

# 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>Mrs</b>	FIRST <b>Jennifer</b>	MI <b>L</b>	
	NICKNAME	LAST <b>Vidler</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>300 Clear Springs Dr. Mesquite 75150</b>		<b>OFFICE USE ONLY</b>  Date Received  <div style="font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold;">OCT 07 2019</div> CITY OF MESQUITE CITY SECRETARY  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged	
	AREA CODE      PHONE NUMBER      EXTENSION <b>( 214-543-8293</b>			
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr</b>	FIRST <b>Kenneth</b>		MI
	NICKNAME	LAST <b>Sheets</b>		SUFFIX
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>7901 Briar Brook Ct. Dallas Texas 75218</b>			
	AREA CODE      PHONE NUMBER      EXTENSION <b>( 214 )      597-7615</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)			
	<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 <b>Aug / 1 / 2019</b>		Month      Day      Year <b>Oct / 1 / 2019</b>	
	THROUGH			
<b>11</b> ELECTION	ELECTION DATE Month      Day      Year <b>Nov / 5 / 2019</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>13</b> OFFICE SOUGHT (if known) <b>City Council Place #3</b>	

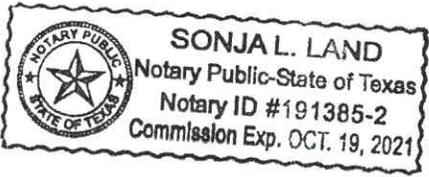
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

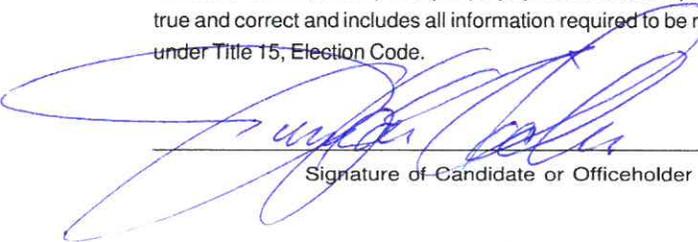
<b>14</b> C/OH NAME	<b>15</b> Filer ID (Ethics Commission Filers)	
<b>16</b> NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. 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.	
	<input type="checkbox"/> GENERAL	COMMITTEE NAME
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS
<b>17</b> CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 530.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8900.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 30.37
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 7722.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1177.49
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 AFFIDAVIT**

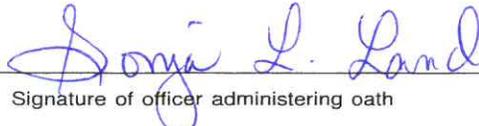


AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Jennifer Vidler, this the 7<sup>th</sup> day of Oct., 2019, 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**

<b>19 FILER NAME</b> Jennifer Vidler		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8900.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 340.55
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 7722.51
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 100.00
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jennifer Vidler

3 Filer ID (Ethics Commission Filers)

4 Date  
Aug 18, 2019

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

7 Amount of contribution (\$) 200.00

6 Contributor address; City; State; Zip Code  
MES TX 75149

8 Principal occupation / Job title (See Instructions)

Ass. to Superintendent MISD

9 Employer (See Instructions)

MISD

Date  
Aug 18, 2019

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

Amount of contribution (\$) 200.00

Contributor address; City; State; Zip Code  
4632 Sandra Lyn Dr. Mesquite Texas 75150

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date  
8-18-19

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

Amount of contribution (\$) 100.00

Contributor address; City; State; Zip Code  
2917 Briar Brook DR. Seagoville Tx 75159

Principal occupation / Job title (See Instructions)

Project Manager

Employer (See Instructions)

Date  
8-25-19

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

Amount of contribution (\$) 75.00

Contributor address; City; State; Zip Code  
15180 Wiser Road Forney Tx 75126

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

Jennifer Vidler

3 Filer ID (Ethics Commission Filers)

4 Date  
8-30-19

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

7 Amount of contribution (\$) 200.00

6 Contributor address; City; State; Zip Code  
300 Clear Springs Dr. Mesquite Tx. 75150

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

Mystic Coiffures

Date  
8-22-19

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

Amount of contribution (\$) 50.00

Contributor address; City; State; Zip Code  
Mesquite Tx. 75149

Principal occupation / Job title (See Instructions)

teacher

Employer (See Instructions)

MISD

Date  
8-4-19

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

Amount of contribution (\$) 50.00

Contributor address; City; State; Zip Code  
816 Thedford Dr. Seagoville Tx. 75159

Principal occupation / Job title (See Instructions)

Cosmetologist

Employer (See Instructions)

Date  
8-4-19

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

Amount of contribution (\$) 50.00

Contributor address; City; State; Zip Code  
809 Thedford Rd. Seagoville Tx. 75159

Principal occupation / Job title (See Instructions)

Cosmetologist

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

Jennifer Vidler

3 Filer ID (Ethics Commission Filers)

4 Date  
8-18-19

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

7 Amount of contribution (\$)   
500.00

6 Contributor address; City; State; Zip Code

936 Winchester Ln. Mesquite Tx. 75181

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date  
8-25-19

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

Amount of contribution (\$)   
50.00

Contributor address; City; State; Zip Code

2521 Heatherdale Mesquite Tx. 75150

Principal occupation / Job title (See Instructions)

teacher

Employer (See Instructions)

Date  
8-25-19

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

Amount of contribution (\$)   
50.00

Contributor address; City; State; Zip Code

2521 Heatherdale Mesquite Tx. 75150

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
9-19-19

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

Amount of contribution (\$)   
500.00

Contributor address; City; State; Zip Code

300 Clear Springs Dr. Mesquite Tx. 75150

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Mystic Coiffures

**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

Jennifer Vidler

3 Filer ID (Ethics Commission Filers)

4 Date  
8-25-19

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

7 Amount of contribution (\$) 50.00

6 Contributor address; City; State; Zip Code

2521 Heatherdale Mesquite Tx. 75150

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date  
8-25-19

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

Amount of contribution (\$) 50.00

Contributor address; City; State; Zip Code

2521 Heatherdale Mesquite Tx. 75150

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date  
9-18-19

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

Amount of contribution (\$) 60.00

Contributor address; City; State; Zip Code

218 New Market Rd. Mesquite Tx. 75149

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date  
9-5-19

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

Amount of contribution (\$) 1500.00

Contributor address; City; State; Zip Code

2308 Lovell Dr. Mesquite Tx. 75150

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

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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

Jennifer Vidler

3 Filer ID (Ethics Commission Filers)

4 Date  
9-12-19

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

7 Amount of contribution (\$)   
40.00

6 Contributor address; City; State; Zip Code

323 Running Brook Ln. Mesquite Tx. 75149

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date  
9-11-19

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

Amount of contribution (\$)   
100.00

Contributor address; City; State; Zip Code

722 Sumner Mesquite Tx. 75149

Principal occupation / Job title (See Instructions)

Police Officer

Employer (See Instructions)

Sherriffs Dept.

Date  
9-29-19

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

Amount of contribution (\$)   
100.00

Contributor address; City; State; Zip Code

6209 Tuckers Place Rowlett Tx. 75089

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date  
9-13-19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Dr. James Terry

Amount of contribution (\$)   
300.00

Contributor address; City; State; Zip Code

2320 Heatherdale Mesquite Tx. 75150

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 Jennifer Vidler		3 Filer ID (Ethics Commission Filers)
4 Date 9-5-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helen Ethridge	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 1614 Greywood Dr. Mesquite Tx. 75149		
8 Principal occupation / Job title (See Instructions) Manager / Owner		9 Employer (See Instructions) Windsor Florist
Date 9-5-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paulette Knudson	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 323 Running Brook Ln. Mesquite Tx. 75149		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 9-5-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janice Houston	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 1711 South Pkwy Mesquite Tx 75149		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 9-12-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Noschese	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 709 Glenhaven Dr. Mesquite Tx. 75149		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Munsch Hardt

**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

Jennifer Vidler

3 Filer ID (Ethics Commission Filers)

4 Date  
Aug 25, 2019

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

7 Amount of contribution (\$) 250.00

6 Contributor address; City; State; Zip Code

924 Tiffany Ln. Mesquite Tx 75149

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date  
Aug 24, 2019

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

Amount of contribution (\$) 250.00

Contributor address; City; State; Zip Code

712 Violet Ct. Mesquite Tx. 75150

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date  
8-1-19

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

Amount of contribution (\$) 300.00

Contributor address; City; State; Zip Code

1007 Sumner Dr. Mesquite Tx. 75149

Principal occupation / Job title (See Instructions)

Manager / owner

Employer (See Instructions)

A-1 Mattress

Date  
8-1-19

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

Amount of contribution (\$) 800.00

Contributor address; City; State; Zip Code

2308 Lovell Dr. Mesquite Tx. 75150

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:  
8

**2** FILER NAME

Jennifer Vidler

**3** Filer ID (Ethics Commission Filers)

**4** Date  
Oct 4, 2019

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

**7** Amount of contribution (\$)  
1000.00

**6** Contributor address; City; State; Zip Code

318 Riggs Cr. Mesquite Tx 75149

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

White Properties

Date  
Sept. 19, 2019

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

Amount of contribution (\$)  
100.00

Windsor Florist  
Contributor address; City; State; Zip Code

201 W. Main Mesquite 75149

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
Sept, 1, 2019

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

Amount of contribution (\$)  
50.00

Contributor address; City; State; Zip Code

Mesquite Tx. 75149

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
Aug 19, 2019

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

Amount of contribution (\$)  
100.00

Sept. 19, 2019

Contributor address; City; State; Zip Code  
6703 Southridge dr. Dallas Tx. 75214

150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Pilot

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

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

# 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 Jennifer Vidler		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 9-12-19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rae Jean Noschese	8 Amount of Contribution \$	9 In-kind contribution description 340.55
7 Contributor address; City; State; Zip Code 709 Glenhaven Dr. Mesquite Tx 75149		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Teacher		11 Employer (FOR NON-JUDICIAL) (See Instructions) MISD	
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#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<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)			

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

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Jennifer Vidler	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date Aug 15, 2019	<b>5</b> Payee name Clown Company
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<b>6</b> Amount (\$) 291.90	<b>7</b> Payee address; City; State; Zip Code  706 Kearney st. Mesquite 75149
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<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date Aug 30, 2019	Payee name Mayes Media
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Amount (\$) 1500.00	Payee address; City; State; Zip Code 312 Creekwood Dr. Sunnyvale Tx. 75182
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Consulting	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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Date Aug 30, 2019	Payee name Mayes Media
----------------------	---------------------------

Amount (\$) 5900.24	Payee address; City; State; Zip Code 312 Creekwood Dr. Sunnyvale Tx. 75182
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising / setups / signs / Door hangers / Web / Face Book	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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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**