

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: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr FIRST Nolan MI H NICKNAME LAST SUFFIX Schmidt	OFFICE USE ONLY Date Received Guadalupe Co Elections JUL 02 2024 Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 244 wildflower Ln, Seguin, Tx 78155		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (830) 660-7357		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr FIRST Nolan MI H NICKNAME LAST SUFFIX Schmidt	Receipt # Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 244 wildflower Ln, Seguin, Tx 78155		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (830) 660-7357		
9 REPORT TYPE	<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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 01 / 2024 06 / 30 / 2024		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 11 / 05 / 2024 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) county commissioner, Precinct 1	
14 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		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Nolan H Schmitt</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>580.60</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>457.37</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>222.36</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 SIGNATURE 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.

Nolan H Schmitt
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Nolan H Schmitt this the 2nd day of July, 2024, to certify which, witness my hand and seal of office.

Mauro Chavez Mauro Chavez Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Nolan H Schnitt</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>580.60</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ <i>497.37</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1/5

2 FILER NAME Nolan H Schmidt

3 Filer ID (Ethics Commission Filers)

4 Date 2/5/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Marshall Beerwinkle

7 Amount of contribution (\$)

\$25.00

6 Contributor address; City; State; Zip Code
12032 Midlake Dr, Dallas, TX 75218

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)
Retired

Date 2/7/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Nolan Schmidt

Amount of contribution (\$)

\$25.60

Contributor address; City; State; Zip Code
244 willflower Ln, Seguin, TX 78155

Principal occupation / Job title (See Instructions)
Substitute Teacher

Employer (See Instructions)
ESS

Date 2/17/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kyle Russell

Amount of contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

777 Lake Carolyn Parkway, Irving, TX 75039

Principal occupation / Job title (See Instructions)
Unemployed

Employer (See Instructions)
Unemployed

Date 2/17/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Joe Burnes

Amount of contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

112 Brown St, Kingsland, TX 78639

Principal occupation / Job title (See Instructions)
Insurance adjuster

Employer (See Instructions)
self

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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2/5

2 FILER NAME

Nolan H Schmidt

3 Filer ID (Ethics Commission Filers)

4 Date

2/17/2024

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Patrick Mitchell

7 Amount of contribution (\$)

\$25.00

6 Contributor address;

City;

State;

Zip Code

209 Tracy Lane, Victoria, TX 77904

8 Principal occupation / Job title (See Instructions)

Tech Support

9 Employer (See Instructions)

TISD, Inc.

Date

2/17/2024

Full name of contributor

☐ out-of-state PAC (ID# _____)

Katherine Prather

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

3930 Accent Dr #2026, Dallas, TX 75287

Principal occupation / Job title (See Instructions)

Project Manager

Employer (See Instructions)

Anthem Development

Date

2/29/2024

Full name of contributor

☐ out-of-state PAC (ID# _____)

Darren Pollock

Amount of contribution (\$)

\$55.00

Contributor address;

City;

State;

Zip Code

208 Plantation Drive, Seguin, TX 76155

Principal occupation / Job title (See Instructions)

Operator

Employer (See Instructions)

Aggreko

Date

3/20/2024

Full name of contributor

☐ out-of-state PAC (ID# _____)

Patrick Mitchell

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

209 Tracy Lane, Victoria, TX 77904

Principal occupation / Job title (See Instructions)

Tech Support

Employer (See Instructions)

TISD, Inc.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3/5
2 FILER NAME Nolan H Schmitt		3 Filer ID (Ethics Commission Filers)
4 Date 4/14/2024	5 Full name of contributor Lars Mapstead <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address: City: State: Zip Code 180 Horizon Way, Aptos, CA 95003	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 4/17/2024	Full name of contributor Patrick Mitchell <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code 209 Tracy Lane, Victoria, TX 77904	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Tech support		Employer (See Instructions) TISD, Inc.
Date 5/5/2024	Full name of contributor Deborah Schmitt <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code 244 Wilflower Ln, Seguin, TX 78155	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Landlord		Employer (See Instructions) Self
Date 5/17/2024	Full name of contributor Patrick Mitchell <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code 209 Tracy Lane, Victoria, TX 77904	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Tech support		Employer (See Instructions) TISD, Inc.
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4/5

