CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instructi	on Guide explains how to complete this form.	1 Filer ID	2 Total pages filed: 11
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY.
OFFICEHOLDE	۲ John	KERRY	OFFICELLER
NAME			Date Receive CITY SECRETARY
	NICKNAME LAST	SUFFIX	
		30H IX	OCT - 3 2019
	Schwartz		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CI	TY; ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDE	700 Padre Blvd		CITY OF SOUTH PADRE
MAILING			Receipt #
ADDRESS	Ste A		
Change of Addre	ss South Padre island, TX 78597		Date Processed
			Date Processed
1			Date Imaged
5 CAMPAIGN	MS/MRS/MR FIRST	MI	
TREASURER			
NAME	Mr. Bob		
	NICKNAME LAST	SUFFIX	
	Garlock		
	Seq 1001	•	
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY	; STATE; ZIP CODE
TREASURER	STREET ADDRESS (NO FO BOX FLEASE),	_	
ADDRESS	226 INCORDURE	Say	h Tx 78597
(Residence or Busines	226 WCarolyn 3	or. Saw Padre	TK 10011
(residence of Dusines	S/	radie	15
7 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER			
PHONE	956 279-0367		
8 REPORT TYPE			
	January 15 X 30th day before	e election Runoff	15th day after campaign treasurer appointment (officeholder only)
	Uluku 15 Uluku hoforo		
	July 15 8th day before	election Exceeded \$500 limit	Final Report (Attach C/OH-FR)
9 PERIOD	Month Day Year	Month Day	Year
COVERED	08/01/2019 TI	HROUGH 10/04/20'	19
10 ELECTION	ELECTION DATE	ELECTION TYPE	
		Primary Runoff	Other
	11 5 2019	Senerai Special	
		_	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT	[(if known)
	Canalman Place	& Same	
	Cauncilman Place South Padre Isla	and	-
	GO	TO PAGE 2	
Forms provided by	Texas Ethics Commission www.et	hics.state.tx.us	Version V1.1.3a6aaf7d
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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

2 of 11

13 C / OH NAME	Schwartz, John		14 Filer ID		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without t officeholders are required to report this information	the candidate's or office	holder's knowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	S		
16 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER T ARANTEES OF LOANS), UNLESS ITEMIZED	HAN PLEDGES,	\$ 0.00	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,618.77	
EXPENDITURE TOTALS					
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 2,143.01	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA	AST DAY OF THE	\$ 0.00	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00	
17 AFFADAVIT					
	SUSAN M HILL COMM. EXPIRES 3-28-2 NOTARY ID FEB-60	I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.			
Signature of Candidate or Officeholder					
AFFIX NO	TARY STAMP / SEAL AB	OVE I			
Sworn to and subsc	cribed before me, by the sa	aid <u>BERRY</u> ChulAR	\pm this the ± 1	day	
Signature of office	Anning er administering	Susan Anning Printed name of officer administering	Title of officer	<u>administering joath</u>	
Forms provided by Tex	van Ethion Commission	www.ethics.state.tv.us		Version V1 1 3262217d	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Version V1.1.3a6aaf7d

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

3	of	1	,
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				3 of 11
Sc	ER NAM	John	19 Filer ID	
1		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,408.77
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 210.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 2,143.01
		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
9.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
10.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

