

**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) 9492	2 Total pages filed: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Samuel	MI JK
	NICKNAME Sam	LAST Holt	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE		
<input checked="" type="checkbox"/> Change of Address	PO Box 142731 Austin TX 78714-2731		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 762 2937	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Lady	MI J.
	NICKNAME Lady	LAST Nunn-Holt	SUFFIX
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE		
(Residence or Business)	1102 Wandering Way Austin TX 78754		
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 836-2420	EXTENSION
9 REPORT TYPE	<input checked="" 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 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 05 20 2019 THROUGH 01 10 2020		
11 ELECTION	ELECTION DATE Month Day Year 11 03 2020	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) None	13 OFFICE SOUGHT (if known) Travis County Constable Precinct 1	

OFFICE USE ONLY

Date Received
2020 JAN 10 AM 11:09

FILED FOR RECORD

DANA DEBEAUVOUR
COUNTY CLERK
TRAVIS COUNTY TEXAS

Date Hand Delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

SUBTOTALS - C/OH

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

19 FILER NAME

Samuel Holt Jr (Sam)

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>3135</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>6500</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1010</i>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>500</i>
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	\$ <i>308⁵¹/₁₀₀</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>5297⁵⁵/₁₀₀</i>
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: 4
3 Filer ID (Ethics Commission Filers) 9345

2 FILER NAME

Samuel Holt Jr (Sam)

4 Date 12/10/19

5 Full name of contributor Austin Firefighters Association
Contributor address; City; State; Zip Code

7 Amount of contribution (\$) 1000 -

[Redacted] Austin TX 78752

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 12/19/19

Full name of contributor APA PAC
Contributor address; City; State; Zip Code

Amount of contribution (\$) 1000 -

[Redacted] Austin TX 78721

Principal occupation

Employer (See Instructions)

Date 01/03/20

Full name of contributor Nelson Linder
Contributor address; City; State; Zip Code

Amount of contribution (\$) 25 -

[Redacted] TX 78702

Principal occupation

Employer (See Instructions)

Date 01/03/20

Full name of contributor Roosevelt Stinson
Contributor address; City; State; Zip Code

Amount of contribution (\$) 50 -

[Redacted] Leander TX 78641

Principal occupation

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 Samuel Holt JR. (Sam)		3 Filer ID (Ethics Commission Filers) 9345
4 Date 12/23/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glen Simms	7 Amount of contribution (\$) 20⁰⁰
6 Contributor address; City; State; Zip Code [Redacted] Pflugerville TX 78660		
8 Principal occupation	9 Employer (See Instructions)	

Date 12/23/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janette Lane	Amount of contribution (\$) 10⁰⁰
Contributor address; City; State; Zip Code [Redacted] Pflugerville TX 78660		
Principal occupation	Employer (See Instructions)	

Date 12/24/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lady Manor	Amount of contribution (\$) 20⁰⁰
Contributor address; City; State; Zip Code [Redacted] Austin TX 78754		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date 12/24/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) vincent Manor	Amount of contribution (\$) 20-
Contributor address; City; State; Zip Code [Redacted] Austin TX 78754		
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 Samuel Holt JR. (Sam)

3 Filer ID (Ethics Commission Filers) 9345

4 Date 12/27/19

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

7 Amount of contribution (\$) ~~200~~
100

Monroe Yarbrough
6 Contributor address; City; State; Zip Code
[Redacted] 78653
Monor Tx

8 Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 12/27/19

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

Amount of contribution (\$) 200

Dewayne Lofton
Contributor address; City; State; Zip Code
[Redacted] Austin 78723

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 12/23/19

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

Amount of contribution (\$) 50

Flynn Lee
Contributor address; City; State; Zip Code
[Redacted] Austin Tx 78703

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 12/24/19

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

Amount of contribution (\$) 20-

Jenna Holt
Contributor address; City; State; Zip Code
[Redacted] 78727
Austin Tx

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 Samuel Holt Jr. (Sam)

3 Filer ID (Ethics Commission Filers) 9345

4 Date 12/24/19

5 Full name of contributor Briana Holt

7 Amount of contribution (\$) 20.00

6 Contributor address; City; State; Zip Code

[Redacted] Austin TX 78725

8 Principal occupation

9 Employer (See Instructions)

Date 12/24/19

Full name of contributor Sametria Wilson

Amount of contribution (\$) 20.00

Contributor address; City; State; Zip Code

[Redacted] Austin TX 78747

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 11/20/19

Full name of contributor Jerone Holt

Amount of contribution (\$) 500.00

Contributor address; City; State; Zip Code

[Redacted] TX 78160
Pflugerville

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 01/07/20

Full name of contributor Blane Williams

Amount of contribution (\$) 100.00

Contributor address; City; State; Zip Code

[Redacted] 78754
Austin TX

Principal occupation

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME Samuel Holt JR (Sam)

3 Filer ID (Ethics Commission Filers) 9345

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan 05/20/19 7 Name of lender out-of-state PAC (ID#: _____) Samuel Holt Jr.

9 Loan Amount (\$) 3500~~00~~

6 Is lender a financial institution? Y N 8 Lender address; City; State; Zip Code PO. Box 142731 Austin Tx 78714-2731

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions) Deputy Constable Sergeant

13 Employer (See Instructions) Williamson County Constable Office

14 Description of Collateral none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION not applicable

17 Name of guarantor
18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan 6/01/19 Name of lender out-of-state PAC (ID#: _____) Samuel Holt JR (Sam)

Loan Amount (\$) 3000-

Is lender a financial institution? Y N Lender address; City; State; Zip Code PO Box 142731 Austin TX 78714-2731

Interest rate

Maturity date

Principal occupation / Job title (See Instructions) Deputy Constable, Sergeant

Employer (See Instructions)

Description of Collateral none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION not applicable

Name of guarantor
Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender 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 Samuel Holt JR (Sam)	3 Filer ID (Ethics Commission Filers) 9345
4 Date 12/06/19	5 Payee name KAZI Radio Station	
6 Amount (\$) 500 -	7 Payee address; City; State; Zip Code 8906 Wall Street #203 Austin TX 78754	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Radio Advertisement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Samuel Holt (Sam) Office sought: Constable Precinct 1 Office held: non	
Date 11/22/19	Payee name The Villager	
Amount (\$) 240 -	Payee address; City; State; Zip Code 4132 East 12th Street Austin TX 78721	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Political News paper Ad.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Samuel Holt Jr (Sam) Office sought: Constable Precinct 1 Office held: non	
Date 01/08/20	Payee name Kristen Harrell	
Amount (\$) 270⁰⁰	Payee address; City; State; Zip Code 12608 St Mary Drive Manor Texas 78653	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Political T-shirt's Black & yellow	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Samuel Holt Jr (Sam) Office sought: Constable Precinct 1 Office held: non	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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 F2: 1	2 FILER NAME Samuel Holt Jr. (Sam)	3 Filer ID (Ethics Commission Filers) 9345
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 01/02/20	6 Payee name Simpson United Method Church
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7 Amount (\$) 500-	8 Payee address; City; State; Zip Code 1701 East 12th Street Austin TX 78702
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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) Office Rental	(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 Samuel Holt Jr (Sam)	Office sought Constable Precinct 1	Office held
---------------------------------------------------------------	--------------------------------------------------------------	----------------------------------------------	-------------

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME Samuel Holt Jr (Sam)	3 Filer ID (Ethics Commission Filers) 9345
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 308 ⁵¹/₁₀₀

5 Date 12/09/19	6 Payee name Austin Sign Company
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7 Amount (\$) 308 ⁵¹/₁₀₀	8 Payee address; City; State; Zip Code 9012 Ste C-9 Research Blvd Austin TX 78758
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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) Political door hangers And Index Cards	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Samuel Holt Jr. (Sam)	Office sought Conestoga Precinct In none	Office held
--------------------------------------------------------	---------------------------------------------------------------	----------------------------------------------------	-------------

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
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: <i>2</i>		2 FILER NAME <i>Samuel Holt Jr (Sam)</i>		3 Filer ID (Ethics Commission Filers) <i>9345</i>	
4 Date <i>05/20/19</i>		5 Payee name <i>Austin Sign Company</i>			
6 Amount (\$) <i>3474.83</i>		Payee address; City; State; Zip Code <i>9012 Research Blvd suit C-9 Austin TX 78758</i>			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		8 PURPOSE OF EXPENDITURE <i>Road Signs / Door Hangers Banners / Yard signs</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Samuel Holt Jr (Sam) Constable precinct 1</i>		Office sought <i>NO</i>	
Date <i>12/06/19</i>		Payee name <i>Travis County Democratic party</i>			
Amount (\$) <i>1000-</i>		Payee address; City; State; Zip Code <i>1311 B EAST 6th Street Austin TX 78702</i>			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		PURPOSE OF EXPENDITURE <i>Candidate Filing Fee</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>SAMUEL HOLT JR. (Sam) Constable Precinct 7</i>		Office sought <i>now</i>	
Date <i>09/30/19</i>		Payee name <i>Austin Sign Company</i>			
Amount (\$) <i>205.68</i>		Payee address; City; State; Zip Code <i>9012 Research Blvd suit C-9 Austin TX 78758</i>			
<input type="checkbox"/> Reimbursement from political contributions intended		PURPOSE OF EXPENDITURE <i>Door hangers</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Samuel Holt (Sam) Constable Precinct 1</i>		Office sought <i>now</i>	

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: 2		2 FILER NAME Samuel Holt Jr (Sam)		3 Filer ID (Ethics Commission Filers) 9345	
4 Date 09/30/19		5 Payee name Austin Sign Company			
6 Amount (\$) 205.68 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 9012 ste c-9 Research Blvd Austin Tx 78758			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) political door hanger 1000		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Samuel Holt Jr (Sam)		Office sought Constable precinct 1	
Date 10/28/19		Payee name Austin Sign Company			
Amount (\$) 205.68 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 9012 Research Blvd Austin Tx 78758 ste c-9			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) political door hangers 1000		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Samuel Holt Jr (Sam)		Office sought Constable precinct 1	
Date 12/02/19		Payee name Austin Sign Company 9012 Research Austin Tx 78758			
Amount (\$) 205.68 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 9012 Research Austin Tx 78758			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Door Hangers 1000		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Samuel Holt Jr (Sam)		Office sought Constable Precinct 1	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED