



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

**14 C/OH NAME** \_\_\_\_\_ **15 Filer ID (Ethics Commission Filers)** \_\_\_\_\_

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

RECEIVED  
JUL 13 2020  
CITY OF HOUSTON  
CITY CLERK

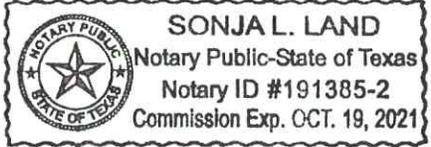
Additional Pages

|                                      |                |
|--------------------------------------|----------------|
| COMMITTEE TYPE                       | COMMITTEE NAME |
| <input type="checkbox"/> GENERAL     |                |
| <input type="checkbox"/> SPECIFIC    |                |
| COMMITTEE ADDRESS                    |                |
| COMMITTEE CAMPAIGN TREASURER NAME    |                |
| COMMITTEE CAMPAIGN TREASURER ADDRESS |                |

|                                |   |                       |
|--------------------------------|---|-----------------------|
| <b>17 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$                    |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$                    |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$                    |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$ 250. <sup>00</sup> |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 5353.16            |
| <b>OUTSTANDING LOAN TOTALS</b> | 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.



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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bruce Archer, this the 13<sup>th</sup> day of July, 2020, 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

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   | SUBTOTAL<br>AMOUNT |
|---|--------------------|
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       | \$                 |
| 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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS    | \$ 250             |
| 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

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>  |   | <b>1</b> Total pages Schedule A1:            |
| <b>2</b> FILER NAME   |   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><hr style="border-top: 1px dashed black;"/> <b>6</b> Contributor address;                      City;                      State;                      Zip Code | <b>7</b> Amount of contribution (\$)         |
| <b>8</b> Principal occupation / Job title (See Instructions)  |   | <b>9</b> Employer (See Instructions)         |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><hr style="border-top: 1px dashed black;"/> Contributor address;                      City;                      State;                      Zip Code                   | Amount of contribution (\$)                  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><hr style="border-top: 1px dashed black;"/> Contributor address;                      City;                      State;                      Zip Code                   | Amount of contribution (\$)                  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><hr style="border-top: 1px dashed black;"/> Contributor address;                      City;                      State;                      Zip Code                   | Amount of contribution (\$)                  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                  |
|   |   |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br><i>Bruce Archer</i>   | <b>3</b> Filer ID (Ethics Commission Filers)  |
| <b>4</b> Date<br><i>4/10/20</i>                                     | <b>5</b> Payee name<br><i>CICI'S PIZZA</i>   |   |
| <b>6</b> Amount (\$)<br><i>\$170</i>                                | <b>7</b> Payee address; City; State; Zip Code<br><i>1200 E. Davis Mesquite TX 75149</i>  |   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Food Expense</i>   | <b>(b)</b> Description<br><i>Pizza for Tom Thumb employees during shelter in period</i> |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought      Office held  |

|  |   |  |             |
|--|---|--|-------------|
| Date<br><i>6/24/20</i>                                     | Payee name<br><i>Mesquite Print House</i>   |  |             |
| Amount (\$)<br><i>\$80</i>                                 | Payee address; City; State; Zip Code<br><i>2414 US-80 E. Mesquite TX 75149</i>  |  |             |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See Categories listed at the top of this schedule)<br><i>Other</i>  | Description<br><i>"Mesquite Strong" T-shirts to promote Mesquite</i> |             |
|  | <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   | Payee name  |               |             |
| Amount (\$)  | Payee address; City; State; Zip Code  |               |             |
| <b>PURPOSE OF EXPENDITURE</b>                              | 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 |               |             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought | Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# LOANS

# SCHEDULE E

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

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