2 FILER NAME

Nolan H Schmidt

3 Filer ID (Ethics Commission Filers)

4 Date

5/28/2024

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Neal Dikeman

7 Amount of contribution (\$)

\$25.00

6 Contributor address;

City;

State;

Zip Code

8753 Padfield St, Houston, TX 77055

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/6/2024

Full name of contributor

☐ out-of-state PAC (ID# _____)

Marshall Beerwinkle

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

12032 Midlake Dr, Dallas, TX 75218

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

6/14/2024

Full name of contributor

☐ out-of-state PAC (ID# _____)

Darren Pollock

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

208 Plantation Drive, Seguin, TX 78155

Principal occupation / Job title (See Instructions)

Operator

Employer (See Instructions)

Aggreko

Date

6/14/2024

Full name of contributor

☐ out-of-state PAC (ID# _____)

Anthony Cristo

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

124 Tower Bluff, Cibola, TX 78108

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Judson Independent School District

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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5/5
2 FILER NAME <u>Nolan H Schmitt</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>6/17/2021</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Patrick Mitchell</u>	7 Amount of contribution (\$) <u>\$25.00</u>
6 Contributor address; City; State; Zip Code <u>209 Tracy Lane, Victoria, TX 77904</u>		
8 Principal occupation / Job title (See Instructions) <u>Tech Support</u>		9 Employer (See Instructions) <u>TISD, Inc.</u>

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 1/4	2 FILER NAME Nolon H Schmitt	3 Filer ID (Ethics Commission Filers)
4 Date 2/4/2024	5 Payee name Amazon	
6 Amount (\$) \$82.92	7 Payee address; City; State; Zip Code 410 Terry Ave N, Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Campaign material
	(c) <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 2/5/2024	Payee name Anedot Inc.	
Amount (\$) \$1.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770, New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing Fee
	<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 2/7/2024	Payee name Amazon	
Amount (\$) \$25.60	Payee address; City; State; Zip Code 410 Terry Ave N, Seattle, WA 98109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign banner
	<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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: <u>2/4</u>		2 FILER NAME <u>Nolan H Schmitt</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>2/12/2024</u>		5 Payee name <u>Amazon</u>			
6 Amount (\$) <u>\$19.19</u>		7 Payee address; City; State; Zip Code <u>410 Terry Ave N, Seattle, WA 98109</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>		(b) Description <u>Table Runner</u>		
	(c) <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 <u>2/17/2024</u>		Payee name <u>Anedot Inc.</u>			
Amount (\$) <u>\$1.30</u>		Payee address; City; State; Zip Code <u>1340 Poydras Street, Suite 1770, New Orleans, LA 70112</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>		Description <u>Processing Fee</u>		
	<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 <u>2/29/24</u>		Payee name <u>Anedot</u>			
Amount (\$) <u>\$2.50</u>		Payee address; City; State; Zip Code <u>1340 Poydras Street, Suite 1770, New Orleans, LA 70112</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>		Description <u>Processing Fee</u>		
	<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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Bookkeeping 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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3/4	2 FILER NAME Nolan H Schmidt		3 Filer ID (Ethics Commission Filers)
4 Date 4/14/2024	5 Payee name Anedot Inc.		
6 Amount (\$) \$2.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, suite 1770, New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing Fee
	(c) <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 5/5/2024	Payee name Victory Store		
Amount (\$) \$318.66	Payee address; City; State; Zip Code 5200 SW 30th Street, Davenport, IA 52802		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Campaign Signs
	<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 5/28/2024	Payee name Anedot Inc.		
Amount (\$) \$1.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770, New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing Fees
	<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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: <u>4/4</u>		2 FILER NAME <u>Nolan H Schmitt</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>6/14/2024</u>		5 Payee name <u>Anedot Inc.</u>			
6 Amount (\$) <u>\$2,300</u>		7 Payee address; City; State; Zip Code <u>1340 Poydras street, suite 1770, New Orleans, LA 70112</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Fees</u>		(b) Description <u>Processing Fees</u>		
	<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					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
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 <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED