

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: 21	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR <small>NICKNAME</small>	FIRST RAWLEY <small>LAST</small>	MI G <small>SUFFIX</small>	OFFICE USE ONLY <hr/> Date Received RECEIVED APR 4 2019 City Secretary <i>COB</i> 9:45am <hr/> Date Hand-delivered or Date Postmarked APR 4 2019 <i>COB 9:45am</i> <hr/> Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged
	MCCOY			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 302 Whispering Creek St. Victoria, TX 77904			
	AREA CODE PHONE NUMBER EXTENSION (361) 575-1942			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR <small>NICKNAME</small>	FIRST SPENCER <small>LAST</small>	MI S <small>SUFFIX</small>	
	KLOTZMAN			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 603 E. Mesquite Ln. Victoria, TX 77901			
	AREA CODE PHONE NUMBER EXTENSION (361) 485-9312			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input 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 Month Day Year 01 / 01 / 2019 THROUGH 03 / 25 / 2019			
11 ELECTION	ELECTION DATE Month Day Year 05 / 04 / 2019		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) MAYOR	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

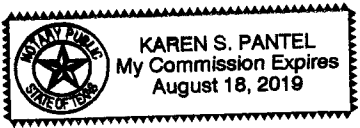
**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME RAWLEY G MCCOY	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS


17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,134.73
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 207.99
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,661.43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15,522.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000.00

18 AFFIDAVIT



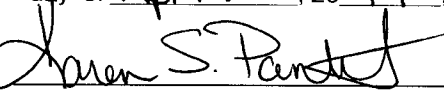
AFFIX NOTARY STAMP / SEAL ABOVE

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.



 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Rawley G McCoy, this the 3rd day of April, 2019, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

Karen Pantel
 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 RAWLEY G MCCOY		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS	NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,424.73
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	\$ 6,150.69
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 300.00
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	\$ 171.09
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2.75
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:
11

2 FILER NAME

RAWLEY G MCCOY

3 Filer ID (Ethics Commission Filers)

4 Date
2/7/19

5 Full name of contributor out-of-state PAC (ID#: _____)
Carol & David McLarry

7 Amount of contribution (\$) **\$500.00**

6 Contributor address; City; State; Zip Code
404 Masters Dr. Victoria, TX 77904

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
2/12/19

Full name of contributor out-of-state PAC (ID#: _____)
Terry & Royce Krueger

Amount of contribution (\$) **\$250.00**

Contributor address; City; State; Zip Code
116 Lancaster St. Victoria, TX 77904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/19/19

Full name of contributor out-of-state PAC (ID#: _____)
Julie & Gary McElhanev

Amount of contribution (\$) **\$100.00**

Contributor address; City; State; Zip Code
412 Coletto Bluff Rd Victoria, TX 77905

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/19/19

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

Amount of contribution (\$) **\$100.00**

Contributor address; City; State; Zip Code
204 Guinevere Victoria, TX 77904

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

RAWLEY G MCCOY

3 Filer ID (Ethics Commission Filers)

4 Date
3/8/2019

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

Elaine D. Tyng

7 Amount of contribution (\$) \$25.00

6 Contributor address; City; State; Zip Code

2305 N. Wheeler St. Victoria, TX 77901

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
3/8/2019

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

Donald Elder

Amount of contribution (\$) \$2,000.00

Contributor address; City; State; Zip Code

5606 N. Navarro, Ste. 200 Victoria, TX 77904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/13/19

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

Linda Elmore

Amount of contribution (\$) \$100.00

Contributor address; City; State; Zip Code

405 Roseland Ave. Victoria, TX 77901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/13/19

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

Shah Afridi, M.D.

Amount of contribution (\$) \$1,000.00

Contributor address; City; State; Zip Code

2705 Hospital Dr. Ste. 101 Victoria, TX 77901

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
RAWLEY G MCCOY

3 Filer ID (Ethics Commission Filers)

4 Date
3/13/19

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

Stephen W. Roth

7 Amount of contribution (\$) \$1,000.00

6 Contributor address; City; State; Zip Code

6118 Country Club Dr. Victoria, TX 77904

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
3/13/19

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

Winston Wheeler

Amount of contribution (\$) \$250.00

Contributor address; City; State; Zip Code

504 E. Santa Rosa St. Victoria, TX 77901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/15/19

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

Helen & David Goris

Amount of contribution (\$) \$250.00

Contributor address; City; State; Zip Code

203 Whispering Creek Dr. Victoria, TX 77904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/18/19

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

Kathy & Larry Tomanek

Amount of contribution (\$) \$500.00

Contributor address; City; State; Zip Code

202 E. Hiller St. Victoria, TX 77901

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

RAWLEY G MCCOY

3 Filer ID (Ethics Commission Filers)

4 Date
3/18/19

5 Full name of contributor out-of-state PAC (ID#: _____)
Melanie & Mark S. Klotzman

7 Amount of contribution (\$)
\$500.00

6 Contributor address; City; State; Zip Code
6030 Country Club Dr. Victoria, TX 77904

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
3/18/19

Full name of contributor out-of-state PAC (ID#: _____)
Diana & Dennis Hughes

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
115 Calle Ricardo Victoria, TX 77904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/19/19

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

Amount of contribution (\$)
\$1,000.00

Contributor address; City; State; Zip Code
104 Woodhaven Dr. Victoria, TX 77904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/19/19

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

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
109 Summerwind Dr. Victoria, TX 77904

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 RAWLEY G MCCOY		3 Filer ID (Ethics Commission Filers)
4 Date 3/21/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabrina & Casey Roth	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 6039 Country Club Victoria, TX 77904		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/21/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leann & Harry Wagner	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 7808 US HWY 87 S Victoria, TX 77905		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/21/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry & Royce Krueger	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 116 Lancaster St. Victoria, TX 77904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/21/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey Cass	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 105 Sterling Ct Victoria, TX 77904		
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

RAWLEY G MCCOY

3 Filer ID (Ethics Commission Filers)

4 Date
3/21/19

5 Full name of contributor out-of-state PAC (ID#: _____)
Dana & Thomas Curtis

7 Amount of contribution (\$) \$50.00

6 Contributor address; City; State; Zip Code
118 Chisholm Trl. Victoria, TX 77904

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
3/21/19

Full name of contributor out-of-state PAC (ID#: _____)
Mark E. Zafereo

Amount of contribution (\$) \$250.00

Contributor address; City; State; Zip Code
125 Kreekview Dr. Victoria, TX 77904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/21/19

Full name of contributor out-of-state PAC (ID#: _____)
Norman R. Caraway

Amount of contribution (\$) \$250.00

Contributor address; City; State; Zip Code
502 S. DeLeon St. Victoria, TX 77901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/21/19

Full name of contributor out-of-state PAC (ID#: _____)
Julianne & Kelvin Allen

Amount of contribution (\$) \$100.00

Contributor address; City; State; Zip Code
303 Auburn Hill Victoria, TX 77904

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

RAWLEY G MCCOY

3 Filer ID (Ethics Commission Filers)

4 Date
3/21/19

5 Full name of contributor out-of-state PAC (ID#: _____)
Jimmie & Ida Williams

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
104 Fieldstone Victoria, TX 77901

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
3/21/19

Full name of contributor out-of-state PAC (ID#: _____)
Fred L. Sanchez

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
301 Berkshire Ln. Victoria, TX 77904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/21/19

Full name of contributor out-of-state PAC (ID#: _____)
Emett Alvarez, Jr.

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
1108 E. Colorado Victoria, TX 77901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/21/19

Full name of contributor out-of-state PAC (ID#: _____)
Douglass L. Anderson

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
109 W. Santa Rosa Victoria, TX 77901

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

RAWLEY G MCCOY

3 Filer ID (Ethics Commission Filers)

4 Date
3/21/19

5 Full name of contributor out-of-state PAC (ID#: _____)
Tenna & Chris Thompson

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
103 Fairway Victoria, TX 77904

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
3/21/19

Full name of contributor out-of-state PAC (ID#: _____)
Lynne & Bradley Kutach

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
205 Alamogordo Dr. Victoria, TX 77904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/21/19

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

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
101 Kreekview Victoria, TX 77904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/21/19

Full name of contributor out-of-state PAC (ID#: _____)
Dawn & David Martyn

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
802 Whispering Oaks St. Victoria, TX 77905

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

RAWLEY G MCCOY

3 Filer ID (Ethics Commission Filers)

4 Date
3/21/19

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

Dolores & Randy Snider

7 Amount of contribution (\$) **\$100.00**

6 Contributor address; City; State; Zip Code

619 Dunbar Dr. Victoria, TX 77904

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
3/21/19

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

Maria & Robert Trevino

Amount of contribution (\$) **\$100.00**

Contributor address; City; State; Zip Code

301 Cleveland Victoria, TX 77901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/25/19

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

Rayba & Dennis Schroller

Amount of contribution (\$) **\$35.00**

Contributor address; City; State; Zip Code

4005 N. Navarro Victoria, TX 77901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/25/19

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

James A. Grumman Jr.

