

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

9560

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: <div style="text-align: center; font-size: 2em;">5</div>																												
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8px;">MS / MRS / MR</td> <td style="width:35%; text-align: center;">FIRST</td> <td style="width:15%; font-size: 8px;">MI</td> </tr> <tr> <td style="text-align: center;">MR.</td> <td style="text-align: center;">SHILOH</td> <td style="text-align: center;">D</td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">NEWMAN</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	MR.	SHILOH	D	NICKNAME	LAST	SUFFIX		NEWMAN		<div style="text-align: center; font-weight: bold; font-size: 1.2em;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="text-align: center; font-size: 0.8em;">Date Received</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 0.7em; font-weight: bold;"> DANA DEE FAUVOIS COUNTY CLERK TRAVIS COUNTY TEXAS </div> <div style="text-align: center;"> <p style="font-size: 1.5em; font-weight: bold;">FILED FOR RECORD</p> <p style="font-size: 1.5em; font-weight: bold;">2020 FEB -4</p> <p style="font-size: 1.5em; font-weight: bold;">03 (03)</p> <p style="font-size: 1.5em; font-weight: bold;">PM 12:43</p> </div> </div> </div> <table style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%; font-size: 8px;">Date Hand-delivered</td> <td style="width:50%; font-size: 8px;">Date Postmarked</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td style="font-size: 8px;">Receipt #</td> <td style="font-size: 8px;">Amount \$</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td colspan="2" style="font-size: 8px;">Date Processed</td> </tr> <tr> <td colspan="2"></td> </tr> <tr> <td colspan="2" style="font-size: 8px;">Date Imaged</td> </tr> <tr> <td colspan="2"></td> </tr> </table>		Date Hand-delivered	Date Postmarked			Receipt #	Amount \$			Date Processed				Date Imaged			
MS / MRS / MR	FIRST	MI																													
MR.	SHILOH	D																													
NICKNAME	LAST	SUFFIX																													
	NEWMAN																														
Date Hand-delivered	Date Postmarked																														
Receipt #	Amount \$																														
Date Processed																															
Date Imaged																															
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 8px;">ADDRESS / PO BOX:</td> <td style="width:15%; font-size: 8px;">APT / SUITE #:</td> <td style="width:20%; font-size: 8px;">CITY:</td> <td style="width:15%; font-size: 8px;">STATE:</td> <td style="width:20%; font-size: 8px;">ZIP CODE</td> </tr> <tr> <td>124 CAREFREE CIR UNIT B</td> <td></td> <td>LAKELWAY TX</td> <td></td> <td>78734</td> </tr> </table> <p><input type="checkbox"/> Change of Address</p>			ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	124 CAREFREE CIR UNIT B		LAKELWAY TX		78734																		
ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE																											
124 CAREFREE CIR UNIT B		LAKELWAY TX		78734																											
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">AREA CODE</td> <td style="width:40%; font-size: 8px;">PHONE NUMBER</td> <td style="width:40%; font-size: 8px;">EXTENSION</td> </tr> <tr> <td>(512)</td> <td>844-3358</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(512)	844-3358																							
AREA CODE	PHONE NUMBER	EXTENSION																													
(512)	844-3358																														
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8px;">MS / MRS / MR</td> <td style="width:35%; text-align: center;">FIRST</td> <td style="width:15%; font-size: 8px;">MI</td> </tr> <tr> <td style="text-align: center;">MR.</td> <td style="text-align: center;">BRIAN</td> <td style="text-align: center;">P</td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">CHESNEY</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	MR.	BRIAN	P	NICKNAME	LAST	SUFFIX		CHESNEY																			
MS / MRS / MR	FIRST	MI																													
MR.	BRIAN	P																													
NICKNAME	LAST	SUFFIX																													
	CHESNEY																														
7 CAMPAIGN TREASURER ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; font-size: 8px;">STREET ADDRESS (NO PO BOX PLEASE):</td> <td style="width:10%; font-size: 8px;">APT / SUITE #:</td> <td style="width:20%; font-size: 8px;">CITY:</td> <td style="width:10%; font-size: 8px;">STATE:</td> <td style="width:15%; font-size: 8px;">ZIP CODE</td> </tr> <tr> <td>15908 CIVICA TERRA DR.</td> <td></td> <td>BEE CAVE TX</td> <td></td> <td>75738</td> </tr> </table> <p>(Residence or Business)</p>			STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE	15908 CIVICA TERRA DR.		BEE CAVE TX		75738																		
STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE																											
15908 CIVICA TERRA DR.		BEE CAVE TX		75738																											
8 CAMPAIGN TREASURER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">AREA CODE</td> <td style="width:40%; font-size: 8px;">PHONE NUMBER</td> <td style="width:40%; font-size: 8px;">EXTENSION</td> </tr> <tr> <td>(617)</td> <td>955-0866</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(617)	955-0866																							
AREA CODE	PHONE NUMBER	EXTENSION																													
(617)	955-0866																														
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"><input type="checkbox"/> January 15</td> <td style="width:20%;"><input checked="" type="checkbox"/> 30th day before election</td> <td style="width:20%;"><input type="checkbox"/> Runoff</td> <td style="width:40%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)																				
<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)																												
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)																												
10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 8px;">Month</td> <td style="width:10%; font-size: 8px;">Day</td> <td style="width:15%; font-size: 8px;">Year</td> <td style="width:10%;"></td> <td style="width:10%; font-size: 8px;">Month</td> <td style="width:10%; font-size: 8px;">Day</td> <td style="width:15%; font-size: 8px;">Year</td> </tr> <tr> <td>01</td> <td>/</td> <td>16</td> <td>/</td> <td>2020</td> <td></td> <td>THROUGH</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>02</td> <td>/</td> <td>03 / 2020</td> </tr> </table>			Month	Day	Year		Month	Day	Year	01	/	16	/	2020		THROUGH					02	/	03 / 2020							
Month	Day	Year		Month	Day	Year																									
01	/	16	/	2020		THROUGH																									
				02	/	03 / 2020																									
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; font-size: 8px;">ELECTION DATE</td> <td style="width:60%; font-size: 8px;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: 8px;">Month Day Year</td> <td> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> <tr> <td>03 / 03 / 20</td> <td></td> </tr> </table>			ELECTION DATE	ELECTION TYPE	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	03 / 03 / 20																							
ELECTION DATE	ELECTION TYPE																														
Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special																														
03 / 03 / 20																															
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)																													
		TRAVIS COUNTY COMMISSIONER, PRECINCT 3																													

