


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 2224	2 Total pages filed: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr FIRST: Andrew MI: K NICKNAME: Andy LAST: Webb SUFFIX:	OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 110 CHESTNUT CT GEORGETOWN, TX 78633	Receipt # Amount \$ Date Processed Date Imaged	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (512) PHONE NUMBER: 563-1679 EXTENSION:	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr FIRST: Greg MI: NICKNAME: Andy LAST: Webb SUFFIX:	Receipt # Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 325 TWIN SPRINGS RD GEORGETOWN, TX 78633		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (512) PHONE NUMBER: 868-4100 EXTENSION:		
9 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)		
10 PERIOD COVERED	Month Day Year Month Day Year 1 / 15 / 19 THROUGH 4 / 4 / 19		
11 ELECTION	ELECTION DATE Month Day Year 5 / 4 / 19	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) GISD BOARD, PLACE 3	13 OFFICE SOUGHT (if known) SAME	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

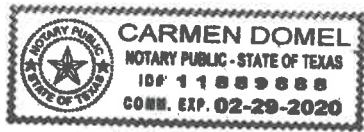
14 C/OH NAME Andy Webb 15 Filer ID (Ethics Commission Filers) 2224

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.

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 650
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3775
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2893 ²⁶
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3081 ⁹³
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.

Andy Webb

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andy Webb, this the 3 day of April, 2020, to certify which, witness my hand and seal of office.

Carmen Domel

Signature of officer administering oath

Carmen Domel Sec to Sch Board

Printed name of officer administering oath

Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1/5

2 FILER NAME

Andy Webb

3 Filer ID (Ethics Commission Filers)

2224

4 Date

2/26

5 Full name of contributor

Chris Lobue

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250

6 Contributor address;

30400 Ln Branch

City; State; Zip Code

61, TX 78623

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/21

Full name of contributor

Jensen Young

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

125

Contributor address;

109 Candlelite Cir

City; State; Zip Code

61, TX 78623

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/17

Full name of contributor

Russell Bales

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250

Contributor address;

1301 Crimmon Cove

City; State; Zip Code

66, TX 78665

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/13

Full name of contributor

Jim Johnson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100

Contributor address;

103 Mission Hills

City; State; Zip Code

Lufkin, TX 75901

Principal occupation / Job title (See Instructions)

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:

218

2 FILER NAME

Andy Webb

3 Filer ID (Ethics Commission Filers)

2224

4 Date

2/21

5 Full name of contributor

out-of-state PAC (ID#: _____)

Steve Madray

6 Contributor address;

City; State; Zip Code

244 Gabriel Woods 6T, TX 78633

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/1a

Full name of contributor

out-of-state PAC (ID#: _____)

Jeremiah Williams (unreogn)

Contributor address;

City; State; Zip Code

108 E Bigdad, Ste 208 Rt, TX 78664

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/15

Full name of contributor

out-of-state PAC (ID#: _____)

Matt Womack

Contributor address;

City; State; Zip Code

14416 Heron Bay Bee Cav, TX 78738

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/15

Full name of contributor

out-of-state PAC (ID#: _____)

Taylor Fuller

Contributor address;

City; State; Zip Code

PO Box 126 6T TX 78627

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

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:

3/5

2 FILER NAME

Andy Webl

3 Filer ID (Ethics Commission Filers)

2224

4 Date

1/15

5 Full name of contributor

Matt Morrow

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100

6 Contributor address;

4302 Luna Trail

City; State; Zip Code

GT, TX 78628

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/15

Full name of contributor

William Pedheim

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250

Contributor address;

2701 Walker Cv

City; State; Zip Code

RR, TX 78681

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/15

Full name of contributor

Wes Bues

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200

Contributor address;

PO Box 696

City; State; Zip Code

RR, TX 78630

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/15

Full name of contributor

Josh Schroeder

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250

Contributor address;

356 Westburg

City; State; Zip Code

GT, TX 78633

Principal occupation / Job title (See Instructions)

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:

415

2 FILER NAME

Andy Webb

3 Filer ID (Ethics Commission Filers)

2224

4 Date

1/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

Kevin Pitts Campaign

7 Amount of contribution (\$)

100

6 Contributor address;

City; State; Zip Code

702 Westbury Ln

6T, TX 78628

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/22

Full name of contributor

out-of-state PAC (ID#: _____)

Bob Brent

Amount of contribution (\$)

200

Contributor address;

City; State; Zip Code

31105 Kingsway

6T, TX 78608

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/21

Full name of contributor

out-of-state PAC (ID#: _____)

Ken & Barbara Garland Family Trust

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

105 Running Water

6T, TX 78632

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/26

Full name of contributor

out-of-state PAC (ID#: _____)

Bill Sneed

Amount of contribution (\$)

300

Contributor address;

City; State; Zip Code

PO Box 1800

6T, TX 78627

Principal occupation / Job title (See Instructions)

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:

515

2 FILER NAME

Andy Webb

3 Filer ID (Ethics Commission Filers)

7724

4 Date

3/11

5 Full name of contributor

Michael Douglas

out-of-state PAC (ID#: _____)

6 Contributor address;

200 Ridge Ave Ct

City; State; Zip Code

67 TX 78628

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/11

Full name of contributor

Danny Meigs

out-of-state PAC (ID#: _____)

Contributor address;

PO Box 2702

City; State; Zip Code

67, TX 78677

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/13

Full name of contributor

Davis Scott Hejlskov

out-of-state PAC (ID#: _____)

Contributor address;

142 Chestnut Cv

City; State; Zip Code

Jarrell, TX 76537

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/26

Full name of contributor

D. Bryan Smith

out-of-state PAC (ID#: _____)

Contributor address;

1103 Prairie Run

City; State; Zip Code

67, TX 78626

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

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.

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: 1/2	2 FILER NAME Andy Webb	3 Filer ID (Ethics Commission Filers) 2224
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4 Date 2/25/19	5 Payee name Daryl Guess
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6 Amount (\$) 150 ⁰⁰	7 Payee address; City; State; Zip Code 417 Southcrab St Gt, TX 78628
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Sign Rental/Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/25/19	Payee name Charles Carter
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Amount (\$) 600 ⁰⁰	Payee address; City; State; Zip Code 234 Old Oak Gt, TX 78628
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sign Placement/Consulting	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name Sun City Texas Association
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Amount (\$) 1395 ⁰⁰	Payee address; City; State; Zip Code 1 Texas Drive Gt, TX 78633
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 212	2 FILER NAME Andy Webb	3 Filer ID (Ethics Commission Filers) 7724
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4 Date 3/21	5 Payee name B Creative
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6 Amount (\$) 450 ⁰⁰	7 Payee address; City; State; Zip Code 117 Roubid Ln Georgetown, TX 78633
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense / consulting	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

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

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: <i>1</i>	2 FILER NAME <i>Andy Webb</i>	3 Filer ID (Ethics Commission Filers) <i>2224</i>
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <i>298²⁶</i>
5 Date <i>3/22/19</i>	6 Payee name <i>Thomas Graphics</i>	
7 Amount (\$) <i>298²⁶</i>	8 Payee address; City; State; Zip Code <i>9501 N. IH 35 Austin, TX 78753</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing/Mailing Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 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		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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