

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Arnold S. Zwickel

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

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

\$

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

\$ *12,985.⁰⁰*

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *7,678.⁰⁰*

CONTRIBUTION
BALANCE

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

\$

OUTSTANDING
LOAN TOTALS

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

\$

18 AFFIDAVIT

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



Arnold S. Zwickel

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Candidate*, this the *24* day of *February*, 20*20*, to certify which, witness my hand and seal of office.

Josaline Rangel

Signature of officer administering oath

Josaline Rangel

Printed name of officer administering oath

Texas Notary

Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME

Arnold S. Zwicke

3 Filer ID (Ethics Commission Filers)

4 Date

2-2-2020

5 Full name of contributor

Beverly Goerke

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

7 Amount of contribution (\$)

\$100⁰⁰

6 Contributor address;

City;

State;

Zip Code

1915 Weil Rd., Marion, TX 75824

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-3-2020

Full name of contributor

Brutus Auten

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

Amount of contribution (\$)

\$100⁰⁰

Contributor address;

City;

State;

Zip Code

616 Anderson Hill, Seguin, TX 78155

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-3-2020

Full name of contributor

Jerry Hudson

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

Amount of contribution (\$)

\$1,000⁰⁰

Contributor address;

City;

State;

Zip Code

P.O. Box 158, San Marcos, TX 78667

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-4-2020

Full name of contributor

Geromino Oaks Ranch

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

Amount of contribution (\$)

\$500⁰⁰

Contributor address;

City;

State;

Zip Code

18 Augusta Pines Dr., Ste. 210-C, Spring, TX 77389

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: **2**

2 FILER NAME **Arnold S. Zwicke**

3 Filer ID (Ethics Commission Filers)

4 Date **2-4-2020**
 5 Full name of contributor out-of-state PAC (ID#: _____)
Robert Wuest
 6 Contributor address; City; State; Zip Code
1818 Wayside, Seguin, TX 78155

7 Amount of contribution (\$)
\$200⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **2-5-2020**
 Full name of contributor out-of-state PAC (ID#: _____)
Leroy & Mary Alves
 Contributor address; City; State; Zip Code
303 Oak Mott Ct., Seguin, TX 78155

Amount of contribution (\$)
\$100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **2-5-2020**
 Full name of contributor out-of-state PAC (ID#: _____)
James & Kay Moeller
 Contributor address; City; State; Zip Code
1500 Swallows Ln, Seguin, TX 78155

Amount of contribution (\$)
\$100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **2-5-2020**
 Full name of contributor out-of-state PAC (ID#: _____)
Mitchell Franz
 Contributor address; City; State; Zip Code
5175 Hwy 90E, Seguin, TX 78155

Amount of contribution (\$)
\$100⁰⁰

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: **3**

2 FILER NAME **Arnold S. Zwicker**

3 Filer ID (Ethics Commission Filers)

4 Date
2-5-2020

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

William & Michelle Vanderwaal

6 Contributor address; City; State; Zip Code

48905. Santa Clara, Seguin, TX 78155

7 Amount of contribution (\$)

\$200⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
2-5-2020

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

Scott Bugai

Contributor address; City; State; Zip Code

1335 Curry Rd., Seguin, TX 78155

Amount of contribution (\$)

\$100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2-5-2020

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

Mark & Beverly Carter

Contributor address; City; State; Zip Code

1090 E. IH10, Seguin, TX 78155

Amount of contribution (\$)

\$100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2-5-2020

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

Mark Cerda

Contributor address; City; State; Zip Code

980 Bentnagel, Seguin, TX 78155

Amount of contribution (\$)

\$200⁰⁰

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: **4**

2 FILER NAME

Arnold S. Zwicke

3 Filer ID (Ethics Commission Filers)

4 Date

2-5-2020

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

James & Kay Martin

7 Amount of contribution (\$)

\$250⁰⁰

6 Contributor address; City; State; Zip Code

410 Eastwind Rd, Seguin, TX 78155

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-5-2020

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

Sharon Pantermuehl

Amount of contribution (\$)

\$50⁰⁰

Contributor address; City; State; Zip Code

791 Paige, Seguin, TX 78155

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-2020

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

Anthony Henry

Amount of contribution (\$)

\$50⁰⁰

Contributor address; City; State; Zip Code

791 Paige, Seguin, TX 78155

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-2020

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

Nancy Seidenberger

Amount of contribution (\$)

\$200⁰⁰

Contributor address; City; State; Zip Code

619 Ostberg, Seguin, TX 78155

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: **5**

2 FILER NAME

Arnold S. Zwicke

3 Filer ID (Ethics Commission Filers)

4 Date

2-5-2020

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

Lisa Jubela

7 Amount of contribution (\$)

\$100⁰⁰

6 Contributor address; City; State; Zip Code

P.O. Box 26, Kingbury, TX 78638

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-5-2020

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

Frank & Caye Powada

Amount of contribution (\$)

\$100⁰⁰

Contributor address; City; State; Zip Code

2755 IH10 West, Seguin, TX 78155

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-2020

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

Sharon Tate

Amount of contribution (\$)

\$300⁰⁰

Contributor address; City; State; Zip Code

1006 Elizabeth, Seguin, TX 78155

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-2020

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

Howard & Margaret Wilson

Amount of contribution (\$)

\$200⁰⁰

Contributor address; City; State; Zip Code

P.O. Box 73, Kingbury, TX 78638

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: **6**

2 FILER NAME **Arnold S. Zwicke**

3 Filer ID (Ethics Commission Filers)

4 Date **2-5-2020**

5 Full name of contributor out-of-state PAC (ID#: _____)
Larry & Susan Fritz

6 Contributor address; City; State; Zip Code
8789 Youngsford Rd, Marion, TX 78124

7 Amount of contribution (\$)
\$100⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **2-5-2020**

Full name of contributor out-of-state PAC (ID#: _____)
TM & Susan Quigley

Contributor address; City; State; Zip Code
4699 Gravel Pit Rd, Seguin, TX 78155

Amount of contribution (\$)
\$500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **2-5-2020**

Full name of contributor out-of-state PAC (ID#: _____)
C Bryan Stuckey Jr.

Contributor address; City; State; Zip Code
P.O. Box 6967, San Antonio, TX 78209

Amount of contribution (\$)
\$500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **2-5-2020**

Full name of contributor out-of-state PAC (ID#: _____)
Dr. C Bryan Stuckey

Contributor address; City; State; Zip Code
1168 Lakeside Dr., Seguin, TX 78155

Amount of contribution (\$)
\$500⁰⁰

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: 7

2 FILER NAME

Arnold S. Zwicke

3 Filer ID (Ethics Commission Filers)

4 Date

2-5-2020

5 Full name of contributor

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

Larry & Yvonne Baumann

7 Amount of contribution (\$)

\$200⁰⁰

6 Contributor address;

City;

State;

Zip Code

13011 Lower Seguin Rd, #2, Schertz, TX 78154

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-5-2020

Full name of contributor

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

Mark & Janie Long

Amount of contribution (\$)

\$200⁰⁰

Contributor address;

City;

State;

Zip Code

8196 FM 725, McQueeney, TX 78123

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-2020

Full name of contributor

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

Randy Schneider

Amount of contribution (\$)

\$150⁰⁰

Contributor address;

City;

State;

Zip Code

2290 Gin Rd, Seguin, TX 78155

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-6-2020

Full name of contributor

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

Emmett & Geri Donegan

Amount of contribution (\$)

\$400⁰⁰

Contributor address;

City;

State;

Zip Code

1709 Nordberg, Seguin, TX 78155

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: **8**

2 FILER NAME

Arnold S. Zwicke

3 Filer ID (Ethics Commission Filers)

4 Date

2-5-2020

5 Full name of contributor

CMI

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

7 Amount of contribution (\$)

\$1,000⁰⁰

6 Contributor address; City; State; Zip Code

6704 Guada Coma Dr, Schertz, TX 78154

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-7-2020

Full name of contributor

Garcia Wrecker Service

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

Amount of contribution (\$)

\$300⁰⁰

Contributor address; City; State; Zip Code

800 IH10 West, Seguin, TX 78155

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-10-2020

Full name of contributor

Phil West

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

Amount of contribution (\$)

\$200⁰⁰

Contributor address; City; State; Zip Code

10406 Eiche Circle, New Braunfels, TX 78132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-10-2020

Full name of contributor

Auto Group of Seguin

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

Amount of contribution (\$)

\$1,000⁰⁰

Contributor address; City; State; Zip Code

339 W. Court, Seguin, TX 78155

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: 9

2 FILER NAME

Arnold S. Zwicke

3 Filer ID (Ethics Commission Filers)

4 Date

2-12-2020

5 Full name of contributor

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

Lynn & Debra Meyer

7 Amount of contribution (\$)

\$750⁰⁰

6 Contributor address;

City;

State; Zip Code

6216 Jason Ray, Bulverde, TX 78163

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-8-2020

Full name of contributor

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

Larry Hermann

Amount of contribution (\$)

\$50⁰⁰

Contributor address;

City;

State; Zip Code

250 Thormeyer Rd, Seguin, TX 78155

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-14-2020

Full name of contributor

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

Kevin & Cheree
Pereira Pearson

Amount of contribution (\$)

\$200⁰⁰

Contributor address;

City;

State; Zip Code

P.O. Box 7166, Seguin, TX 78156

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-18-2020

Full name of contributor

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

Raynelle Stautzenberger

Amount of contribution (\$)

\$400⁰⁰

Contributor address;

City;

State; Zip Code

1649 Golden Sage Dr, Seguin, TX 78155

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: **10**

2 FILER NAME

Arnold S. Zwicke

3 Filer ID (Ethics Commission Filers)

4 Date

2-18-2020

5 Full name of contributor

Adam Pereira

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

7 Amount of contribution (\$)

\$200⁰⁰

6 Contributor address;

City;

State;

Zip Code

1212 N. Austin, Seguin, TX 78155

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-18-2020

Full name of contributor

Glenn Baker

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

Amount of contribution (\$)

\$500⁰⁰

Contributor address;

City;

State;

Zip Code

5561 FM 1104, Kingsbury, TX 78638

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-18-2020

Full name of contributor

Ronnie & Becky Baker

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

Amount of contribution (\$)

\$100⁰⁰

Contributor address;

City;

State;

Zip Code

1175 Baker Rd., Kingsbury, TX 78638

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-18-2020

Full name of contributor

D. L. Schraub Jr.

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

Amount of contribution (\$)

\$60⁰⁰

Contributor address;

City;

State;

Zip Code

2021 W. Kingsbury, Seguin, TX 78155

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: <u>1</u> | |
| 2 FILER NAME <u>Arnold S. Zwicke</u> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date <u>2-5-2020</u> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robert Magnew</u> | 8 Amount of Contribution \$ <u>\$500</u> | 9 In-kind contribution description <u>Food & Drinks for meet the Candidate at Power Plant.</u> |
| 7 Contributor address; City; State; Zip Code <u>1342 E. Walnut, Seguin, TX 78155</u> | | <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 <u>2-5-2020</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kay Galvath</u> | Amount of Contribution \$ <u>\$500</u> | In-kind contribution description <u>Food & Drinks for meet the Candidate at Power Plant.</u> |
| Contributor address; City; State; Zip Code <u>547 Woodlake, McAllen, TX 78123</u> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) | | Employer (FOR NON-JUDICIAL)(See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL)(See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: 2 |
| 2 FILER NAME Arnold S. Zwicke | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ | | |
| 5 Date 2-5-2020 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dustin Crawford | 8 Amount of Contribution \$ \$100⁰⁰ |
| | 7 Contributor address; City; State; Zip Code 139 Santa Anna Dr., Seguin, TX 78155 | 9 In-kind contribution description Food & Drinks for meet the candidate at Power Plant. |
| <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 2-5-2020 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zachary & Tiffany McBride | Amount of Contribution \$ \$20⁰⁰ | In-kind contribution description Food & Drinks for meet the candidate at Power Plant |
| | Contributor address; City; State; Zip Code 3289 Wetz Rd, Marion, TX 78124 | <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) | | | |

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: 3 |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ | | |
| 5 Date 2-5-2020 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Bundick | 8 Amount of Contribution \$ \$100⁰⁰ |
| 7 Contributor address; City; State; Zip Code 1585 Still Meadow Rd, Seguin, TX 78155 | | 9 In-kind contribution description Food & Drinks for meet the candidate at Power Plant. |
| <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 2-5-2020 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glen Meeker | Amount of Contribution \$ \$300⁰⁰ | In-kind contribution description Food & Drinks for meet the candidate at Power Plant |
| Contributor address; City; State; Zip Code 123 Arroyo, Seguin, TX 78155 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) | | Employer (FOR NON-JUDICIAL)(See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL)(See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

| | |
|--|--|
| | |
|--|--|

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: **4**

2 FILER NAME

Arnold S. Zwicke

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

2-5-2020

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

Rob & Sherry Brown

7 Contributor address; City; State; Zip Code

22109 Frio Dr., Galveston, TX 77554

8 Amount of Contribution \$

\$100⁰⁰

9 In-kind contribution description

Food & Drinks for meet the candidate at Power Plant.

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

2-5-2020

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

Unknown

Contributor address; City; State; Zip Code

(left at meet the candidate event)

Amount of Contribution \$

\$55⁰⁰

In-kind contribution description

Food & Drinks for meet the candidate at Power Plant.

