

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">42</div>							
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>MR.</u> FIRST: <u>JASON</u> MI: <u>G</u> NICKNAME: <u>"JAY"</u> LAST: <u>SMITTLBURG</u> SUFFIX:	<div style="border: 2px solid black; border-radius: 50%; padding: 10px; width: 150px; margin: auto;"> <p style="margin: 0;">OFFICE USE ONLY</p> <p style="margin: 0; font-size: 0.8em;">MONTGOMERY COUNTY ELECTIONS ADMINISTRATOR</p> <p style="margin: 0; font-size: 1.5em; font-weight: bold;">RECEIVED</p> <p style="margin: 0; font-size: 1.2em;">JUL 11 2018</p> <p style="margin: 0; font-size: 0.8em;">42 pages J. Sellers</p> </div> <p style="margin-top: 5px; font-size: 0.8em;">Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged		
Receipt #	Amount \$									
Date Processed										
Date Imaged										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <u>P.O. Box 392</u> <u>PORTER TX</u> <u>77365</u> <input type="checkbox"/> Change of Address									
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: <u>(713)</u> <u>834-7991</u>									
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>ME</u> FIRST: <u>PHILIP</u> MI: <u>K</u> NICKNAME: LAST: <u>KAROLOWSKI</u> SUFFIX: <u>II</u>									
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <u>20746 LAVONS DR</u> <u>PORTER, TX</u> <u>77365</u>									
8 CAMPAIGN TREASURER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: <u>(713)</u> <u>383-8859</u>									
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>		<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
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<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)							
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>01 / 01 / 18</u> <u>THROUGH</u> <u>06 / 30 / 18</u>									
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 06 / 18</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special								
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="font-size: 1.5em; text-align: center;">COUNTY JUDGE</div>								
GO TO PAGE 2										

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME
MR. JASON G. STITTLEBURG

15 Filer ID (Ethics Commission Filers)

**16 NOTICE FROM
POLITICAL
COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

**17 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 1295.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 8244.07

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0

4. TOTAL POLITICAL EXPENDITURES \$ 18,766.04

**CONTRIBUTION
BALANCE**

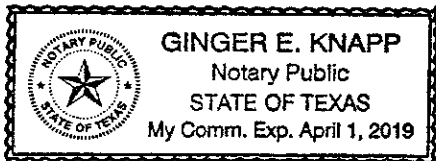
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 4901.16

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

[Handwritten Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said JASON G STITTLEBURG, this the 6th day of July, 2018, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

GINGER E. KNAPP
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

MR. JASON G. STITTLERBURG

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7733. ⁰⁰
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 511. ⁰⁷
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6485. ⁶⁵
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 9620. ³²
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2655. ⁰⁷
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<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: 17
2 FILER NAME MR. JASON G. STITTUBURK		3 Filer ID (Ethics Commission Filers)
4 Date 11/2/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BETTY DAUGHERTY 6 Contributor address; City; State; Zip Code 14 E INDIAN SAGE CIR SPRING TX 77381	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 1/8/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERIKA STITTUBURK Contributor address; City; State; Zip Code 20746 LAVANE DR PORTER TX 77365	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 1/16/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUSAN ROESE Contributor address; City; State; Zip Code 112 RED OAK LN CARLOS TX 77304	Amount of contribution (\$) 29.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 1/19/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL MABRY Contributor address; City; State; Zip Code 54 SPARROW PL THE WOODLANDS TX 77381	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11

2 FILER NAME

MR. ORSAN G. STITTENBERG

3 Filer ID (Ethics Commission Filers)

4 Date

1/20/18

5 Full name of contributor out-of-state PAC (ID#: _____)

Adam JOHNSON

7 Amount of contribution (\$)

20.00

6 Contributor address; City; State; Zip Code

2229 W. SETTLERS WAY SPRING TX 77380

8 Principal occupation / Job title (See Instructions)

CHEMIST

9 Employer (See Instructions)

INNOSPEC GILFREW SERVICES

Date

1/22/18

Full name of contributor out-of-state PAC (ID#: _____)

SIAMONIA BERGERON

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

70 S PLAYER MANOR CIR SPRING TX 77382

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/25/18

Full name of contributor out-of-state PAC (ID#: _____)

JEREMY HICKMAN

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

30000 FM 2978 RT 918 MAGNOLIA TX 77354

Principal occupation / Job title (See Instructions)

ADMINISTRATOR

Employer (See Instructions)

YMCA

Date

1/25/18

Full name of contributor out-of-state PAC (ID#: _____)

ROGER RASCO

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

44 APRIL VIA MONTGOMERY TX 77356

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

MR. JASON L STITTLER

3 Filer ID (Ethics Commission Filers)

4 Date

1/27/18

5 Full name of contributor out-of-state PAC (ID#: _____)

SHANNON BERGLER

6 Contributor address; City; State; Zip Code

70 S PLAYER MANOR DR SPRING TX 77382

7 Amount of contribution (\$)

25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/28/18

Full name of contributor out-of-state PAC (ID#: _____)

CAROL STROMATT

Contributor address; City; State; Zip Code

3 MYSTIC VALLEY CT THE WOODLANDS TX 77381

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/1/18

Full name of contributor out-of-state PAC (ID#: _____)

PAMELA RAY

Contributor address; City; State; Zip Code

45 CASCADE SPRINGS PL SPRING TX 77381

Amount of contribution (\$)

29.00

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

2/15/18

Full name of contributor out-of-state PAC (ID#: _____)

CHRISTY VINES

Contributor address; City; State; Zip Code

31 SPARGATER PL THE WOODLANDS, TX 77381

Amount of contribution (\$)

29.00

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. *

1 Total pages Schedule A1:

17

2 FILER NAME

MR. JASON G. SATTLEBURGH

3 Filer ID (Ethics Commission Filers)

4 Date

2/16/18

5 Full name of contributor out-of-state PAC (ID#: _____)

SUSAN REESE

7 Amount of contribution (\$)

29.00

6 Contributor address; City; State; Zip Code

112 RED OAK LN COVING TON TX 77304

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/18/18

Full name of contributor out-of-state PAC (ID#: _____)

MARIE KREMER

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

6 GREENWIDGE FOREST DR NEW WOODLANDS, TX 77381

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/19/18

Full name of contributor out-of-state PAC (ID#: _____)

ANDREA YANU

Amount of contribution (\$)

29.00

Contributor address; City; State; Zip Code

15 S HURWITZMAN PL SPRING TX 77380

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/2/18

Full name of contributor out-of-state PAC (ID#: _____)

CATHY HENDRICKS

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

212 E RAINBOW RIDGE CR SPRING TX 77381

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

MR. JASON C STITTVEBUEH

3 Filer ID (Ethics Commission Filers)

4 Date

2/2/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

KIM BATES

6 Contributor address;

City; State; Zip Code

30 RIVA ROW THE WOODLANDS, TX 77380

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/27/18

Full name of contributor

out-of-state PAC (ID#: _____)

ALYSSA KOVAL

Contributor address;

City; State; Zip Code

20 GROOMING PL SPRING TX 77381

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/18

Full name of contributor

out-of-state PAC (ID#: _____)

BLUCE BARNES

Contributor address;

City; State; Zip Code

34 LAKE WINDSOR CIR CANOE TX 77384

Amount of contribution (\$)

120.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/18

Full name of contributor

out-of-state PAC (ID#: _____)

EMILY KOPPEL

Contributor address;

City; State; Zip Code

2609 CROSSVINE CIR SPRING TX 77380

Amount of contribution (\$)

10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

MR. JASON G. STITTEBURG

3 Filer ID (Ethics Commission Filers)

4 Date

2/28/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

CHARISTY VINE

7 Amount of contribution (\$)

29.00

6 Contributor address;

City; State; Zip Code

31 STARCAPER PL THE WOODLANDS TX 77381

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/7/18

Full name of contributor

out-of-state PAC (ID#: _____)

EMILY HORPEL

Amount of contribution (\$)

40.00

Contributor address;

City; State; Zip Code

2605 CROSSVINE CIR SPRING TX 77381

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/7/18

Full name of contributor

out-of-state PAC (ID#: _____)

SHANNON BISHOP

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

70 S PLATON MANOR CIR SPRING TX 77382

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/9/18

Full name of contributor

out-of-state PAC (ID#: _____)

DENNIS HOLDWOOD

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

76 W SANDALWOOD CIR THE WOODLANDS TX 77382

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

MR. JASON G. STITTLER

3 Filer ID (Ethics Commission Filers)

4 Date

3/11/18

5 Full name of contributor

PAMELA RAU

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

29.00

6 Contributor address;

City; State; Zip Code

45 CASCADE SPRINGS PL SPRING TX 77381

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/13/18

Full name of contributor

DANN GARDWOOD

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

76 W SANDAL BUNCH CIR THE WOODLANDS TX 77382

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/16/18

Full name of contributor

SUSAN ROESE

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

29.00

Contributor address;

City; State; Zip Code

112 RED OAK LN CANEOS TX 77304

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/18

Full name of contributor

CHRISTINE GAYNOR

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

34 LAKESIDE CV SPRING TX 77380

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 17

2 FILER NAME

MR. DASEN G STIMULBERG

3 Filer ID (Ethics Commission Filers)

4 Date

3/27/18

5 Full name of contributor

EMILY HOPPEL

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

10.00

6 Contributor address;

City; State; Zip Code

2609 CROSSVINE CR SPRING TX 77380

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/5/18

Full name of contributor

AMY HAMRICK

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

11 WINDSWIFT OAKS PL CARROLL TX 77385

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/7/18

Full name of contributor

SHANNON BERGERON

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

70 S PLAZER MADE CR SPRING TX 77382

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/18

Full name of contributor

AMY HAMRICK

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

11 WINDSWIFT OAKS PL CARROLL TX 77385

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 17

2 FILER NAME

MR. JASON G. STITZELBERG

3 Filer ID (Ethics Commission Filers)

4 Date

4/1/18

5 Full name of contributor

ANDREA YANG

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

29.00

6 Contributor address;

City; State; Zip Code

15 S HANBIBAM PL SPRING TX 77380

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/1/18

Full name of contributor

BETTY DAUGHERTY

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

29.00

Contributor address;

City; State; Zip Code

14 E INDIAN SAGE CIR SPRING TX 77381

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/18

Full name of contributor

SUSAN REESE

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

20.00

Contributor address;

City; State; Zip Code

112 RED OAK LN DUNROE TX 77304

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/18

Full name of contributor

ADAM JOHNSON

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

24.00

Contributor address;

City; State; Zip Code

2229 W SOTTELOE WAY SPRING TX 77380

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

MR. JASON G. STASIBUEG

3 Filer ID (Ethics Commission Filers)

4 Date

4/11/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

BILIE POMARZYNSKI

6 Contributor address;

City; State; Zip Code

25 COURTYARD CIR CONROE TX 77304

7 Amount of contribution (\$)

29.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/11/18

Full name of contributor

out-of-state PAC (ID#: _____)

PAMELA RALL

Contributor address;

City; State; Zip Code

45 LABLADE SPRING PL SPRING, TX 77381

Amount of contribution (\$)

29.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/18

Full name of contributor

out-of-state PAC (ID#: _____)

DENNIS GOLDWOOD

Contributor address;

City; State; Zip Code

76 W SANDAL BLANCH CIR THE WOODLANDS TX 77382

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/18

Full name of contributor

out-of-state PAC (ID#: _____)

SUSAN REESE

Contributor address;

City; State; Zip Code

112 RED OAK LN CONROE TX 77304

Amount of contribution (\$)

29.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 11

2 FILER NAME

MR. JASON G STITZELBERG

3 Filer ID (Ethics Commission Filers)

4 Date

4/17/18

5 Full name of contributor out-of-state PAC (ID#: _____)

JOANNE CARLSON-HEBERT

6 Contributor address; City; State; Zip Code

2803 W WINDWARD CIR THE WOODLANDS TX 77380

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/18/18

Full name of contributor out-of-state PAC (ID#: _____)

MARLEE RHODES

Contributor address; City; State; Zip Code

11 BENDER VIOLET PL THE WOODLANDS, TX 77381

Amount of contribution (\$)

75.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/18

Full name of contributor out-of-state PAC (ID#: _____)

CHRISTY VINES

Contributor address; City; State; Zip Code

31 STARCATOR PL THE WOODLANDS TX 77381

Amount of contribution (\$)

29.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/18

Full name of contributor out-of-state PAC (ID#: _____)

MARLEE KREMER

Contributor address; City; State; Zip Code

6 GREENWICH FOREST DR SPRING TX 77381

Amount of contribution (\$)