SUBTOTALS - C/OH

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instru	ction Guide explains how to complete this form	n.	1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/11	
2 FILER NAME Schwartz, Jo			3 Filer ID	
4 Date 09/07/2019	5 Full name of contributor out-of-state PAC (ID#: Best, Bill)	7 Amount of Contribution (\$)	\$100.00
	6 Contributor address; City; State; Zip Code PO Box 3148			
	South Padre Island, TX 78597			
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/21/2019	Best, Bill			\$200.00
	Contributor address; City; State; Zip Code PO Box 3148			
	South Padre Island, TX 78597			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/03/2019	Best, Bill			\$100.00
	Contributor address; City; State; Zip Code PO Box 3148			
	South Padre Island, TX 78597			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/08/2019	Campaign to Elect Eva-Jean Dalton			\$508.77
	Contributor address; City; State; Zip Code			
	South Padre Island, TX 78597			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Date 09/03/2019	Full name of contributor out-of-state PAC (ID#: Fletcher, Norris)	Amount of Contribution (\$)	\$100.00
	Contributor address; City; State; Zip Code 6 Golf House Rd			
	Laguna Vista, TX 78578			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
	L			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instru	ction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/11	
2	FILER NAME			3 Filer ID	
	Schwartz, Jo	hn			
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
	09/09/2019	Marra, Kori			\$100.00
		6 Contributor address; City; State; Zip Code			
		PO Box 3063			
		South Padre Island, TX 78597			
8	Principal occu	pation / Job title (See Instructions) 9 Emplo	yer (See Instructions)	
⊨	Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
	09/10/2019	McNulty, Patrick	,		\$200.00
	00/10/2010				¥200.00
l		Contributor address; City; State; Zip Code			
		5813 Padre Blvd			
		South Padre Island, TX 78597			
⊢	Principal occu		yer (See Instructions)	· · · · · · · · · · · · · · · · · · ·	
	гтпора оссо		yer (See instructions))	
╘					
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	09/10/2019	Meyer, Lavina			\$100.00
		Contributor address; City; State; Zip Code			
		PO Box 2582			
L		South Padre Island, TX 78597			
	Principal occu	pation / Job title (See Instructions) Emplo	yer (See Instructions))	
Γ					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 6/11
2 FILER NAME			3 Filer ID
Schwartz, J			
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
Date	6 Full name of contributor out-of-state PAC (ID#:)	Amount of 8 In-kind contribution
09/26/2019	D'Pizza Joint		contribution (\$) description \$60.0015 Pizzas at Meet and
	7 Contributor address; City; State; Zip Code		Greet
	2413 Padre Blvd		
	South Padre Island, TX 78597		Check if travel outside of Texas. Complete Schedule T.
9 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	10 Employer (FOR NON	I-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 tirm of contributo	or'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 In-kind contribution
09/30/2019	Louies Backyard	/	contribution (\$) description
	Contributor address; City; State; Zip Code		\$150.00 Food at Party for
]	2305 Laguna Drive South		Campaign
	South Padre Island, TX 78597		Check if travel outside of Texas. Complete Schedule T.
Principal occi	upation / 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)
Contributed			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
1			

	EXPENDITU	RE CATEGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politic	al Committee Legal Services		ense Transportation Equipment & Related Expense Travel in District Travel Out of District Noor OTHER (enter a cetegory not listed above)
Total pages Schedule F4:			3 Filer ID
Sch: 1/5 Rpt: 7/11	Schwartz, John		
TOTAL OF UNITEMI	ZED EXPENDITURES CHA	ARGED TO A CREDIT CARD	\$
Date	5 Payee name		
09/20/2019	Home Depot		
Amount (\$)	7 Payee address; City;	State; Zip Code	
\$23.83	4551 Padre Island Highwa	iy	
	Brownsville, TX 78521		
EXPENDITURE	X Political	Non-Political	
OF OF EXPENDITURE	(a) Category (See Categories listed at Advertising Expense	Check	on if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense ost Materials
1 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	H 		
Date 09/30/2019	Payee name Just Yard Signs		
Amount (\$)	Payee address; City;	State; Zip Code	
\$265.00			
	ТХ		
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE	(a) Category (See Categories listed at	the top of this schedule) (b) Description	DN
OF EXPENDITURE	Advertising Expense	Check	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	H		

EXPENDITUR	ES MADE	BY CREDIT	CARD		SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic		EXPENDITURE C. Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Loan Re Office C Polling nse Printing Salaries	epayment/Reimbursement Iverhead/Rental Expense Expense Expense s/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F4: Sch: 2/5 Rpt: 8/11	2 FILER NAM Schwartz,				3 Filer ID
TOTAL OF UNITEM	ZED EXPENI	DITURES CHARG	ED TO A CR	EDIT CARD	\$
4 Date 09/13/2019	5 Payee name Port Isabe				
6 Amount (\$) \$500.00			State; Zip (Code	
9 TYPE OF EXPENDITURE	X	Political	Non-Po	plitical	
10 PURPOSE OF EXPENDITURE	(a) Category (i Advertising	See Categories listed at the top J Expense	o of this schedule)		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense Ad
11 Complete ONLY if direct expenditure to benefit C/C		ficeholder name	Office so	bught	Office held
Date 09/20/2019	Payee name Port Isabe				
Amount (\$) \$250.00	Payee addro 525 Maxar	-	State; Zip C	Code	
TYPE OF	Port Isabel	, TX 78526			
EXPENDITURE	×	Political	Non-Po	blitical	
PURPOSE OF EXPENDITURE	(a) Category (s Advertising	See Categones listed at the top J Expense	of this schedule)		outside of Texas. Complete Schedule T. n, TX, officeholder living expense Ad
Complete ONLY if direct expenditure to benefit C/C		ficeholder name	Office so	bught	Office held
Forms provided by Texas E			ethics.state.tx.		Version V1.1.3a6aaf7d

Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By - Gift/Awards/Memorials Expense Printing Expense Travel Out of District	Accounting/spring Consulting Springs Fiest PeriodSeverage Spring Office OperheadStatut Experise Statures/Wages/Contract Lator Transportation (Section Databate OTHER) (with Backet Lator 1 Total pages Schedule F4: Sch: 3/5 Rpt: 9/11 2 FILER NAME 3 Filer ID 2 Schwartz, John 3 Filer ID 3 4 Date 5 Payee name 9 Statures/Wages/Contract Lator \$ 6 Amount (\$) 7 Payee name Port Isabel Press 5 Filer ID \$ 6 Amount (\$) 7 Payee address; City; State; Zip Code \$ 9 TYPE OF EXPENDITURE Image: Complete Stredule T. I		EXPENDITURE CA			
Candidate/Officendetr/Pullical Committee Legal Services Sataria/Wages/Contract Labor OTHER (enter a category not listed - The instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 3/5 Rpt: 9/11 Schwartz, John 3 Filer ID TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4 Date 5 Payee name 09/25/2019 Port Isabel Press 6 6 Amount (\$) 7 Payee address; City; State; Zip Code 525 Maxam Port Isabel, TX 78526 9 TYPE OF 0 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description 0 PURPOSE Gondate/Officeholder name Office sought Office held 0 Purpose Candidate/Officeholder name Office sought Office held 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held 0/02/2019 Port Isabel Press Amount (\$) Payee address; City; State; Zip Code \$250.00 \$250.00 \$25 Maxam Port Isabel, TX 78526 Code \$250.00 <	Cardidate/Office/holder/Patical Committee Lags Sorves Statesit/WagewContect Labor OTHER (enter a category not listed ab The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: Schwartz, John 2 FILER NAME Schwartz, John 3 Filer ID 4 Date 09/25/2019 5 Payee name Port Isabel Press 5 Payee address; S250.00 5 6 Amount (S) EXPENDITURE 7 Payee address; S250.00 City; S255 Maxam State; Zip Code S25 Maxam Non-Political 10 PURPOSE EXPENDITURE (a) Category (See Categories lasted at the top of this schedule) Advertising Expense (b) Description Check if Austin, TX, dificander living expense 11 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held Date 10/03/2019 Payee address; S250.00 City; State; Zip Code S25 Maxam State; Zip Code S25 Maxam Office held Date 10/03/2019 Payee name Port Isabel Press Office sought Office held Amount (\$) S250.00 Payee address; City; State; Zip Code S25 Maxam State; Zip Code S25 Maxam Port Isabel, TX 78526 TYPE OF EXPENDITURE Payee address; City; State; Zip Code S25 Maxam Port Isabel, TX 78526 Port Isabel, TX 78526 TYPE OF EXPENDITURE Political Non-Political <t< th=""><th>Accounting/Banking</th><th>Fees Food/Beverage Expense</th><th>Office Overhee Polling Expense</th><th>ad/Rental Expense se</th><th>Transportation Equipment & Related Exp Travel in District</th></t<>	Accounting/Banking	Fees Food/Beverage Expense	Office Overhee Polling Expense	ad/Rental Expense se	Transportation Equipment & Related Exp Travel in District
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TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4 Date 09/25/2019 5 Payee name Port Isabel Press 5 6 Amount (\$) 7 Payee address; \$250.00 City; 525 Maxam State; Zip Code 525 Maxam 9 TYPE OF EXPENDITURE Image: Comparison of the schedule) Non-Political 10 PURPOSE EXPENDITURE (a) Category (See Categories lasted at the top of this schedule) (b) Description Creak it state dualities of Texas. Complete Schedule T. Creak it Austin, TX, officeholder T. Creak it Aus	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4 Date OPT Isabel Press 6 Amount (\$) 7 Payee address; 5 City; State; Zip Code 5250.00 \$250.00 7 Port Isabel, TX 78526 9 TYPE OF EXPENDITURE (a) Category (See Categories listed at the top of this scheduler) OF EXPENDITURE (a) Category (See Categories listed at the top of this scheduler) Check if Auxilian, TX, officeholder T., Controletider living expense Newspaper Ad 11 Complete ONLY if direct Candidate/Officeholder name Date 10/03/2019 Payee name Port Isabel, TX 78526 TYPE OF EXPENDITURE Candidate/Officeholder name Office sought Office held Payee name Port Isabel, TX 78526 TYPE OF EXPENDITURE Quere Compose Port Isabel, TX 78526 TYPE OF EXPENDITURE Quere Compose Quere Compose Quere		2 FILER NAME			3 Filer ID
4 Date 5 Payee name 09/25/2019 7 Payee address; City; State; Zip Code 6 Amount (\$) 7 Payee address; City; State; Zip Code 5250.00 \$250.00 7 Payee address; City; State; Zip Code 9 TYPE OF EXPENDITURE Image: Constant of the schedule) Non-Political 10 PURPOSE OF OF Check if Faxed outside of Texas. Complete Schedule T. 0 Check if Austin, TX, officeholder iving expense Image: Check if Austin, TX, officeholder iving expense 11 Complete ONLY if direct. Candidate/Officeholder name Office sought Office held 0/03/2019 Port Isabel Press Port Isabel Press Payee address; City; State; Zip Code 3/250.00 \$250.00 \$25 Maxam Port Isabel, TX 78526 Port Isabel, TX 78526 Port Isabel, TX 78526 TYPE OF Image: Construct of Lagony (See Categories isted at the top of this schedule) (b) Description Check if Austin, TX, officeholder I/// Austin, TX, officeholder I/// Advertising Expense PURPOSE OF Image: Ch	4 Date 09/25/2019 5 Payee name Port Isabel Press 6 Amount (\$) 7 Payee address; City; State; Zip Code 525 Maxam Port Isabel, TX 78526 9 TYPE OF EXPENDITURE Image: Dot isabel, TX 78526 10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check it travel outside of Tesas. Complete Schedule T. Check it duals, TX, officeholder T. Check it duals, TX, officeholder iving expense 11 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Port Isabel Press Office sought Office held Date 10/03/2019 Payee name Port Isabel Press Payee address; City; State; Zip Code 525 Maxam State; Zip Code 525 Maxam Amount (\$) Payee address; City; State; Zip Code 525 Maxam Payee address; City; State; Zip Code 525 Maxam State; Zip Code 525 Maxam PURPOSE EXPENDITURE (a) Category (See Categories isted at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Tess. Complete Schedule T. Check if travel outside of Tess. Complete Schedule T. Ch					¢
09/25/2019 Port Isabel Press 6 Amount (\$) 7 Payee address; City; State; Zip Code \$ 255 Maxam Port Isabel, TX 78526 9 TYPE OF X Political 10 PURPOSE (a) Category (See Categories listed at the top of this schedule) Office PURPOSE (a) Category (See Categories listed at the top of this schedule) 11 Complete QNLY if direct expenditure to benefit C/OH Candidate/Officeholder name Date Payee name 10/03/2019 Port Isabel Press Amount (\$) Payee address; City; State; Zip Code \$250.00 \$250.00 Payee name Office sought 0/03/2019 Port Isabel Press Amount (\$) Payee address; City; State; Zip Code \$250.00 \$255 Maxam Port Isabel, TX 78526 TYPE OF EXPENDITURE X Political Port Isabel, TX 78526 Non-Political PURPOSE (a) Category (See Categories listed at the top of this schedule) 0/F EXPENDITURE X Political PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if rawel outside of Texas. Complete Schedule T. Ch	09/25/2019 Port Isabel Press 6 Amount (\$) 7 Payee address; City; State; Zip Code \$ 2550.00 \$255 Maxam Port Isabel, TX 78526 Port Isabel, TX 78526 9 TYPE OF EXPENDITURE Image: Deck if taxed outside of Texas. Complete Schedule T. Check if t					Ψ
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9 TYPE OF EXPENDITURE Image: Political Non-Political 10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 11 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held 11 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held 11 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held 11 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held 11 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held 11 Payee address; City; State; Zip Code 12 Port Isabel Press Port Isabel, TX 78526 Image: Code of Texas, Complete Schedule T. Check if austin, TX, officeholder if ving expense 0F EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description	9 TYPE OF EXPENDITURE Image: Political Non-Political 10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description 11 Complete QNLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held Date 10/03/2019 Payee name Port Isabel Press Candidate/Officeholder name Office sought Office held Amount (\$) Payee address; \$250.00 City; State; Zip Code State; Zip Code TYPE OF EXPENDITURE Image: Political Non-Political Port Isabel, TX 78526 Image: Political Non-Political PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if Austin, TX, officeholder Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newspaper Ad Complete QNLY if direct Candidate/Officeholder name Office sought Office held			State; Zip Code		
EXPENDITURE Image: State intervention of the state interventing expense inte	EXPENDITURE X Pointcal Non-Pointcal 10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if Austin, TX, officeholder living expense Newspaper Ad 11 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Port Isabel Press Office sought Office held Date 10/03/2019 Payee name Port Isabel Press Payee address; City; State; Zip Code S250.00 \$250.00 \$250 Maxam Port Isabel, TX 78526 Non-Political PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) OF EXPENDITURE (b) Description Check if Austin, TX, officeholder Texas. Complete Schedule T. Check if Austin, TX, officeholder Tiving expense Newspaper Ad Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Port Isabel, TX 78526			
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expenditure to benefit C/OH Date Payee name 10/03/2019 Port Isabel Press Amount (\$) Payee address; City; State; Zip Code \$250.00 525 Maxam Port Isabel, TX 78526 TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held	expenditure to benefit C/OH Date Payee name 10/03/2019 Port Isabel Press Amount (\$) Payee address; City; State; Zip Code \$250.00 525 Maxam Port Isabel, TX 78526 TYPE OF X Political PURPOSE (a) Category (See Categories listed at the top of this schedule) OF Advertising Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if dustin, TX, officeholder living expense Newspaper Ad Complete ONLY if direct Candidate/Officeholder name Office sought Office held	OF		f this schedule) (b)	Check if travel	n, TX, officeholder living expense
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TYPE OF X Political Non-Political PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if fusion Check if fusion Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held	TYPE OF X Political Non-Political PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Candidate/Officeholder name Office sought Office held		525 Maxam			
EXPENDITURE Yon-Political Non-Political PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Complete ONLY if direct Candidate/Officeholder name Office sought Office held	EXPENDITURE X Political Non-Political PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
OF EXPENDITURE Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newspaper Ad Complete ONLY if direct Candidate/Officeholder name Office sought	OF EXPENDITURE Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newspaper Ad Complete ONLY if direct Candidate/Officeholder name Office sought	EXPENDITURE				
		OF		f this schedule) (b)	Check if travel	n, TX, officeholder living expense
				Office sought		Office held

EXPENDITURI	ES MADE BY CREDI	T CARD	SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Ex al Committee Legal Services	CATEGORIES FOR BOX 10(a) Loan Repayment/Reimburseme Office Overhead/Rental Expense Polling Expense Printing Expense Selaries/Wages/Contract Labor te explains how to complete this form.	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F4: Sch: 4/5 Rpt: 10/11	2 FILER NAME Schwartz, John		3 Filer ID
TOTAL OF UNITEM	ZED EXPENDITURES CHAR	GED TO A CREDIT CARD	\$
4 Date 09/11/2019	5 Payee name Sea Ranch Restaurant		
6 Amount (\$) \$345.57	7 Payee address; City; 33330 State Park Rd 100	State; Zip Code	
9 TYPE OF EXPENDITURE	South padre Island, TX 7859	/ Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Event Expense	Check if tr	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense Beverage
11 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date 09/17/2019	Payee name Southerlands		
Amount (\$) \$70.25	Payee address; City;	State; Zip Code	
TYPE OF	TX	Non-Political	
EXPENDITURE PURPOSE OF EXPENDITURE	(a) Category. (See Categories listed at the Advertising Expense	top of this schedule) (b) Description	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense s and material
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
Forms provided by Texas E		w.ethics.state.tx.us	Version V1.1.3a6aaf7c

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EXPENDITURES MADE BY CREDIT CARD				
		UAND		SCHEDULE F4
	EXPENDITURE C	ATEGORIES FO	R BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	al Committee Legal Services	Office Ov Polling E: nse Printing E Salaries/	xpense Nages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F4:	The Instruction Guide			3 Filer ID
Sch: 5/5 Rpt: 11/11	Schwartz, John			
TOTAL OF UNITEMI	ZED EXPENDITURES CHARGE	ED TO A CRE	DIT CARD	\$
4 Date 09/13/2019	5 Payee name Toucan Graphics			
6 Amount (\$)	7 Payee address; City;	State; Zip C	ode	
\$188.36	14725 S Padre sland Drive			
	Corpus Christi, TX 78418			
9 TYPE OF EXPENDITURE	X Political	Non-Pol	itical	
10 PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	outside of Texas. Complete Schedule T
EXPENDITURE	Advertising Expense		Check if Austin	n, TX, officeholder living expense
			Stickers for (Campaign Signs
11 Complete ONLY if direct	Candidate/Officeholder name	Office so	ught	Office held
expenditure to benefit C/C	חי 			
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