; State; Zip Code PO Box 2220 Manchaca, TX 78652
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water for Capitol office
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/01/2016	Payee name Hill Country Springs
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Amount (\$) \$159.96	Payee address; City; State; Zip Code PO Box 2220 Manchaca, TX 78652
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water for Capitol office
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 19/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

5 Date 09/01/2016	6 Payee name Hill Country Springs
-----------------------------	---

7 Amount (\$) \$103.96	8 Payee address; City; State; Zip Code PO Box 2220 Manchaca, TX 78652
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water for Capitol office
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/27/2016	Payee name Hilton Garden Inn
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Amount (\$) \$259.69	Payee address; City; State; Zip Code 4449 Ridgemont Drive Abilene, TX 79606
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for Senator and staff to attend mental health symposium
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 20/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 11/29/2016	6 Payee name Hobby Lobby
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7 Amount (\$) \$104.87	8 Payee address; City; State; Zip Code 801 South IH-35 Georgetown, TX 78626
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas tree for Capitol office
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/05/2016	Payee name Hobby Lobby
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Amount (\$) \$14.02	Payee address; City; State; Zip Code 801 South IH-35 Georgetown, TX 78626
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Picture frames for Georgetown district office
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
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 F4: Sch: 21/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 09/21/2016	6 Payee name Hobby Lobby
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7 Amount (\$) \$16.21	8 Payee address; City; State; Zip Code 801 South IH-35 Georgetown, TX 78626
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Decorations for Ranch Roundup BBQ & Fundraiser
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/08/2016	Payee name Home Depot
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Amount (\$) \$48.66	Payee address; City; State; Zip Code 1303 Rivery Blvd Georgetown, TX 78626
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Plants for Capitol office
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
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 F4: Sch: 22/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 10/13/2016	6 Payee name Hospitality Parking
-----------------------------	--

7 Amount (\$) \$10.00	8 Payee address; City; State; Zip Code 202 Jefferson Street San Antonio, TX 78205
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking fee for legislative meeting
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/27/2016	Payee name James Avery Jewelry
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Amount (\$) \$821.62	Payee address; City; State; Zip Code 1015 W University Avenue #320 Georgetown, TX 78628
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gifts for Ranch Roundup BBQ & Fundraiser hostesses
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
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 F4: Sch: 23/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	-----------

5 Date 10/27/2016	6 Payee name Kreuz Market
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7 Amount (\$) \$26.11	8 Payee address; City; State; Zip Code 768 N Earl Rudder Freeway Bryan, TX 77802
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch meeting with constituents in district
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/12/2016	Payee name Kreuz Market
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Amount (\$) \$31.00	Payee address; City; State; Zip Code 768 N Earl Rudder Freeway Bryan, TX 77802
------------------------	--

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch meeting with constituents in district
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 24/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 12/14/2016	6 Payee name Longhorn Tavern
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7 Amount (\$) \$33.04	8 Payee address; City; State; Zip Code 201 East 24th Street Bryan, TX 77803
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch while attending meetings in the district
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/25/2016	Payee name Lytle Land & Cattle Company
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Amount (\$) \$209.78	Payee address; City; State; Zip Code 1150 E South 11th Street Abilene, TX 79602
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner meeting with legislative staff and mental health advocates
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
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 F4: Sch: 25/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 11/22/2016	6 Payee name Mailchimp.com
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7 Amount (\$) \$25.00	8 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email services
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/22/2016	Payee name Mailchimp.com
--------------------	-----------------------------

Amount (\$) \$25.00	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308
------------------------	---

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 26/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 09/22/2016	6 Payee name Mailchimp.com
-----------------------------	--------------------------------------

7 Amount (\$) \$25.00	8 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email services
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/22/2016	Payee name Mailchimp.com
--------------------	-----------------------------

Amount (\$) \$25.00	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 27/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 10/04/2016	6 Payee name McCormick & Schmick's Seafood
-----------------------------	--

