

**DONALD**  
**CLUPPER**



# 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)	2 Total pages filed: <div style="text-align: center; font-size: 2em;">11</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <input checked="" type="checkbox"/> FIRST <input checked="" type="checkbox"/> MI <div style="font-size: 1.5em; margin-top: 10px;">Ronald Et R</div> <hr/> <div style="font-size: 1.2em;">NICKNAME LAST SUFFIX Ron Clapper</div>	<b>OFFICE USE ONLY</b> <hr/> TARRANT COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION  FEB 24 2020 <hr/> RECEIVED BY: M. H. [Signature] 4:45 pm <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em; margin-top: 10px;">5706 De Palmas, Brownsville, TX 78522</div>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em; margin-top: 10px;">(956) 579-5879</div>		
<b>6 CAMPAIGN TREASURER NAME</b>	(MS) MRS / MR <input checked="" type="checkbox"/> FIRST <input checked="" type="checkbox"/> MI <div style="font-size: 1.5em; margin-top: 10px;">Jesmin L.</div> <hr/> <div style="font-size: 1.2em;">NICKNAME LAST SUFFIX Santibanez-Cortez</div>		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX, PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em; margin-top: 10px;">5515 Elsa Ave, Brownsville, TX 78521</div>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em; margin-top: 10px;">(956) 346-9627</div>		
<b>9 REPORT TYPE</b>	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year      Month Day Year <div style="font-size: 1.5em; margin-top: 10px;">2 / 06 / 2020      THROUGH      02 / 24 / 2020</div>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <div style="font-size: 1.5em; margin-top: 10px;">03 / 03 / 2020</div>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <div style="font-size: 1.2em; margin-top: 10px;">Cambron County Commissioners Precinct 1</div>	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST    MI	<b>OFFICE USE ONLY</b>		
	..... NICKNAME                                      LAST    SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE			
	Date Received			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER    EXTENSION			Date Hand-delivered or Date Postmarked
	(                      )			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST    MI	Receipt #	Amount \$	
	..... NICKNAME                                      LAST    SUFFIX	Date Processed		
	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER    EXTENSION			
	(                      )			
9 REPORT TYPE	<input 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
	/                      /			/                      /
		THROUGH		
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month                      Day                      Year		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

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)

\$

EXPENDITURE  
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION  
BALANCE

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

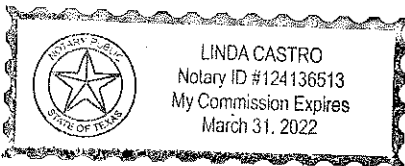
\$

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.

*Donald Clupper*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Donald Clupper, this the 24th day of February, 2020, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Linda Castro  
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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 600,00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ N/A
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ N/A
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 10,750.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,244.50
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ N/A
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ N/A
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ N/A
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ N/A
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ N/A
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ N/A
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ N/A





# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

2/21/20

7 Name of lender

out-of-state PAC (ID#: \_\_\_\_\_ )

Donald Clupper

9 Loan Amount (\$)

1750.00

6 Is lender a financial institution?

Y  N

8 Lender address;

City;

State;

Zip Code

10 Interest rate

0%

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15

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

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State;

Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

2/14/20

Name of lender

out-of-state PAC (ID#: \_\_\_\_\_ )

Donald Clupper

Loan Amount (\$)

3,000.00

Is lender a financial institution?

Y  N

Lender address;

City;

State;

Zip Code

Interest rate

0%

Maturity date

N/A

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

15

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

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

not applicable

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.

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>2/12/20</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Donald Clappa</i>	9 Loan Amount (\$) <i>1,000.00</i>
6 Is lender a financial institution?  Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code	10 Interest rate <i>0%</i>
		11 Maturity date <i>N/A</i>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan <i>2/10/20</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Donald Clappa</i>	Loan Amount (\$) <i>5,000.00</i>
Is lender a financial institution?  Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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  
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:

2 FILER NAME  
Donald C. Cooper

3 Filer ID (Ethics Commission Filers)

4 Date  
2/19/20

5 Payee name  
Secure 10mo. digital printing

City: State: Zip Code

6 Amount (\$)  
\$650.00

7 Payee address:  
2900 Central Blvd. Brownsville, TX 7820

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description  
mailer expense

(c)  Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office sought

Office held

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Date  
2/19/20

Payee name  
Digital Printing

City: State: Zip Code

Amount (\$)  
\$649.50

Payee address:  
2900 Central Blvd. Brownsville, TX 78520

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description  
mailer expense

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office sought

Office held

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Date  
2/19/20

Payee name  
Digital Printing

City: State: Zip Code

Amount (\$)  
\$500.00

Payee address:  
2900 Central Blvd. Brownsville, TX 78520

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description  
mailer expense

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office sought

Office held

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 9/2

www.ethics.state.tx.us

Texas Ethics Commission

# POLITICAL EXPENDITURES MADE 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.

3 Filer ID (Ethics Commission Filers)

1 Total pages Schedule F1: 4/10/20		2 FILER NAME Ronald DePuy	
4 Date		5 Payee name Home Depot	
6 Amount (\$) 816.98		7 Payee address; 4551 Spadue Blvd Brownsville, TX 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Sign Poles
	(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	
Date 2/10/20	Payee name Home Depot		
Amount (\$) 33.97	Payee address; 4551 Spadue Island Hwy Brownsville, TX 78521		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Sign Posts
	<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	
Date 2/11/20	Payee name Digital Printing		
Amount (\$) \$2,765.91	Payee address; 2900 Central Blvd, Brownsville, TX 78521		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Mailer
	<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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE 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.

3 Filer ID (Ethics Commission Filers)

1 Total pages Schedule F1:

2/1/20

2 FILER NAME

Dona McClellan

4 Date

2/1/20

5 Payee name City: State: Zip Code

Digital Printing

6 Amount (\$)

777.50.00

7 Payee address:

2900 Central Blvd. Brownsville TX 78520

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

advertising

(b) Description

mailer

(c)  Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office sought

Office held

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Date

2/1/20

Payee name

Digital Printing

Amount (\$)

2266.91

Payee address:

2900 Central Blvd. Brownsville, TX 78520

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

advertising

Description

Mailer

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office sought

Office held

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Date

2/1/20

Payee name

OSPS

Amount (\$)

413.00

Payee address:

1835 E. Edgemoor Brownsville, TX 78520

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

advertising

Description

Postage

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office sought

Office held

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

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Revised 9/2

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Texas Ethics Commission

# POLITICAL EXPENDITURES MADE 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.

3 Filer ID (Ethics Commission Filers)

1 Total pages Schedule F1:

2 FILER NAME  
*Donald Clapper*

4 Date  
*2/14/20*

5 Payee name  
*Digital Printing*

City: State: Zip Code

6 Amount (\$)  
*8714.00*

7 Payee address;  
*2900 Central City*

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

*advertising*

(b) Description

*Digital Adv.*

(c)  Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office sought

Office held

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Date  
*2/19/20*

Payee name  
*Digital Printing*

City: State: Zip Code

Amount (\$)  
*8551.02*

Payee address;  
*2900 Central City*

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office sought

Office held

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Date  
*2/18/20*

Payee name  
*NOPVAN*

City: *02144* State: Zip Code

Amount (\$)  
*\$50.00*

Payee address;  
*48 Grove St. #202, Somerville, MA*

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office sought

Office held

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 9/2

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Issued by Texas Ethics Commission

# POLITICAL EXPENDITURES MADE 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: 2

2 FILER NAME  
*Daniel C. Crupper*

3 Filer ID (Ethics Commission Filers)

4 Date  
*2/20/20*

5 Payee name  
*Abraham Hernandez*

City: State: Zip Code

6 Amount (\$)  
*\$300.00*

7 Payee address:  
*1141 Champion Dr. Brownsville, TX 78526*

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)  
*Advertising*

(b) Description  
*Digital Advertising*

(c)  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Date  
*2/19/20*

Payee name  
*Jacinto Santibany Contreras*

City: State: Zip Code

Amount (\$)  
*\$200.00*

Payee address:  
*3375 E 7th Ave. Brownsville, TX 78521*

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)  
*Campaign expenses*

Description  
*Campaign expenses*

Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Date  
*2/07/20*

Payee name  
*Home Depot*

City: State: Zip Code

Amount (\$)  
*\$56.24*

Payee address:  
*4551 S. Padre Island Hwy, Brownsville, TX 78521*

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)  
*advertising*

Description  
*Sign Posts*

Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