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: **5**

2 FILER NAME **Arnold S. Zwicke**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$

5 Date **2-5-2020**
 6 Full name of contributor out-of-state PAC (ID#: _____)
David Willborn
 7 Contributor address; City; State; Zip Code
170 Lakeside Dr. Seguin, TX 78155

8 Amount of Contribution \$ **\$200⁰⁰**
 9 In-kind contribution description
Food & Drinks for meet the candidate at Power Plant
 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 **2-5-2020**
 Full name of contributor out-of-state PAC (ID#: _____)
Heather McMin
 Contributor address; City; State; Zip Code
4909 Barclay Heights Crt., Austin, TX 79701

Amount of Contribution \$ **\$200⁰⁰**
 In-kind contribution description
Food & Drinks for meet the candidate at Power Plant.
 Check if travel outside of Texas. Complete Schedule T.

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

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

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

Contributor's employer/law firm (FOR JUDICIAL)

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

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

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------|----------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 1 | 2 FILER NAME Arnold S. Zwicke | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------|----------------------------------|---------------------------------------|

| | |
|--------------------|--------------------------------|
| 4 Date 2-3-2020 | 5 Payee name Sequin Gazette |
|--------------------|--------------------------------|

| | |
|--------------------------------------|--|
| 6 Amount (\$) \$450 ⁰⁰ | 7 Payee address; 1012 Schriewer Rd., City; State; Zip Code Sequin, TX 78155 |
|--------------------------------------|--|

| | | |
|-----------------------------|---|------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Voters Guide Ad |
| | (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 2-3-2020 | Payee name Office Depot |
|------------------|----------------------------|

| | |
|------------------------------------|---|
| Amount (\$) \$512 ⁰² | Payee address; 1500 E. Court, City; State; Zip Code Sequin, TX 78155 |
|------------------------------------|---|

| | | |
|------------------------|---|--------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Hand outs |
| | <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 2-9-2020 | Payee name American Legion Post 245 |
|------------------|--|

| | |
|------------------------------------|--|
| Amount (\$) \$150 ⁰⁰ | Payee address; 618 E. Kingsbury, City; State; Zip Code Sequin, TX 78155 |
|------------------------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Casino Night Fundraiser Table Sponsor |
| | <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

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 Arnold S. Zwicke | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2-12-2020 | 5 Payee name Build A Sign | |
| 6 Amount (\$) \$1,015.66 | 7 Payee address; 11525a Stonehollow Dr. #100, Austin, TX | City; State; Zip Code 78758 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising expense | (b) Description yard signs |
| | (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 2-13-2020 | Payee name Build A Sign | |
| Amount (\$) \$173.22 | Payee address; 11525a Stonehollow Dr. #100, Austin, TX | City; State; Zip Code 78758 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising expense | Description 4x4 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 2-14-2020 | Payee name Seguin Gazette | |
| Amount (\$) \$865.92 | Payee address; 1012 Schriever Rd., Seguin, TX | City; State; Zip Code 78155 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising expense | Description Early Voting Ad |
| | <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

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: 3 | 2 FILER NAME Arnold S. Zwicke | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2-14-2020 | 5 Payee name Schertz ^{Area} Senior Citizen Center | |
| 6 Amount (\$) \$87⁰⁰ | 7 Payee address; City; State; Zip Code 608 Schertz Pkwy, Schertz, TX 78154 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event expense | (b) Description Ice Cream Social |
| | (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 2-14-2020 | Payee name Guadalupe County Youth Livestock & Homemakers Show | |
| Amount (\$) \$1,300⁰⁰ | Payee address; City; State; Zip Code P.O. Box 1400, Seguin, TX 78156 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event expense - paying for pledges made on 1-18-2020 show. | Description Ad-ons to student projects |
| | <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 2-17-2020 | Payee name KWED- 1580 Radio | |
| Amount (\$) \$1,200⁰⁰ | Payee address; City; State; Zip Code 609 E. Court, Seguin, TX 78155 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising expense | Description Radio Ads |
| | <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

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: 4 | 2 FILER NAME Arnold S. Zwicke | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2-20-2020 | 5 Payee name Seguin Gazette | |
| 6 Amount (\$) \$1,000.00 | 7 Payee address; City; State; Zip Code 1012 Schriewer Rd., Seguin, TX 78155 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising expense | (b) Description Campaign Ad |
| | (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 2-19-2020 | Payee name Dragonfly Garment & Design Corp. | |
| Amount (\$) \$914.71 | Payee address; City; State; Zip Code 217 S. River, Seguin, TX 78155 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising expense | Description t-shirts |
| | <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 (\$) | 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 | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED