



**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**  
2 of 12

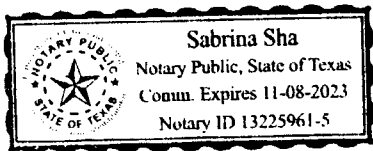
<b>13 C / OH NAME</b> Nixon, Tonya	<b>14 Filer ID</b>
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>	
	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,493.47
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	13,816.59
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	3,460.89
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	10,000.00

**17 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.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Tonya Nixon, this the 24<sup>th</sup> day of February, 2020, to certify which, witness my hand and seal of office.

Signature of officer administering

Sabrina Sha  
Printed name of officer administering

Notary  
Title of officer administering (if oath)

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Nixon, Tonya		<b>19 Filer ID</b>
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,493.47
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	\$ 10,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 13,769.74
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 46.85
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.05

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/2 Rpt: 4/12
<b>2</b> FILER NAME Nixon, Tonya		<b>3</b> Filer ID
<b>4</b> Date 01/24/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Staci <hr/> <b>6</b> Contributor address; City; State; Zip Code 715 E. 8th st  Austin, TX 78664	<b>7</b> Amount of Contribution (\$) \$42.42
<b>8</b> Principal occupation / Job title (See Instructions) Law Enforcement		<b>9</b> Employer (See Instructions) City of Austin
Date 01/26/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellerby, Don and Sharon <hr/> Contributor address; City; State; Zip Code 11441 N. IH 35 Apt. 21107  Austin, TX 78753	Amount of Contribution (\$) \$158.21
Principal occupation / Job title (See Instructions) Administrative		Employer (See Instructions) Travis County
Date 02/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hatch, Larry <hr/> Contributor address; City; State; Zip Code 1700 Teri Rd. # 1019  Austin, TX 78744	Amount of Contribution (\$) \$210.84
Principal occupation / Job title (See Instructions) Travis County		Employer (See Instructions) Precinct 1
Date 01/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, Carean <hr/> Contributor address; City; State; Zip Code 1105 Horizon Cove  Hutto, TX 78634	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Corrections/Law Enforcement		Employer (See Instructions) Travis County Sheriff's Office
Date 02/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madison, Willie Joe <hr/> Contributor address; City; State; Zip Code 1101 N I 35  Austin, TX 78702	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/2 Rpt: 5/12
<b>2</b> FILER NAME Nixon, Tonya		<b>3</b> Filer ID
<b>4</b> Date 01/29/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VOTE PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code 3571 Far West Blvd PMB 149  Austin, TX 78731	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Amanda <hr/> Contributor address; City; State; Zip Code 2500 E 9th St  Austin, TX 78702	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions) Research assistant		Employer (See Instructions) Sentier
Date 02/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woody, Roy <hr/> Contributor address; City; State; Zip Code 7433 Montezuma st  Austin, TX 78744	Amount of Contribution (\$)  \$28.74
Principal occupation / Job title (See Instructions) Engineering		Employer (See Instructions) AMD

**LOANS**

**SCHEDULE E**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule E: Sch: 1/1 Rpt: 6/12	
2 FILER NAME Nixon, Tonya		3 Filer ID	
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 02/13/2020	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Nixon, Tonya		9 Loan Amount (\$) \$10,000.00
6 Is lender a financial institution?  No	8 Lender address; City; State; Zip Code PO Box 144471  Austin, TX 78714		10 Interest Rate
			11 Maturity Date
12 Principal occupation / Job title (See Instructions) Sergeant		13 Employer (See Instructions) Travis County Constable Precinct One	
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal occupation		21 Employer (See Instructions)	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 7/12		2 FILER NAME Nixon, Tonya		3 Filer ID	
4 Date 02/22/2020		5 Payee name Donateway			
6 Amount (\$) \$26.46		7 Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation site fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/14/2020		Payee name The Rocket Science Group, LLC			
Amount (\$) \$191.84		Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/14/2020		Payee name Villager Newspaper			
Amount (\$) \$504.00		Payee address; City; State; Zip Code 4132 E 12th St  Austin, TX 78721			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper ad	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES 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.

<b>1</b> Total pages Schedule F1: Sch: 2/4 Rpt: 8/12	<b>2</b> FILER NAME Nixon, Tonya	<b>3</b> Filer ID
<b>4</b> Date 02/14/2020	<b>5</b> Payee name Y Strategy	
<b>6</b> Amount (\$) \$6,000.00	<b>7</b> Payee address; City; State; Zip Code 3110 Manor Rd Ste H  Austin, TX 78723	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fee
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 02/14/2020	Payee name Y Strategy	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 3110 Manor Rd Ste H  Austin, TX 78723	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field management
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 02/14/2020	Payee name Y Strategy	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 3110 Manor Rd Ste H  Austin, TX 78723	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign storage
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	



# POLITICAL EXPENDITURES 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.

<b>1</b> Total pages Schedule F1: Sch: 3/4 Rpt: 9/12	<b>2</b> FILER NAME Nixon, Tonya	<b>3</b> Filer ID
<b>4</b> Date 02/14/2020	<b>5</b> Payee name Y Strategy	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code 3110 Manor Rd Ste H  Austin, TX 78723	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Graphic Design	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 02/14/2020	Payee name Y Strategy	
Amount (\$) \$985.50	Payee address; City; State; Zip Code 3110 Manor Rd Ste H  Austin, TX 78723	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Design	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mail design and postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 02/14/2020	Payee name Y Strategy	
Amount (\$) \$92.01	Payee address; City; State; Zip Code 3110 Manor Rd Ste H  Austin, TX 78723	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# POLITICAL EXPENDITURES 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 -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/4 Rpt: 10/12	<b>2</b> FILER NAME Nixon, Tonya	<b>3</b> Filer ID
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<b>4</b> Date 02/14/2020	<b>5</b> Payee name Y Strategy
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<b>6</b> Amount (\$) \$4,959.93	<b>7</b> Payee address; City; State; Zip Code 3110 Manor Rd Ste H  Austin, TX 78723
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mail
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/14/2020	Payee name Y Strategy
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Amount (\$) \$110.00	Payee address; City; State; Zip Code 3110 Manor Rd Ste H  Austin, TX 78723
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES 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         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 1/1 Rpt: 11/12	<b>2</b> FILER NAME Nixon, Tonya	<b>3</b> Filer ID
<b>4</b> Date 02/16/2020	<b>5</b> Payee name Home Depot	
<b>6</b> Amount (\$) \$42.77  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 1200 Barbara Jordan Blvd  Austin, TX 78723	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies for signs
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

Date 02/17/2020	Payee name Home Depot	
Amount (\$) \$4.08  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1200 Barbara Jordan Blvd  Austin, TX 78723	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies for signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 12/12
2 FILER NAME Nixon, Tonya		3 Filer ID
4 Date 01/24/2020	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) \$0.05
6 Address of person from whom amount is received; City; State; Zip Code P.O. Box 1600  San Antonio, TX 78296		
7 Purpose for which amount is received Interest		<input type="checkbox"/> Check if political contribution returned to filer