29.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1

2 FILER NAME

MR OASIS G. STITZBERG

3 Filer ID (Ethics Commission Filers)

4 Date

4/2/18

5 Full name of contributor

ROGER PASCO

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

50.00

6 Contributor address;

City; State; Zip Code

44 APRIL LLC MONTICELLO, TX 77356

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/2/18

Full name of contributor

DIANA STITZBERG

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

20746 LORANE DR PASADENA TX 77325

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24/18

Full name of contributor

JEREMY MILKMAN

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

30000 FM 2978 APT 518 MAGNOLIA TX 77354

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/18

Full name of contributor

EMILY HOOPER

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10.00

Contributor address;

City; State; Zip Code

2605 CROSSVINE CIR SPRING TX 77380

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

Mr. Mason G. Stitzelberg

3 Filer ID (Ethics Commission Filers)

4 Date

4/29/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

YVONNE MARTINEZ

6 Contributor address;

City; State; Zip Code

25252 FOREST LAKE CIR FORTER TX 77365

7 Amount of contribution (\$)

60.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/11/18

Full name of contributor

out-of-state PAC (ID#: _____)

ADAM JOHNSON

Contributor address;

City; State; Zip Code

2229 W SETTLER WAY SPRING TX 77380

Amount of contribution (\$)

24.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/11/18

Full name of contributor

out-of-state PAC (ID#: _____)

PAMELA RAY

Contributor address;

City; State; Zip Code

45 CASCADE SPRINGS PL SPRING TX 77381

Amount of contribution (\$)

29.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/16/18

Full name of contributor

out-of-state PAC (ID#: _____)

ERIKA STITZELBERG

Contributor address;

City; State; Zip Code

20516 CHAPEL DR FORTER TX 77365

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1

2 FILER NAME

MR. JASON G. STITTLER

3 Filer ID (Ethics Commission Filers)

4 Date

5/16/18

5 Full name of contributor

SUSAN ROSE

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

29.00

6 Contributor address;

City; State; Zip Code

112 RED OAK W CONROE TX 77304

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/29/18

Full name of contributor

EMILY HOPPEL

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10.00

Contributor address;

City; State; Zip Code

2609 CROSSVINE CIR SPRING TX 77380

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/29/18

Full name of contributor

LILLIAN SANDS

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

232 HARTFORD DR CONROE TX 77303

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/18

Full name of contributor

H. RICHARD ALEXANDER

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

14 DARA BETH CT PINE WOODLANDS TX 77381

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1

2 FILER NAME

MR. JASON G. STITTLER

3 Filer ID (Ethics Commission Filers)

4 Date

5/7/18

5 Full name of contributor

GINGER BLAIR

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

150.00

6 Contributor address;

City; State; Zip Code

2 BOKWOOD FOREST CT SPRING TX 77381

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/16/18

Full name of contributor

ANNE GILLIS

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

75.00

Contributor address;

City; State; Zip Code

52 W TALLAMBERY DR THE WOODLANDS TX 77381

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/10/18

Full name of contributor

CAROL SPOMATT

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

30.00

Contributor address;

City; State; Zip Code

3 MYSTIC VALLEY CT THE WOODLANDS TX 77381

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/10/18

Full name of contributor

PATRICIA VOELZ

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

3055 BENTWATER DR MANTONIA TX 77356

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

MR. JASON G. SPITZBURGH

3 Filer ID (Ethics Commission Filers)

4 Date

6/11/18

5 Full name of contributor

ADAM JOHNSON

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

24.00

6 Contributor address;

City; State; Zip Code

2299 W SETTERS WAY SPRING TX 77380

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/11/18

Full name of contributor

PAMOLA ROLL

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

29.00

Contributor address;

City; State; Zip Code

45 CASCADE SPRING PL SPRING TX 77381

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/14/18

Full name of contributor

BILLIE POMARZYNSKI

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

175.00

Contributor address;

City; State; Zip Code

29 COURTYARD CIR CASCADE TX 77304

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/16/18

Full name of contributor

SUSAN REESE

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

29.00

Contributor address;

City; State; Zip Code

112 ROAD OAK LN CASCADE TX 77304

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11

2 FILER NAME

MR. JASON G. STITTLER

3 Filer ID (Ethics Commission Filers)

4 Date

6/24/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

ERIKA STITTLER

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

20746 LANE DR PORTER TX 77365

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/22/18

Full name of contributor

out-of-state PAC (ID#: _____)

EMILY HOPPEL

Amount of contribution (\$)

10.00

Contributor address;

City; State; Zip Code

2609 CROSSVINE CIR SPRING TX 77380

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/30/18

Full name of contributor

out-of-state PAC (ID#: _____)

