

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

9497

FORM C/OH
COVER SHEET PG 1

The C/OH instruction Guide explains how to complete this form.		1 Filer ID (Brags Commission Filers)	2 Total pages filed 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Martin	MI A.
	NICKNAME	LAST Harry	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX	APT / SUITE #	CITY STATE ZIP CODE Austin, TX 78709
	P.O. Box 92184		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 636-1428	EXTENSION
	Date Handled or Date Postmark		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Martin	MI A.
	NICKNAME	LAST Harry	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY STATE ZIP CODE Austin, TX 78709
	P.O. Box 92184		
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 636-1428	EXTENSION
	Date Handled or Date Postmark		
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 (Other/None/Other)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 60th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	12	9	2019
11 ELECTION	ELECTION DATE Month Day Year 3 / 3 / 2020		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE		13 OFFICE SOUGHT (if known) District Attorney (District 53)
GO TO PAGE 2			

FILED FOR RECORD
 2020 JAN 13 PM 12:46
 DANA DEBEAUVOUR
 COUNTY CLERK
 TRAVIS COUNTY TEXAS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **Martin A. Harry** 15 Filer ID (Ethics Commission Filers)

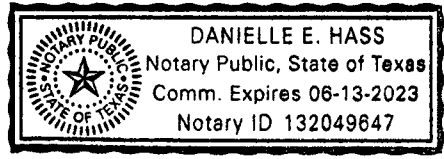
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES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

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR FEES (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) OR CONTRIBUTIONS MADE ELECTRONICALLY, UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1528.60
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR FEES, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1478.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 50.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Martin A. Harry
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by the said Martin A. Harry this the 13th day of January 2020 to certify which witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Danielle E. Hass
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 Martin A. Harry		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 50.00
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1478.60
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
1

2 FILER NAME
Martin A. Harry

3 Filer ID (Ethics Commission Filers)

4 Date
12/28/19

5 Full name of contributor out-of-state PAC ID#
Martin A. Harry

6 Contributor address: City: State: Zip Code
P.O. Box 92184 Austin, TX 78709

7 Amount of contribution (\$) **\$50.00**

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
Self

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)

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 PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental 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 Martin A. Harry	3 Filer ID (Ethics Commission Filers)
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4 Date 12/9/19	5 Payee name Travis County Republican Party
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6 Amount (\$) \$1250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 807 Brazos St., Ste. 408	City: Austin,	State: Texas	Zip Code 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Fees	(b) Description Filing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officerholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought	Office held
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Date 12/15/19	Payee name Hostgator
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Amount (\$) \$12.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 5005 Mitchelldale, Ste. #100	City: Houston,	State: Texas	Zip Code 77092
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising Expense	Description Domain Registration
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officerholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought	Office held
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Date 12/16/19	Payee name Print Place
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Amount (\$) \$101.16 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 1130 Ave H East	City: Arlington,	State: Texas	Zip Code 76011
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising Expense	Description Bumper Stickers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officerholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officerholder 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Credit Card Payment	Legal Services		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 Martin A. Harry	3 Filer ID (Ethics Commission Filers)
4 Date 12/18/19	5 Payee name Hostgator	
6 Amount (\$) \$114.49 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address. City: State: Zip Code 5005 Mitchelldale, Ste. #100 Houston, Texas 77092	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website Hosting
	(c) <input type="checkbox"/> Check if travel included (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	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)	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)	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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