Amount of contribution (\$) **\$500.00**

Contributor address; City; State; Zip Code

203 Tampa Dr. Victoria, TX 77904

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

RAWLEY G MCCOY

3 Filer ID (Ethics Commission Filers)

4 Date
3/25/19

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

J.R. Drane

6 Contributor address; City; State; Zip Code

125 Larimore Victoria, TX 77904

7 Amount of contribution (\$)
\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
3/13/19

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

Herschel Vansickle

Contributor address; City; State; Zip Code

107 Woodhaven Dr. Victoria, TX 77904

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/20/19

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

Howard Goode

Contributor address; City; State; Zip Code

5103 E. Airline Rd. Victoria, TX 77904

Amount of contribution (\$)
\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/20/19

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

Vicki & Peter McNally

Contributor address; City; State; Zip Code

320 Silverado Trl. Victoria, TX 77901

Amount of contribution (\$)
\$50.00

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

RAWLEY G MCCOY

3 Filer ID (Ethics Commission Filers)

4 Date

3/20/19

5 Full name of contributor

Jefferson Taylor

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

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City; State; Zip Code

114 Manassas Loop

Victoria, TX 77904

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/21/19

Full name of contributor

Jamie Gilliam

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

Amount of contribution (\$)

\$150.00

Contributor address;

City; State; Zip Code

406 Chimney Rock Dr.

Victoria, TX 77904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/23/19

Full name of contributor

Dan Hiller

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

Amount of contribution (\$)

\$350.00

Contributor address;

City; State; Zip Code

110 Creekside Dr.

Victoria, TX 77904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/23/19

Full name of contributor

Shahid Hashmi

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

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

108 CreekrIDGE Dr.

Victoria, TX 77904

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:
2

2 FILER NAME
RAWLEY G MCCOY

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date
3/19/19

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

Gormeen & Buddy Kamin

7 Contributor address; City; State; Zip Code

708 W. Commercial St. Victoria, TX 77901

8 Amount of Contribution \$
\$912.23

9 In-kind contribution description
Food/Beverage Expense

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
3/19/19

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

John and Judy Clegg Investments Ltd.

Contributor address; City; State; Zip Code

16400 NW Zac Lentz Parkway Victoria, TX 77905

Amount of Contribution \$
\$1,000.00

In-kind contribution description
Event Expense

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: 2	
2 FILER NAME RAWLEY G MCCOY		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 2/26/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emett Alvarez	8 Amount of Contribution \$ \$212.50	9 In-kind contribution description Advertising Expense
7 Contributor address; City; State; Zip Code P.O. Box 282 Victoria, TX 77902		<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 2/1/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dale Zuck	Amount of Contribution \$ \$300.00	In-kind contribution description Advertising Expense
Contributor address; City; State; Zip Code 168 Casa Blanca Dr. Inez, TX 77968		<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>			
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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: 2	2 FILER NAME RAWLEY G MCCOY	3 Filer ID (Ethics Commission Filers)
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4 Date 1/16/19	5 Payee name Harland Clark Check Orders
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6 Amount (\$) \$203.04	7 Payee address; City; State; Zip Code 15955 La Cantera Parkway San Antonio, TX 78256
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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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/22/19	Payee name Kevin Jordan Photography
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Amount (\$) \$162.38	Payee address; City; State; Zip Code 608 Smilser Lane Leander, TX 78641
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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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Date 2/14/19	Payee name Kevin Jordan Photography
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Amount (\$) 162.38	Payee address; City; State; Zip Code 608 Smilser Lane Leander, TX 78641
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME RAWLEY G MCCOY	3 Filer ID (Ethics Commission Filers)
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4 Date 2/14/19	5 Payee name Patterson & Company
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6 Amount (\$) \$4,780.72	7 Payee address; City; State; Zip Code 166 Hargraves Dr. Ste. #C-400 Austin, TX 78737
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/6/19	Payee name Revista de Victoria
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Amount (\$) \$350.00	Payee address; City; State; Zip Code P.O. Box 1412 Victoria, TX 77902
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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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Date 3/18/19	Payee name Spec's Wine Spirits & Finer Foods
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Amount (\$) \$492.17	Payee address; City; State; Zip Code 2108 N. Navarro Victoria, TX 77904
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage 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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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 F2: 1	2 FILER NAME RAWLEY G MCCOY	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 300.00
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5 Date 3/20/19	6 Payee name John and Judy Clegg Investments Ltd.
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7 Amount (\$) \$300.00	8 Payee address; City; State; Zip Code 16400 NW Zac Lentz Parkway Victoria, TX 77905
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input 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)	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

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: 1	2 FILER NAME RAWLEY G MCCOY	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 171.09
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5 Date	6 Payee name
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7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input 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)	(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 <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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TYPE OF EXPENDITURE	<input 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)	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 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: 1	2 FILER NAME RAWLEY G MCCOY	3 Filer ID (Ethics Commission Filers)
4 Date 3/12/19	5 Payee name USPS	
6 Amount (\$) \$1.65 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2804 Sam Houston Dr., Victoria, TX 77904	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 3/15/19	Payee name USPS
Amount (\$) \$1.10 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2804 Sam Houston Dr., Victoria, TX 77904
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
Complete <u>ONLY</u> 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)
	(b) 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED