

# 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) <b>MR</b> <b>Bruce</b> FIRST MI <b>S</b>  | <b>OFFICE USE ONLY</b><br><br>Date Received<br><br><b>RECEIVED</b><br><br><b>OCT 07 2019</b><br><br><b>CITY OF MESQUITE</b><br><b>CITY SECRETARY</b><br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt #      Amount \$<br><br>Date Processed<br><br>Date Imaged |   |
|   | NICKNAME LAST SUFFIX<br><b>Archer</b>   |   |   |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><b>429 S. Walker Mesquite, TX 75149</b>   |   |   |
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><b>(912) 834-7099</b>   |   |   |
| <b>6</b> CAMPAIGN TREASURER NAME  | MS / MRS (MR) <b>MR</b> <b>Joe</b> FIRST MI   |   |   |
|   | NICKNAME LAST SUFFIX<br><b>Hicks</b>  |   |   |
| <b>7</b> CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><b>4403 Harbinger Mesquite, TX 75150</b>   |   |   |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><b>(912) 329-5040</b>   |   |   |
| <b>9</b> REPORT TYPE  | <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)<br><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) |   |   |
| <b>10</b> PERIOD COVERED  | Month Day Year      Month Day Year<br><b>7 / 16 / 19</b> THROUGH <b>9 / 26 / 19</b>   |   |   |
| <b>11</b> ELECTION  | ELECTION DATE   |   | ELECTION TYPE   |
|   | Month Day Year<br><b>11 / 05 / 19</b>   | <input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General   | <input type="checkbox"/> Runoff<br><input type="checkbox"/> Special<br><input type="checkbox"/> Other Description |
| <b>12</b> OFFICE  | OFFICE HELD (if any)<br><b>Mesquite City Council<br/>Place 3</b>  | <b>13</b> OFFICE SOUGHT (if known)<br><b>Mesquite Mayor</b>   |   |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Bruce Archer

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), UNLESS ITEMIZED

\$ 468

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 10,293

EXPENDITURE  
TOTALS

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

\$ 51

4. TOTAL POLITICAL EXPENDITURES

\$ 28,307.50

CONTRIBUTION  
BALANCE

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

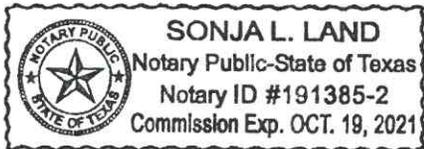
\$ 6265.90

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.

*Bruce Archer*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bruce Archer, this the 7<sup>th</sup> day of Oct, 20 19, to certify which, witness my hand and seal of office.

*Sonja L. Land*  
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**

|  |   |   |
|--|---|---|
| <b>19 FILER NAME</b> <i>Bruce Archer</i>         |   | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                            |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ <i>10,293</i>                              |
| 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              | \$ <i>28,307.50</i>                           |
| 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

Bruce Archer

3 Filer ID (Ethics Commission Filers)

4 Date

8/13/19

5 Full name of contributor

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

Dinah Symington

6 Contributor address; City; State; Zip Code

2509 Widgeon Way Mesquite TX 75181

7 Amount of contribution (\$)

\$500

8 Principal occupation / Job title (See Instructions)

Retired Teacher

9 Employer (See Instructions)

Date

8/19/19

Full name of contributor

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

Leann Do

Contributor address; City; State; Zip Code

1716 Panda Mesquite TX 75150

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

IBM Retired

Employer (See Instructions)

Date

8/24/19

Full name of contributor

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

Jerome Geister

Contributor address; City; State; Zip Code

1827 Hillwood Mesquite TX 75149

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Retired Fireman

Employer (See Instructions)

Date

8/24/19

Full name of contributor

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

Debi Coffey

Contributor address; City; State; Zip Code

337 Kimberly Mesquite TX 75149

Amount of contribution (\$)

\$50

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

8/28/19

5 Full name of contributor

Amy Williams

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

7 Amount of contribution (\$)

\$50

6 Contributor address;

City; State; Zip Code

1412 Eastside Mesquite, TX 75149

8 Principal occupation / Job title (See Instructions)

Federal Security Director

9 Employer (See Instructions)

Homeland Security

Date

8/28/19

Full name of contributor

Elizabeth Romo

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

Amount of contribution (\$)

\$2000

Contributor address;

City; State; Zip Code

5611 Shubert Court Dallas, TX 75238

Principal occupation / Job title (See Instructions)

Retired Banker

Employer (See Instructions)

Date

8/29/19

Full name of contributor

Larry Good

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

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

2621 Monticello Mesquite, TX 75149

Principal occupation / Job title (See Instructions)

Electrician - Dart

Employer (See Instructions)

Date

9/15/19

Full name of contributor

Kevin Fording

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

Amount of contribution (\$)

\$400

Contributor address;

City; State; Zip Code

207 S. Galloway Mesquite, TX 75149

Principal occupation / Job title (See Instructions)

Tire Store Owner

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# 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  
9/11/19

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

**1412 Eastside Mesquite TX 75149**

**\$50**

8 Principal occupation / Job title (See Instructions)  
**Federal Security Director**

9 Employer (See Instructions)  
**Homeland Security**

Date  
9/17/19

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

**2336 Thomass Wolfe Mesquite TX 75154**

**\$250**

Principal occupation / Job title (See Instructions)  
**Gymnastics Company**

Employer (See Instructions)

Date  
9/18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

**213 Toler Mesquite, TX 75149**

**\$75**

Principal occupation / Job title (See Instructions)  
**Chiropractic Office Worker**

Employer (See Instructions)  
**Heinoldson Chiropractic**

Date  
8/27/19

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

**6335 Kenwood Dallas TX 75214**

**\$5000**

Principal occupation / Job title (See Instructions)  
**Attorney - Boghetich Law Firm**

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# 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  
9/18/19

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
912 Yosemite Mesquite TX 75149

\$500

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date  
9/18/19

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
2610 Allen Street Apt 2512 Dallas TX 75224

\$50

Principal occupation / Job title (See Instructions)

Paraprofessionals

Employer (See Instructions)

MISD

Date  
9/22/19

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
6103 Shaman Rd. Mesquite, TX 75181

\$500

Principal occupation / Job title (See Instructions)

RV Park Owner

Employer (See Instructions)

Date  
9/22/19

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
1323 Sutters Way Mesquite TX 75181

\$100

Principal occupation / Job title (See Instructions)

Benefits Broker

Employer (See Instructions)

IBTA

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:         | <b>2</b> FILER NAME<br>Bruce Archer   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>7/16/19                  | <b>5</b> Payee name<br>Reily Echols   |  |
| <b>6</b> Amount (\$)<br>\$746.93          | <b>7</b> Payee address; City; State; Zip Code<br>1710 Harwood Dallas, TX 75315  |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |  |

|                               |  |   |
|-------------------------------|--|---|
| Date<br>7/17/19               | Payee name<br>Reily Echols   |   |
| Amount (\$)<br>\$351.81       | Payee address; City; State; Zip Code<br>1710 Harwood Dallas, TX 75315  |   |
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Printing   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|                               | Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |   |

|                               |  |   |
|-------------------------------|--|---|
| Date<br>7/23/19               | Payee name<br>Reily Echols   |   |
| Amount (\$)<br>\$533.26       | Payee address; City; State; Zip Code<br>1710 Harwood Dallas, TX 75315  |   |
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Printing   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|                               | Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>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            | 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) |
|----------------------------|----------------------------------|---------------------------------------|

|                       |                                      |
|-----------------------|--------------------------------------|
| 4 Date <b>7/26/19</b> | 5 Payee name <b>Bear Cave Coffee</b> |
|-----------------------|--------------------------------------|

|                            |   |
|----------------------------|---|
| 6 Amount (\$) <b>\$210</b> | 7 Payee address; City; State; Zip Code<br><b>214 W. Davis Mesquite TX 75149</b> |
|----------------------------|---|

|                          |  |   |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><b>Food/Drinks Event</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 <b>8/8/19</b> | Payee name <b>Jesh McGuire</b> |
|--------------------|--------------------------------|

|                         |   |
|-------------------------|---|
| Amount (\$) <b>\$60</b> | Payee address; City; State; Zip Code<br><b>3413 Key West Rowlett TX 75088</b> |
|-------------------------|---|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Consulting-GOTV</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 <b>8/4/19</b> | Payee name <b>CiCis Pizza</b> |
|--------------------|-------------------------------|

|                          |   |
|--------------------------|---|
| Amount (\$) <b>\$120</b> | Payee address; City; State; Zip Code<br><b>1200 E. Davis Mesquite, TX 75149</b> |
|--------------------------|---|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Feeding Volunteers</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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            | 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) |
|----------------------------|----------------------------------|---------------------------------------|

|                       |                                  |
|-----------------------|----------------------------------|
| 4 Date <b>7/21/17</b> | 5 Payee name <b>Josh McGuire</b> |
|-----------------------|----------------------------------|

|                            |  |
|----------------------------|--|
| 6 Amount (\$) <b>\$120</b> | 7 Payee address; City; State; Zip Code<br><b>3413 Key West Rowlett, Tx 75149</b> |
|----------------------------|--|

|                          |   |   |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><b>Consulting-Media</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 <b>7/23/17</b> | Payee name <b>Reily Echols Printing</b> |
|---------------------|---|

|                             |  |
|-----------------------------|--|
| Amount (\$) <b>\$533.26</b> | Payee address; City; State; Zip Code<br><b>1710 Harwood Dallas, TX 75315</b> |
|-----------------------------|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Printing</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 <b>8/15/17</b> | Payee name <b>Jaci Mouser</b> |
|---------------------|-------------------------------|

|                         |   |
|-------------------------|---|
| Amount (\$) <b>\$55</b> | Payee address; City; State; Zip Code<br><b>742 Oak Mesquite, TX 75149</b> |
|-------------------------|---|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Supplies Reimbursement</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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            | 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<br><b>Bruce Archer</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-------------------------------------|---------------------------------------|

|        |                                       |
|--------|---------------------------------------|
| 4 Date | 5 Payee name<br><b>The Order Desk</b> |
|--------|---------------------------------------|

|                                    |  |
|------------------------------------|--|
| 6 Amount (\$)<br><b>\$ 3224.12</b> | 7 Payee address; City; State; Zip Code<br><b>9840 Manroe Dr Dallas, TX 75220</b> |
|------------------------------------|--|

|                          |   |   |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><b>Print/Mail</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>8/19/19</b> | Payee name<br><b>Edwards and Patterson Signs</b> |
|------------------------|--|

|                                |  |
|--------------------------------|--|
| Amount (\$)<br><b>\$675.75</b> | Payee address; City; State; Zip Code<br><b>4733 Don Dr. Dallas, TX 75247</b> |
|--------------------------------|--|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Signs</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>8/19/19</b> | Payee name<br><b>Rely Echols Printing</b> |
|------------------------|---|

|                                |   |
|--------------------------------|---|
| Amount (\$)<br><b>\$193.05</b> | Payee address; City; State; Zip Code<br><b>1710 Harwood Dallas TX 75315</b> |
|--------------------------------|---|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Printing</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|---|-------------------------------|---------------|-------------|

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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) |
|----------------------------|----------------------------------|---------------------------------------|

|                       |                                 |
|-----------------------|---------------------------------|
| 4 Date <b>8/26/19</b> | 5 Payee name <b>Tyson Group</b> |
|-----------------------|---------------------------------|

|                             |   |
|-----------------------------|---|
| 6 Amount (\$) <b>\$4500</b> | 7 Payee address; City; State; Zip Code<br><b>P.O. Box 121007 Fort Worth, TX 76121</b> |
|-----------------------------|---|

|                                    |  |   |
|------------------------------------|--|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Solicitation/Phoning GOTV</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 <b>8/22/19</b> | Payee name <b>Mesquite Signs</b> |
|---------------------|----------------------------------|

|                              |   |
|------------------------------|---|
| Amount (\$) <b>\$1055.25</b> | Payee address; City; State; Zip Code<br><b>677 W. Keeney Mesquite, TX 75149</b> |
|------------------------------|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Signs/Printing</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 <b>9/1/19</b> | Payee name <b>CiCis Pizzas</b> |
|--------------------|--------------------------------|

|                         |   |
|-------------------------|---|
| Amount (\$) <b>\$36</b> | Payee address; City; State; Zip Code<br><b>1200 E. Davis Mesquite, TX 75149</b> |
|-------------------------|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Food for Volunteers</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>Bruce Archer</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-------------------------------------|---------------------------------------|

|                         |                                     |
|-------------------------|-------------------------------------|
| 4 Date<br><b>9/4/19</b> | 5 Payee name<br><b>Facebook Ads</b> |
|-------------------------|-------------------------------------|

|                               |   |
|-------------------------------|---|
| 6 Amount (\$)<br><b>\$200</b> | 7 Payee address; City; State; Zip Code<br><b>1601 S. Californis Ave Palo Alto, CA 94304</b> |
|-------------------------------|---|

|                                    |   |   |
|------------------------------------|---|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising GOTV</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>9/6/19</b> | Payee name<br><b>Reilly Echols Printing</b> |
|-----------------------|---|

|                                 |  |
|---------------------------------|--|
| Amount (\$)<br><b>\$3596.62</b> | Payee address; City; State; Zip Code<br><b>1710 Harwood Dallas, TX 75315</b> |
|---------------------------------|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Printing</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>9/14/19</b> | Payee name<br><b>Mesquite Signs</b> |
|------------------------|-------------------------------------|