7 Amount (\$) \$428.29	8 Payee address; City; State; Zip Code 11600 Century Oaks Terrace Austin, TX 78758
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting with pharmacy groups to discuss legislative issues
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/20/2016	Payee name Monument Cafe
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Amount (\$) \$82.74	Payee address; City; State; Zip Code 500 South Austin Avenue Georgetown, TX 78627
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast with Governor's staff to discuss legislative priorities
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 28/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 09/28/2016	6 Payee name Monument Cafe
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7 Amount (\$) \$21.32	8 Payee address; City; State; Zip Code 500 South Austin Avenue Georgetown, TX 78627
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch meeting with local State Representative to discuss legislative priorities
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/14/2016	Payee name Monument Cafe
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Amount (\$) \$138.53	Payee address; City; State; Zip Code 500 South Austin Avenue Georgetown, TX 78627
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast meeting with legislative staff and constituents
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
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 F4: Sch: 29/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 09/21/2016	6 Payee name Move It Self Storage
-----------------------------	---

7 Amount (\$) \$1,296.00	8 Payee address; City; State; Zip Code 15725 State Highway 29 Liberty Hill, TX 78642
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage for campaign signs and materials
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/15/2016	Payee name Office Max
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Amount (\$) \$463.39	Payee address; City; State; Zip Code 907 West 5th Street Austin, TX 78703
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing of nametags for Ranch Roundup BBQ & Fundraiser
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 30/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 12/15/2016	6 Payee name Pappasito's Cantina
-----------------------------	--

7 Amount (\$) \$937.61	8 Payee address; City; State; Zip Code 6513 N Interstate 35 Frontage Rd Austin, TX 78752
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense End of year dinner with Capitol/District/Committee staff
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/24/2016	Payee name Pappasito's Cantina
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Amount (\$) \$93.95	Payee address; City; State; Zip Code 6513 N Interstate 35 Frontage Rd Austin, TX 78752
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
----------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch meeting with legislative staff to discuss legislative priorities
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 31/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 12/01/2016	6 Payee name Platinum Parking
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7 Amount (\$) \$5.00	8 Payee address; City; State; Zip Code 500 East 8th Street Austin, TX 78701
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking fee to attend legislative meeting
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/14/2016	Payee name Renaissance Hotel (Washington DC)
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Amount (\$) \$2,516.71	Payee address; City; State; Zip Code 999 9th Street NW Washington, DC 20001
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for Trump Inauguration
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 32/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 08/25/2016	6 Payee name Roots Bistro
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7 Amount (\$) \$452.46	8 Payee address; City; State; Zip Code 118 W 8th Street Suite 101 Georgetown, TX 78626
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food and beverage for Georgetown Police Department appreciation breakfast
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/08/2016	Payee name Rosewood Mansion on Turtle Creek
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Amount (\$) \$1,621.70	Payee address; City; State; Zip Code 2821 Turtle Creek Boulevard Dallas, TX 75219
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for campaign fundraiser in Dallas
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 33/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 10/20/2016	6 Payee name Round Rock Chamber of Commerce
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7 Amount (\$) \$40.00	8 Payee address; City; State; Zip Code 212 E Main Street Round Rock, TX 78664
---------------------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch meeting for district staff with Round Rock Chamber of Commerce members
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/08/2016	Payee name Round Rock Chamber of Commerce
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Amount (\$) \$25.00	Payee address; City; State; Zip Code 212 E Main Street Round Rock, TX 78664
------------------------	---

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
----------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch meeting for district staff with Round Rock Chamber of Commerce
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 34/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 12/09/2016	6 Payee name Rudy's Country Store & BBQ
-----------------------------	---

7 Amount (\$) \$10.41	8 Payee address; City; State; Zip Code 2451 S Capital of Texas Highway Austin, TX 78746
---------------------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch while attending legislative meetings in Austin
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/26/2016	Payee name Sharon's Barbeque
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Amount (\$) \$50.70	Payee address; City; State; Zip Code 849 E Hwy 80 Abilene, TX 79601
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
----------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch meeting with legislative staff and mental health advocates
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 35/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 10/27/2016	6 Payee name Shell Oil
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7 Amount (\$) \$69.96	8 Payee address; City; State; Zip Code 826 Avenue C Milano, TX 76556
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel for in-district travel
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/25/2016	Payee name Shell Oil
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Amount (\$) \$55.71	Payee address; City; State; Zip Code 826 Avenue C Milano, TX 76556
------------------------	--

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
----------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel for in-district travel
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 36/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 08/26/2016	6 Payee name Shell Oil
-----------------------------	----------------------------------

7 Amount (\$) \$47.45	8 Payee address; City; State; Zip Code 826 Avenue C Milano, TX 76556
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel for out-of-district travel
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/08/2016	Payee name Sheraton Hotel (Brix & Ale)
--------------------	---

Amount (\$) \$84.15	Payee address; City; State; Zip Code 1101 Woodlawn Ave Georgetown, TX 78628
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch meeting with committee staff and legislative stakeholders
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 37/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 11/24/2016	6 Payee name Southwest Airlines
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7 Amount (\$) \$1,404.80	8 Payee address; City; State; Zip Code 2702 Love Field Drive Dallas, TX 75235
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flights to Washington DC for President Trump Inauguration
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/16/2016	Payee name Target
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Amount (\$) \$237.38	Payee address; City; State; Zip Code 5621 North IH-35 Austin, TX 78723
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coffee, water, soda, other groceries for Capitol office
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 38/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 12/14/2016	6 Payee name Texas A&M University Parking
-----------------------------	---

7 Amount (\$) \$4.00	8 Payee address; City; State; Zip Code 450 Spence Street College Station, TX 77843
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking fee for meeting at Texas A&M University
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/11/2016	Payee name Texas State Society of Washington, D.C.
--------------------	---

Amount (\$) \$600.00	Payee address; City; State; Zip Code PO Box 70155 Washington, DC 20024
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
----------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tickets for 2017 Black Tie & Boots Presidential Inaugural Ball
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
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 F4: Sch: 39/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 12/08/2016	6 Payee name The Cloak Room
-----------------------------	---------------------------------------

7 Amount (\$) \$95.00	8 Payee address; City; State; Zip Code 1300 Colorado Street Austin, TX 78701
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reception for Capitol/District staff
----------------------------------	--	--

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/24/2016	Payee name United Service Organization (USO)
--------------------	---

Amount (\$) \$1,200.00	Payee address; City; State; Zip Code PO Box 96860 Washington, DC 20077
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation for USO Fundraising Gala
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 40/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 09/16/2016	6 Payee name Walker County Republican Party
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7 Amount (\$) \$13.00	8 Payee address; City; State; Zip Code PO Box 7394 Huntsville, TX 77341
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

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

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/14/2016	Payee name Westin Hotel
--------------------	----------------------------

Amount (\$) \$28.90	Payee address; City; State; Zip Code 310 East 5th Street Austin, TX 78701
------------------------	---

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
----------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast prior to attending legislative meeting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 41/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 11/17/2016	6 Payee name Whataburger
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7 Amount (\$) \$14.14	8 Payee address; City; State; Zip Code 3706 DB Woods Road Georgetown, TX 78628
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch meeting with campaign staff
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/06/2016	Payee name Whataburger
--------------------	---------------------------

Amount (\$) \$19.68	Payee address; City; State; Zip Code 3706 DB Woods Road Georgetown, TX 78628
------------------------	--

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
----------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch meeting with campaign staff
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
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 F4: Sch: 42/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 12/07/2016	6 Payee name Whole Earth Provisions Co.
-----------------------------	---

7 Amount (\$) \$200.00	8 Payee address; City; State; Zip Code 1014 N Lamar Boulevard Austin, TX 78703
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gift card donated to Texas Senate Christmas Party raffle
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/06/2016	Payee name Williamson County Republican Women
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Amount (\$) \$270.00	Payee address; City; State; Zip Code PO Box 342 Round Rock, TX 78680
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship for Williamson County Republican Women annual Birthday Party
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
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 F4: Sch: 43/43 Rpt:	2 FILER NAME Texans for Charles Schwertner	3 Filer ID (Ethics Commission Filers) 00065997
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 07/07/2016	6 Payee name Williamson County Republican Women
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7 Amount (\$) \$21.99	8 Payee address; City; State; Zip Code PO Box 342 Round Rock, TX 78680
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership fee
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/15/2016	Payee name Williamson County Sun
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Amount (\$) \$79.50	Payee address; City; State; Zip Code 707 S Main Street Georgetown, TX 78626
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
----------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper subscription
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: Sch: 1/4 Rpt: 189/192
2 FILER NAME Texans for Charles Schwertner		3 Filer ID (Ethics Commission Filers) 00065997
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input checked="" type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B - SS		
6 Dates of Travel 01/18/2017 01/18/2017	7 Name of person(s) traveling Schwertner M.D., Belinda (Dr.)	
	8 Departure city or name of departure location Austin, TX	
	9 Destination city or name of destination location Richmond, VA	
10 Means of transportation Commercial Airplane	11 Purpose of travel (including name of conference, seminar, or other event) Commercial flight to assist officeholder at Trump Inauguration in Washington DC.	
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input checked="" type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B - SS		
Dates of Travel 01/21/2017 01/21/2017	Name of person(s) traveling Schwertner M.D., Belinda (Dr.)	
	Departure city or name of departure location Richmond, VA	
	Destination city or name of destination location Austin, TX	
Means of transportation Commercial Airplane	Purpose of travel (including name of conference, seminar, or other event) Return commercial flight from Trump Inauguration in Washington DC.	
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input checked="" type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B - SS		
Dates of Travel 01/18/2017 01/18/2017	Name of person(s) traveling Schwertner, Carson	
	Departure city or name of departure location Austin, TX	
	Destination city or name of destination location Richmond, VA	
Means of transportation Commercial Airplane	Purpose of travel (including name of conference, seminar, or other event) Commercial flight to assist officeholder at Trump Inauguration in Washington DC.	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
Southwest Airlines