DEBBIE STEELE

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

11 SKY TERRACE PL THE WOODLANDS TX 77381

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3	
2 FILER NAME MR. OASON G STITZINGER		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 4/24/18	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EAST MONTAGOMERY COUNTY GAZETTE	8 Amount of Contribution \$ 300.00	9 In-kind contribution description ADVERTISING
7 Contributor address; City; State; Zip Code P.O. Box 701 SPLONDARA TX 77372		<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 3/24/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PENNY BRADSHAW	Amount of Contribution \$ 15.01	In-kind contribution description PRINTING MATERIAL
Contributor address; City; State; Zip Code 10 WINDY CREEK DR SPRING TX 77381		<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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3	
2 FILER NAME MR. OASW & STITTBERGER		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 4/28/18	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penny Blaszkaw	8 Amount of Contribution \$ 46.27	9 In-kind contribution description Doal HANGER BTW
7 Contributor address; City; State; Zip Code 10 W TRICE CROCK DR SPRING TX 77381		<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 5/16/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penny Blaszkaw	Amount of Contribution \$ 63.20	In-kind contribution description PHOTINIK MATERIAL
Contributor address; City; State; Zip Code 10 W TRICE CROCK DR SPRING TX 77381		<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)			

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: **3**

2 FILER NAME

MR. JASON G. SMITHBULL

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ **0**

5 Date

6/22/18

6 Full name of contributor out-of-state PAC (ID#: _____)

PAUL R. BLASCHKE

7 Contributor address; City; State; Zip Code

10 W TRACE CREEK DR SPURVIA TX 77381

8 Amount of Contribution \$

86.59

9 In-kind contribution description

Pop up tent

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

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)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: 6	2 FILER NAME MR. JASON G. STATTENBURG	3 Filer ID (Ethics Commission Filers)
4 Date 1/2/18	5 Payee name STATE PAYMENT SOLUTIONS	
6 Amount (\$) 65.59	7 Payee address; City; State; Zip Code 12120 SUNSET HILLS ROAD, STE 500 RESTON VA 20190	
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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/31/18	Payee name WELLS FARGO BANK
------------------------	---------------------------------------

Amount (\$) 14.00	Payee address; City; State; Zip Code 420 MONTGOMERY ST SAN FRANCISCO CA 94104
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/2/18	Payee name STATE PAYMENT SOLUTIONS
-----------------------	--

Amount (\$) 16.86	Payee address; City; State; Zip Code 12120 SUNSET HILLS ROAD, STE 500 RESTON, VA 20190
-----------------------------	--

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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: 6	2 FILER NAME MR. JASON G. STITTEBERG	3 Filer ID (Ethics Commission Filers)
---------------------------------	---	---------------------------------------

4 Date 2/7/18	5 Payee name STGE PAYMENT SOLUTIONS
------------------	--

6 Amount (\$) 1.77	7 Payee address; City; State; Zip Code 12120 SUNSET HILLS ROAD STE 500 RESTON VA 20190
-----------------------	---

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
------------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 2/11/18	Payee name THE MONTGOMERY BAKEHOUSE
-----------------	--

Amount (\$) 40.00	Payee address; City; State; Zip Code 240 CONSUMERS RD CONROE TX 77304
----------------------	--

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/28/18	Payee name WELLS FARGO BANK
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Amount (\$) 14.00	Payee address; City; State; Zip Code 420 MONTGOMERY ST SAN FRANCISCO CA 94104
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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: 6	2 FILER NAME MR JASON G SUTHERS	3 Filer ID (Ethics Commission Filers)
4 Date 3/2/18	5 Payee name STATE PAYMENT SOLUTIONS	
6 Amount (\$) 31.78	7 Payee address; City; State; Zip Code 12120 SUNSET MILLS RD STE 500 RESTON VA 20190	
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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 2/27/18	Payee name MONTAGNEY COUNTY VETERANS MEMORIAL COMMISSION	
Amount (\$) 200.00	Payee address; City; State; Zip Code P.O. BOX 1296 CONROE TX 77305	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3/10/18	Payee name FED EX OFFICE	
Amount (\$) 126.00	Payee address; City; State; Zip Code 1640 LAKE WOODLANDS DR, THE WOODLANDS, TX 77380	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PLUMBING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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: 6	2 FILER NAME MR. JASON G. SPITTEBERG	3 Filer ID (Ethics Commission Filers)
4 Date 3/24/18	5 Payee name MONTGOMERY COUNTY DEMOCRATIC PARTY	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 1712 N. RAEBER ST CONROE TX 77301	
8 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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/30/18	Payee name WELLS FARGO BANK
Amount (\$) 14.00	Payee address; City; State; Zip Code 420 MONTAUMERY ST SAN FRANCISCO CA 94104

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 4/2/18	Payee name PAYA
Amount (\$) 41.38	Payee address; City; State; Zip Code 12120 SUNSET HILLS RD STE 500 RESTON VA 20190

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING / BANKING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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: 6	2 FILER NAME MR JASON G. STITZBURG	3 Filer ID (Ethics Commission Filers)			
4 Date 5/2/18	5 Payee name PAYA				
6 Amount (\$) 46.64	7 Payee address; City; State; Zip Code 12120 SUNSET HILLS RD STE 500 RESTON VA 20190				
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			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">9 Complete ONLY if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 6/4/18	Payee name PAYA				
Amount (\$) 18.38	Payee address; City; State; Zip Code 12120 SUNSET HILLS RD STE 500 RESTON VA 20190				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING / BANKING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete ONLY if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 6/15/18	Payee name AMERICAN EXPRESS				
Amount (\$) 5741.25	Payee address; City; State; Zip Code 200 VESEY STREET NEW YORK, NY 10285				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete ONLY if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: 6	2 FILER NAME MR. JESSE G. SPITTSBURGH	3 Filer ID (Ethics Commission Filers)
4 Date 6/29/18	5 Payee name WELLS FARGO BANK	
6 Amount (\$) 14.00	7 Payee address; City; State; Zip Code 420 MONTGOMERY ST SAN FRANCISCO CA 94104	
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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 18	2 FILER NAME MR. JASON G. STITTEBURG	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
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5 Date 2/20/18	6 Payee name GO DADDY . COM
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7 Amount (\$) 19.99	8 Payee address; City; State; Zip Code 14455 Hayden Road, 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) OTHER: WEBSITE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 2/21/18	Payee name GO DADDY . COM
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Amount (\$) 104.65	Payee address; City; State; Zip Code 14455 HAYDEN ROAD, 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	Category (See Categories listed at the top of this schedule) OTHER: WEBSITE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 6	2 FILER NAME MR JASON G STUTTEBURG	3 Filer ID (Ethics Commission Filers)
--	--	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
--	------

5 Date 1/11/18	6 Payee name WOODLANDS CHAMBER OF COMMERCE
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7 Amount (\$) 75.00	8 Payee address; City; State; Zip Code 9320 LAKESIDE BLVD STE 200, THE WOODLANDS TX 77381
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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
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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 1/31/18	Payee name FACEBOOK
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Amount (\$) 79.59	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	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 | 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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 10	2 FILER NAME MR JASON G SPITTLERBURG	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0
5 Date 1/31/18	6 Payee name FACEBOOK	
7 Amount (\$) 1.58	8 Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK, CA 94025	
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) 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
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2/2/18	Payee name CONROE/UTICE CONROE CHAMBER OF COMMERCE		
Amount (\$) 100.00	Payee address; City; State; Zip Code P.O. BOX 2347 CONROE, TX 77305		
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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: 10	2 FILER NAME MR. JEFFREY A. STITZBERG	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0
5 Date 2/16/18	6 Payee name CAROL/LYKE CAROL CHAMBER OF COMMERCE	
7 Amount (\$) 20.00	8 Payee address; City; State; Zip Code P.O. Box 2347 CONROE TX 77305	
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
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/16/18	Payee name UPS	
Amount (\$) 217.58	Payee address; City; State; Zip Code 55 GLENDALE PARKWAY, ATLANTA, GA 30328	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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 | 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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 14	2 FILER NAME MR. JASON G STITTLERBURG	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0
5 Date 2/19/18	6 Payee name FACEBOOK	
7 Amount (\$) 250.00	8 Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK, CA 94025	
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) 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
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/28/18	Payee name FACEBOOK	
Amount (\$) 140.14	Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK, CA 94025	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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	Solidation/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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 10	2 FILER NAME MR. DREW L. STITTUBURG	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0
5 Date 3/8/18	6 Payee name WOODLANDS CHAMBER OF COMMERCE	
7 Amount (\$) 410.00	8 Payee address; City; State; Zip Code 9320 LAKESIDE BLVD STE 200, THE WOODLANDS, TX 77381	
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
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/31/18	Payee name FACEBOOK	
Amount (\$) 232.13	Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK, CA 94025	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | 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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>14</i>	2 FILER NAME <i>MR OWEN G STITTLER</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <i>0</i>
5 Date <i>4/23/18</i>	6 Payee name <i>HIGHLAND SIGNS INC</i>	
7 Amount (\$) <i>5741.25</i>	8 Payee address; City; State; Zip Code <i>P.O. Box 788 BOYS TOWN, NE 68010</i>	
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) <i>PRINTING EXPENSE</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4/30/18</i>	Payee name <i>FACEBOOK</i>	
Amount (\$) <i>104.41</i>	Payee address; City; State; Zip Code <i>1 HACKER WAY, MONTE-PARK, CA 94025</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | 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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 18	2 FILER NAME MR. JASW G STITZBERG	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0
5 Date 2/1/18	6 Payee name NGP VAN	
7 Amount (\$) 450.00	8 Payee address; City; State; Zip Code 1445 NEW YORK AVE NW #200, WASHINGTON DC 20005	
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) SOLICITATION/FUNDRAISING 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
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/1/18	Payee name NGP VAN	
Amount (\$) 450.00	Payee address; City; State; Zip Code 1445 NEW YORK AVE NW #200, WASHINGTON DC 20005	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | 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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 10	2 FILER NAME MR. DASON G STITTLBERG	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0
5 Date 5/29/18	6 Payee name EAST MONTGOMERY COUNTY GAZETTE	
7 Amount (\$) 300.00	8 Payee address; City; State; Zip Code P.O. Box 701 SPLENDORA TX 77372	
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) 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
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/25/18	Payee name EAST MONTGOMERY COUNTY GAZETTE	
Amount (\$) 550.00	Payee address; City; State; Zip Code P.O. Box 701 SPLENDORA TX 77372	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | 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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 10	2 FILER NAME MR JASON G. STUTZBURG	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0
5 Date 5/25/18	6 Payee name TAMINA COMETARY AND COMMUNITY PROJECT CDC	
7 Amount (\$) 25.00	8 Payee address; City; State; Zip Code 29526 LEWANDS LANE DRIVE, SPRING TX 77386	
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
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 6/5/18	Payee name WOODLANDS CHAMBER OF COMMERCE		
Amount (\$) 349.00	Payee address; City; State; Zip Code 9320 LALESIAE BLVD, STE 200, THE WOODLANDS TX 77381		
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3	2 FILER NAME MR OASAN G. SUTTERBURN	3 Filer ID (Ethics Commission Filers)
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4 Date 3/21/18	5 Payee name CIN CARD
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6 Amount (\$) 124.64 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. BOX 9001016 LOUISVILLE, KY 40290
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ONLINE WEBSITE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/12/18	Payee name AMERICAN EXPRESS
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Amount (\$) 75.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. BOX 650448 DALLAS, TX 75265
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PURPOSE OF EXPENDITURE	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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/15/18	Payee name AMERICAN EXPRESS
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Amount (\$) 418.75 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. BOX 650448 DALLAS, TX 75265
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING + 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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 3	2 FILER NAME MR JASON G. STITTENBERG	3 Filer ID (Ethics Commission Filers)
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4 Date 4/15/18	5 Payee name AMERICAN EXPRESS
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6 Amount (\$) 800.14 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 650448 DALLAS, TX 75265
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE & 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
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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 5/15/18	Payee name AMERICAN EXPRESS
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Amount (\$) 232.13 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 650448 DALLAS, TX 75265
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PURPOSE OF EXPENDITURE	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
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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 6/15/18	Payee name AMERICAN EXPRESS
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Amount (\$) 104.41 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 650448 DALLAS, TX 75265
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PURPOSE OF EXPENDITURE	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
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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 MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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 G: 3	2 FILER NAME MR. JASON G. STITTBOURG	3 Filer ID (Ethics Commission Filers)
4 Date 3/11/18	5 Payee name AMERICAN EXPRESS	
6 Amount (\$) 450.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. BOX 650448 DALLAS, TX 75265	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/12/18	Payee name AMERICAN EXPRESS	
Amount (\$) 450.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. BOX 650448 DALLAS, TX 75265	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		