|                                |  |
|--------------------------------|--|
| Amount (\$)<br><b>\$895.96</b> | Payee address; City; State; Zip Code<br><b>617 W. Kearney Mesquite, TX 75149</b> |
|--------------------------------|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Advertising / Printing</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>Bruce Archer</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-------------------------------------|---------------------------------------|

|                          |                                     |
|--------------------------|-------------------------------------|
| 4 Date<br><i>9/17/19</i> | 5 Payee name<br><i>Josh McGuire</i> |
|--------------------------|-------------------------------------|

|                                  |  |
|----------------------------------|--|
| 6 Amount (\$)<br><i>\$582.00</i> | 7 Payee address; City; State; Zip Code<br><i>3413 Key West Dr. Rowlett, TX 75088</i> |
|----------------------------------|--|

|                          |  |   |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><i>Consulting - GOTU Media</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>9/26/19</i> | Payee name<br><i>Hailey George</i> |
|------------------------|------------------------------------|

|                            |  |
|----------------------------|--|
| Amount (\$)<br><i>\$90</i> | Payee address; City; State; Zip Code<br><i>4105 Gaillardis Way, Forney, TX 75126</i> |
|----------------------------|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><i>Advertisement/Phoning/GOTU</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>9/13/19</i> | Payee name<br><i>Reily Echols Printing</i> |
|------------------------|--|

|                                 |  |
|---------------------------------|--|
| Amount (\$)<br><i>\$3570.64</i> | Payee address; City; State; Zip Code<br><i>1710 Harwood Dallas, TX 75315</i> |
|---------------------------------|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><i>Printing</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|---|-------------------------------|---------------|-------------|

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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)

4 Date 8/19/19 5 Payee name Reiley Echols Printing

6 Amount (\$) \$2340. 7 Payee address: 1710 Harwood Dalls, TX 75315  
City; State; Zip Code

8 PURPOSE OF EXPENDITURE: Printing  
(a) Category (See Categories listed at the top of this schedule)  
(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 8/19/19 Payee name Julie Shelton

Amount (\$) \$200 Payee address: 631 Snapdragon Tr Mesquite, TX 75149  
City; State; Zip Code

PURPOSE OF EXPENDITURE: Advertisement/Phoning/GOTU  
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

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 8/19/19 Payee name Josh McGuire

Amount (\$) \$535. Payee address: 3413 Key West Dr Rowlett, TX 75088  
City; State; Zip Code

PURPOSE OF EXPENDITURE: Consulting-Medis-GOTU  
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

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<br><i>Bruce Archer</i> | 3 Filer ID (Ethics Commission Filers) _____ |
|----------------------------------|-------------------------------------|---|

|                         |   |
|-------------------------|---|
| 4 Date<br><i>8/3/19</i> | 5 Payee name<br><i>Mesquite Print House</i> |
|-------------------------|---|

|   |  |
|---|--|
| 6 Amount (\$)<br><i>\$154.<sup>00</sup></i> | 7 Payee address City: State: Zip Code<br><i>617 W. Kesney Mesquite, TX 75149</i> |
|---|--|

|                          |  |  |
|--------------------------|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><i>Printing-Shirts</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T<br><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<br><i>7/30/19</i> | Payee name<br><i>Josh McGuire</i> |
|------------------------|-----------------------------------|

|                             |  |
|-----------------------------|--|
| Amount (\$)<br><i>\$105</i> | Payee address: City: State: Zip Code<br><i>3413 Key West Rowlett, TX 75149</i> |
|-----------------------------|--|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><i>Consulting</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T<br><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<br><i>7/3/19</i> | Payee name<br><i>Josh McGuire</i> |
|-----------------------|-----------------------------------|

|                            |  |
|----------------------------|--|
| Amount (\$)<br><i>\$15</i> | Payee address: City: State: Zip Code<br><i>3413 Key West Rowlett, TX 75149</i> |
|----------------------------|--|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><i>Other-Gas Reimbursement</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T<br><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 |
|---|-------------------------------|---------------|-------------|

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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: **9/29/19** 5 Payee name: **Mesquite Signs**

6 Amount (\$): **3533.05** 7 Payee address: **617 W. Kearney Mesquite, TX 75149**

8 PURPOSE OF EXPENDITURE: **Signs - Adv. GOTV**

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

(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: **9/26/19** Payee name: **Josh McGuirk**

Amount (\$): **\$96** Payee address: **3413 Key West Rowlett, TX 75088**

PURPOSE OF EXPENDITURE: **Consulting - GOTV**

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

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: Office sought: Office held:

Date: Payee name:

Amount (\$): Payee address: City: State: Zip Code:

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

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: Office sought: Office held:

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