5 Contribution / Expenditure reported on:
 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B - SS

6 Dates of Travel 01/21/2017 01/21/2017	7 Name of person(s) traveling Schwertner, Carson
	8 Departure city or name of departure location Richmond, VA
	9 Destination city or name of destination location Austin, TX

10 Means of transportation Commercial Airplane	11 Purpose of travel (including name of conference, seminar, or other event) Return commercial flight from Trump Inauguration in Washington DC.
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Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
Southwest Airlines

Contribution / Expenditure reported on:
 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B - SS

Dates of Travel 01/18/2017 01/18/2017	Name of person(s) traveling Schwertner M.D., Charles (Sen.)
	Departure city or name of departure location Austin, TX
	Destination city or name of destination location Richmond, VA

Means of transportation Commercial Airplane	Purpose of travel (including name of conference, seminar, or other event) Commercial flight to attend Trump Inauguration in Washington DC.
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Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
Southwest Airlines

Contribution / Expenditure reported on:
 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B - SS

Dates of Travel 01/21/2017 01/21/2017	Name of person(s) traveling Schwertner M.D., Charles (Sen.)
	Departure city or name of departure location Richmond, VA
	Destination city or name of destination location Austin, TX

Means of transportation Commercial Airplane	Purpose of travel (including name of conference, seminar, or other event) Return commercial flight from Trump Inauguration in Washington DC.
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4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
Southwest Airlines

5 Contribution / Expenditure reported on:

Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B - SS

6 Dates of Travel	7 Name of person(s) traveling Schwertner, Matthew
	8 Departure city or name of departure location Austin, TX
	9 Destination city or name of destination location Richmond, VA
01/18/2017	
01/18/2017	

10 Means of transportation Commercial Airplane	11 Purpose of travel (including name of conference, seminar, or other event) Commercial flight to assist officeholder at Trump Inauguration in Washington DC.
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Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
Southwest Airlines

Contribution / Expenditure reported on:

Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B - SS

Dates of Travel	Name of person(s) traveling Schwertner, Matthew
	Departure city or name of departure location Richmond, VA
	Destination city or name of destination location Austin, TX
01/21/2017	
01/21/2017	

Means of transportation Commercial Airplane	Purpose of travel (including name of conference, seminar, or other event) Return commercial flight from Trump Inauguration in Washington DC.
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Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
Southwest Airlines

Contribution / Expenditure reported on:

Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B - SS

Dates of Travel	Name of person(s) traveling Schwertner, Zachary
	Departure city or name of departure location Austin, TX
	Destination city or name of destination location Richmond, VA
01/18/2017	
01/18/2017	

Means of transportation Commercial Airplane	Purpose of travel (including name of conference, seminar, or other event) Commercial flight to assist officeholder at Trump Inauguration in Washington DC.
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4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
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5 Contribution / Expenditure reported on:

- Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B - SS

6 Dates of Travel

01/21/2017

01/21/2017

7 Name of person(s) traveling

Schwertner, Zachary

8 Departure city or name of departure location

Richmond, VA

9 Destination city or name of destination location

Austin, TX

10 Means of transportation

Commercial Airplane

11 Purpose of travel (including name of conference, seminar, or other event)

Return commercial flight from Trump Inauguration in Washington DC.