

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR) <input checked="" type="radio"/>	FIRST <b>Bruce</b>	MI <b>S</b>
	NICKNAME	LAST <b>Archer</b>	SUFFIX
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>427 S. Walker Mesquite, TX 75149</b>		
	<b>5</b> CANDIDATE / OFFICEHOLDER PHONE AREA CODE: <b>(972)</b> PHONE NUMBER: <b>834-7099</b> EXTENSION:		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS (MR) <input checked="" type="radio"/>	FIRST <b>Joe</b>	MI
	NICKNAME	LAST <b>Hicks</b>	SUFFIX
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>4403 Harbinger Mesquite, TX 75150</b>		
	<b>8</b> CAMPAIGN TREASURER PHONE AREA CODE: <b>(972)</b> PHONE NUMBER: <b>329-5040</b> EXTENSION:		
<b>9</b> 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 checked="" 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)		
<b>10</b> PERIOD COVERED	Month Day Year      THROUGH      Month Day Year <b>1 / 15 / 19</b> <b>7 / 15 / 19</b>		
<b>11</b> ELECTION	ELECTION DATE Month Day Year <b>11 / 5 / 19</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	<b>12</b> OFFICE OFFICE HELD (if any) <b>City Council, Place 3</b>		<b>13</b> OFFICE SOUGHT (if known) <b>Mayor</b>

**OFFICE USE ONLY**

Date Received

RECEIVED

JUL 11 2019

CITY OF MESQUITE  
CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

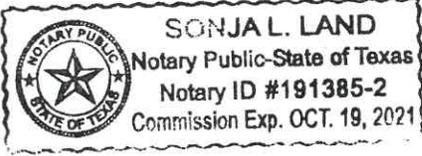
15 C/OH NAME	16 ACCOUNT # (Ethics Commission Filers)
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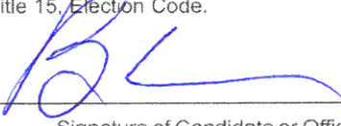
<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  <hr/> COMMITTEE ADDRESS  <hr/> COMMITTEE CAMPAIGN TREASURER NAME  <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS  <hr/>

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 358.31
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,833.31
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 321.46
	4. TOTAL POLITICAL EXPENDITURES	\$ 8454.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 24,280.40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**19 AFFIDAVIT**

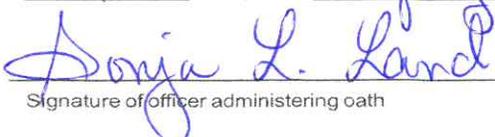
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bruce Archer, this the 11 day of July, 20 19, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath

Sonja L. Land  
 Printed name of officer administering oath

notary  
 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	\$ 10,833.31
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	\$ 8454.26
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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:
2 FILER NAME <b>Bruce Archer</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/20/19</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Glenda Sanford</b>	7 Amount of contribution (\$) <b>\$ 50</b>
6 Contributor address; City; State; Zip Code <b>2409 Eastbrook Mesquite, TX 75149</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions)
Date <b>3/20/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Billy Amos</b>	Amount of contribution (\$) <b>\$ 50</b>
Contributor address; City; State; Zip Code <b>1715 Belmont Mesquite, TX 75149</b>		
Principal occupation / Job title (See Instructions) <b>Postal Carrier</b>		Employer (See Instructions) <b>Mesquite Post Office</b>
Date <b>3/20/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Millie Arnold</b>	Amount of contribution (\$) <b>\$ 50</b>
Contributor address; City; State; Zip Code <b>2206 Luah Mesquite, TX 75150</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>1/24/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brian Hass</b>	Amount of contribution (\$) <b>\$ 50</b>
Contributor address; City; State; Zip Code <b>5805 Brookhill Prisco, TX 75034</b>		
Principal occupation / Job title (See Instructions) <b>Firefighter</b>		Employer (See Instructions) <b>Dallas Fire Dept</b>

**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:

2 FILER NAME  
Bruce Archer

3 Filer ID (Ethics Commission Filers)

4 Date  
3/20/19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Heather Regan

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

410 Barnes Bridge Sunnyvale, TX 75149

\$50

8 Principal occupation / Job title (See Instructions)

Teacher

9 Employer (See Instructions)

Private School

Date

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

Amount of contribution (\$)

3/20/19

Yolanda Shepard

Contributor address; City; State; Zip Code

1420 Hermitage Mesquite, TX 75149

\$100

Principal occupation / Job title (See Instructions)

College Administrator

Employer (See Instructions)

Carrington College

Date

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

Amount of contribution (\$)

3/20

Joe Hicks

Contributor address; City; State; Zip Code

4403 Harbinger Mesquite, TX 75150

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

3/20/19

Thomas Huback

Contributor address; City; State; Zip Code

1324 Fernwood Mesquite, TX 75149

\$100

Principal occupation / Job title (See Instructions)

Retired

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:

2 FILER NAME

Bruce Archer

3 Filer ID (Ethics Commission Filers)

4 Date

3/20/19

5 Full name of contributor

Erik Webb

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

7 Amount of contribution (\$)

\$200

6 Contributor address;

City; State; Zip Code

1503 Creekwood Mesquite, TX 75149

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

3/20/19

Full name of contributor

Donna Croak

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

Amount of contribution (\$)

\$200

Contributor address;

City; State; Zip Code

1205 Lakeshore Mesquite, TX 75149

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/20/19

Full name of contributor

Mark Bernhagen

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

Amount of contribution (\$)

\$250

Contributor address;

City; State; Zip Code

100 Kent Mesquite, TX 75149

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

Self

Date

3/20/19

Full name of contributor

Sandy Dixon

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

Amount of contribution (\$)

\$400

Contributor address;

City; State; Zip Code

1824 Burning Tree Plano, TX 75093

Principal occupation / Job title (See Instructions)

Tax Attorney

Employer (See Instructions)

Texland Petroleum

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:

2 FILER NAME

Bruce Archer

3 Filer ID (Ethics Commission Filers)

4 Date

3/20/19

5 Full name of contributor

Roderic Edwards

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

7 Amount of contribution (\$)

\$1000

6 Contributor address;

City; State; Zip Code

912 Yosemite Mesquite, TX 75144

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

5/19/19

Full name of contributor

LC Williams

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

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

2961 Elder Mesquite, TX 75150

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/19

Full name of contributor

Reba Gram

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

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

2713 Willow Way Mesquite, TX 75150

Principal occupation / Job title (See Instructions)

College Clerk

Employer (See Instructions)

SMU University

Date

3/19/19

Full name of contributor

Ron DeLora

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

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

1320 Le Pointe Georgetown, TX 78628

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

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:

2 FILER NAME

Bruce Archer

3 Filer ID (Ethics Commission Filers)

4 Date

6/13/19

5 Full name of contributor

Judith Zuber

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

7 Amount of contribution (\$)

\$100

6 Contributor address;

700 Parkhaven

City; State; Zip Code

Mesquite, TX 75149

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

6/14/19

Full name of contributor

Sam Cline

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

Amount of contribution (\$)

\$100

Contributor address;

1612 Edgemont Dr.

City; State; Zip Code

Mesquite, TX 75149

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

6/11/19

Full name of contributor

Joan Hentes

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

Amount of contribution (\$)

\$50

Contributor address;

1005 Ashland

City; State; Zip Code

Mesquite TX 75149

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

6/11/19

Full name of contributor

Lois Buford

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

Amount of contribution (\$)

\$50

Contributor address;

4209 Arbor

City; State; Zip Code

Mesquite, TX 75150

Principal occupation / Job title (See Instructions)

Home maker

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:

2 FILER NAME

Bruce Archer

3 Filer ID (Ethics Commission Filers)

4 Date

6/13/19

5 Full name of contributor

Ron Graham

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

7 Amount of contribution (\$)

\$50

6 Contributor address;

City; State; Zip Code

2408 Heatherdale Mesquite, TX 75150

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

6/13/19

Full name of contributor

Debbie Anderson

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

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

2729 Ash Creek Mesquite, TX 75181

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

6/13/19

Full name of contributor

Kurt Boxdorfer

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

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

2304 Lesley Ln. Mesquite, TX 75181

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

DISD

Date

6/13/19

Full name of contributor

Donna Crook

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

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

1205 Lakeshore Mesquite, TX 75149

Principal occupation / Job title (See Instructions)

Retired

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:

2 FILER NAME

Bruce Archer

3 Filer ID (Ethics Commission Filers)

4 Date

6/13/19

5 Full name of contributor

Irene LaBaurde

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

7 Amount of contribution (\$)

\$100

6 Contributor address;

932 Tiffany

City; State; Zip Code

Mesquite, TX 75149

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/13/19

Full name of contributor

Jennifer Salazar

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

Amount of contribution (\$)

\$200

Contributor address;

395 Cedar Sage Dr. Garland, TX 75040

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Mortgage Lender

Employer (See Instructions)

Fairview Mortgage

Date

6/13/19

Full name of contributor

Mack Beem

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

Amount of contribution (\$)

\$200

Contributor address;

6103 Shannon Rd Mesquite, TX 75181

City; State; Zip Code

Principal occupation / Job title (See Instructions)

RV Park Owner

Employer (See Instructions)

Self

Date

6/13/19

Full name of contributor

Pamela Brown

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

Amount of contribution (\$)

\$200

Contributor address;

4912 Saint James Ct Mesquite, TX 75150

City; State; Zip Code

Principal occupation / Job title (See Instructions)

CPA

Employer (See Instructions)

Self

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:

2 FILER NAME: Bruce Archer

3 Filer ID (Ethics Commission Filers)

4 Date  
6/13/19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Art Greenhaw

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
105 Broad St. Mesquite TX 75149

\$250

8 Principal occupation / Job title (See Instructions)  
Musician

9 Employer (See Instructions)  
Self

Date

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

Amount of contribution (\$)

6/13/19

Linda Rose  
Contributor address; City; State; Zip Code  
712 Glenhaven Mesquite, TX 75149

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

6/13/19

Mesquite Police Association  
Contributor address; City; State; Zip Code  
 2427 Baker Mesquite, TX 75150

\$1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

PAC

Date

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

Amount of contribution (\$)

6/13/19

Carolyn Miller Stoddard  
Contributor address; City; State; Zip Code  
202 S. Walker Mesquite, TX 75149

\$1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME Bruce Archer

3 Filer ID (Ethics Commission Filers)

4 Date  
6/30/19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Jennie Kidd

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

401 Adelakide Mesquite, TX 75149

\$ 50

8 Principal occupation / Job title (See Instructions)

Homemaker

9 Employer (See Instructions)

Self

Date

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

Amount of contribution (\$)

6/26/19

Mehrooed Moayed

Contributor address; City; State; Zip Code

1800 Valley View #300 Farmers Branch 75234

\$ 2500

Principal occupation / Job title (See Instructions)

Real Estate Developer

Employer (See Instructions)

Self

Date

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

Amount of contribution (\$)

6/26/19

Mike Vullo

Contributor address; City; State; Zip Code

10118 Parkford Dallas, TX 75238

\$ 200

Principal occupation / Job title (See Instructions)

Title Company Manager

Employer (See Instructions)

North American Title

Date

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

Amount of contribution (\$)

6/24/19

Audwin Prince

Contributor address; City; State; Zip Code

2102 Elm Falls Pl Mesquite, TX 75181

\$ 100

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME **Bruce Archer**

3 Filer ID (Ethics Commission Filers)

4 Date  
**6/21/19**

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

7 Amount of contribution (\$)

**Scott Weston**  
6 Contributor address; City; State; Zip Code  
**8500 Forythia McKinney, TX 75090**

**\$175**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**6/21/19**

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

Amount of contribution (\$)

**Mack Beem**  
Contributor address; City; State; Zip Code  
**6103 Sherman Rd. Mesquite, TX 75141**

**\$750**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**6/25/19**

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

Amount of contribution (\$)

**Ann McCallum**  
Contributor address; City; State; Zip Code  
**1504 Jusnicks Mesquite, TX 75149**

**\$100**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# 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:	2 FILER NAME Bruce Archer	3 Filer ID (Ethics Commission Filers)
4 Date 4/14/19	5 Payee name Josh McGuire	
6 Amount (\$) \$330	7 Payee address; City; State; Zip Code 3413 Key West Dr. Rowlett, TX 75088	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date 3/30/19	Payee name Cicis Pizzas		
Amount (\$) \$600	Payee address; City; State; Zip Code 1200 E. Davis Mesquite, TX 75149		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense - Food	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 Office sought Office held		

Date 3/30/19	Payee name Studio Knights		
Amount (\$) \$130	Payee address; City; State; Zip Code 105 Broad St. Mesquite, TX 75149		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense - Media	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 Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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 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.

1 Total pages Schedule F1:	2 FILER NAME <i>Bruce Archer</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4/14/19</i>	5 Payee name <i>Crumpton Printing</i>
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6 Amount (\$) <i>\$64.95</i>	7 Payee address; City; State; Zip Code <i>313 W. Main St Mesquite, TX 75149</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/10/19</i>	Payee name <i>Office Max</i>
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Amount (\$) <i>\$40.03</i>	Payee address; City; State; Zip Code <i>1515 N. Town East #112 Mesquite, TX 75150</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office Expenses</i>	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/26/19</i>	Payee name <i>Josh McGuire</i>
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Amount (\$) <i>\$100</i>	Payee address; City; State; Zip Code <i>3413 Key West Dr. Rowlett, TX 75088</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	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 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 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:	2 FILER NAME <i>Bruce Archer</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/23/19</i>	5 Payee name <i>Ci Cis Pizza</i>	
6 Amount (\$) <i>91.48</i>	7 Payee address; City; State; Zip Code <i>1200 E. Davis Mesquite, TX 75149</i>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Food Expense</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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name                      Office sought                      Office held	

Date <i>5/4/19</i>	Payee name <i>Hispanic Forum of Mesquite</i>	
Amount (\$) <i>\$ 50</i>	Payee address; City; State; Zip Code <i>P.O. Box 851644 Mesquite, TX 75185</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Gift/Awards</i>	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 <i>5/4/19</i>	Payee name <i>Kroger</i>	
Amount (\$) <i>\$110</i>	Payee address; City; State; Zip Code <i>525 S. Galloway Mesquite, TX 75149</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Food Expense - Event</i>	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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# 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 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.

1 Total pages Schedule F1: **2 FILER NAME** Bruce Archer **3 Filer ID (Ethics Commission Filers)**

4 Date 5/11/19 **5 Payee name** Josh McGuire

6 Amount (\$) \$75 **7 Payee address; City; State; Zip Code** 3413 Key West Rowlett, TX 75088

**8 PURPOSE OF EXPENDITURE**

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

(b) Description  
 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 **Candidate / Officeholder name** **Office sought** **Office held**

Date 5/19/19 **Payee name** Josh McGuire

Amount (\$) \$200 **Payee address; City; State; Zip Code** 3413 Key West Rowlett, TX 75088

**PURPOSE OF EXPENDITURE**

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

Description  
 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 **Candidate / Officeholder name** **Office sought** **Office held**

Date 5/1/19 **Payee name** Kroger

Amount (\$) \$138.89 **Payee address; City; State; Zip Code** 525 S. Galloway Mesquite, TX 75149

**PURPOSE OF EXPENDITURE**

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

Description  
 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 **Candidate / Officeholder name** **Office sought** **Office held**

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# 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:	2 FILER NAME Bruce Archer	3 Filer ID (Ethics Commission Filers)
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4 Date 6/2/19	5 Payee name Duarte Photography
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6 Amount (\$) \$ 225	7 Payee address; City; State; Zip Code 701 Hwy 352 Mesquite, TX 75149
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Photography 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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/20/19	Payee name Democracy Toolbox
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Amount (\$) \$5000	Payee address; City; State; Zip Code 405 Rice McKinney, TX 75069
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	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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Date 5/28/19	Payee name Crompton Printing
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Amount (\$) \$264.~	Payee address; City; State; Zip Code 313 W. Main St Mesquite, TX 75149
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	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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# 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:	2 FILER NAME <b>Bruce Archer</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>5/27/19</b>	5 Payee name <b>Mesquite Print House</b>
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6 Amount (\$) <b>364.91</b>	7 Payee address; City; State; Zip Code <b>2414 US 80 Mesquite, TX 75149</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense - Printing</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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>6/28/19</b>	Payee name <b>Jaci Mouser</b>
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Amount (\$) <b>\$300</b>	Payee address; City; State; Zip Code <b>742 Oak Dr. Mesquite, TX 75149</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting 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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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:	2 FILER NAME Bruce Archer	3 Filer ID (Ethics Commission Filers)
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4 Date 2/1/19	5 Payee name Deb Brimer
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6 Amount (\$) \$150	7 Payee address; City; State; Zip Code 1312 Oriole Mesquite, TX 75149
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Media Consulting	(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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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/2/19	Payee name Raising The Bridge
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Amount (\$) \$50	Payee address; City; State; Zip Code P.O. Box 850956 Mesquite, TX 75185
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Gift/Awards	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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Date 3/22/19	Payee name Mesquite Print House
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Amount (\$) \$170	Payee address; City; State; Zip Code 2414 US Hwy 80 Mesquite, TX 75149
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Bruce Archer</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>6/20/19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Winters</i>	8 Amount of Contribution \$ <i>\$350</i>	9 In-kind contribution description <i>Food for event</i>
7 Contributor address; City; State; Zip Code <i>626 Creakband Mesquite TX 75149</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Architect</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Self</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.