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME SHILOH NEWMAN 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

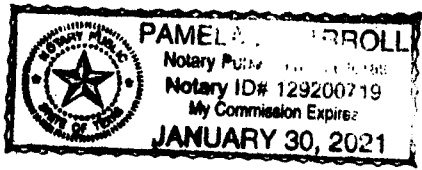
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO 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 UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,789.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shiloh Newman, this the 3 day of Feb, 2020, to certify which, witness my hand and seal of office.

[Handwritten Signature] Signature of officer administering oath
 Pamela Carroll 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

SHILOH NEWMAN

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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 checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1289.07
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 4500.00
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	\$

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME SHILOH NEWMAN	3 Filer ID (Ethics Commission Filers)
--	--------------------------------------	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 258.79
--	-----------

5 Date 1/27/20	6 Payee name STOKES SIGNS
--------------------------	-------------------------------------

7 Amount (\$) 1030.28	8 Payee address; 1909 RR 620 S	City; LAKEWAY	State; TX	Zip Code 78734
---------------------------------	--	------------------	--------------	-------------------

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	---	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description SIGNS
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name SHILOH NEWMAN	Office sought TRAVIS CO COMMISSIONER, PCT 3	Office held
---	--	--	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
-------------	----------------	-------	--------	----------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
----------------------------	------------------------------------	--

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

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: <p style="text-align:center">1</p>	2 FILER NAME <p style="text-align:center">SHILOH NEWMAN</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align:center">1/21/20</p>	5 Payee name <p style="text-align:center">MCGIRR ENTERPRISES</p>	
6 Amount (\$) <p style="text-align:center">1,000.00</p> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <p style="text-align:center">201 S LAKELINE BLVD CEDAR PARK TX 78613</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center">ADVERTISING EXPENSE</p>	(b) Description <p style="text-align:center">SOCIAL MEDIA</p>
	(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 <p style="text-align:center">SHILOH NEWMAN</p>	Office sought <p style="text-align:center">TRAVIS CO COMMISSIONER, PCT 3</p>
Date <p style="text-align:center">1/30/20</p>	Payee name <p style="text-align:center">MOSAIC MEDIA</p>	
Amount (\$) <p style="text-align:center">2500.00</p> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <p style="text-align:center">1505 W 6th ST AUSTIN TX 78703 # AVP-361</p>	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center">ADVERTISING EXPENSE</p>	Description <p style="text-align:center">VIDEO PRODUCTION</p>
	<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 <p style="text-align:center">SHILOH NEWMAN</p>	Office sought <p style="text-align:center">TRAVIS CO COMMISSIONER, PCT 3</p>
Date <p style="text-align:center">1/28/20</p>	Payee name <p style="text-align:center">MCGIRR ENTERPRISES</p>	
Amount (\$) <p style="text-align:center">1,000.00</p> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <p style="text-align:center">201 S LAKELINE BLVD CEDAR PARK TX 78613</p>	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center">ADVERTISING EXPENSE</p>	Description <p style="text-align:center">SOCIAL MEDIA</p>
	<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 <p style="text-align:center">SHILOH NEWMAN</p>	Office sought <p style="text-align:center">TRAVIS CO COMMISSIONER, PCT 3</p>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED