

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)

2 Total pages filed:
12

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI

Charles **E**
NICKNAME LAST SUFFIX

Chuck **Edge**

OFFICE USE ONLY

Date Received

2020 JAN 15 PM 1:11

CR
Page 12

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. Box 59, MILFORD TX 76670

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(972) 921 7876

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI

PATRICK
NICKNAME LAST SUFFIX

TALBOT

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

620 GREATHOUSE RD, WAXAHACHIE TX 75167

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(972) 965 2894

9 REPORT TYPE

- January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
- July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year

7 / 1 / 2019 THROUGH **12 / 31 / 2019**

11 ELECTION

ELECTION DATE

Month Day Year

03 / 03 / 2020

ELECTION TYPE

- Primary Runoff Other Description
- General Special

12 OFFICE

OFFICE HELD (if any)

SHERIFF

13 OFFICE SOUGHT (if known)

SHERIFF

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Charles Edge 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.

<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	\$ 1166
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3934
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -
	4. TOTAL POLITICAL EXPENDITURES	\$ 7062
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7388
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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said CHARLES EDGE, this the 15TH day of JANUARY, 20 20, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

SUSAN SULLINS
Printed name of officer administering oath

PERSONNEL
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Charles Edge

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2768
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 830
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	\$ 7062
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	\$ 3627
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:
3

2 FILER NAME

Charles Edge

3 Filer ID (Ethics Commission Filers)

4 Date

8/9/19

5 Full name of contributor

FRANKY SANDOZ

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

7 Amount of contribution (\$)

\$340.00

6 Contributor address;

City; State; Zip Code

PO Box 3006 WAXAHACHIE TX 75163

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/7/19

Full name of contributor

LANCE H. WALLACE

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

Amount of contribution (\$)

\$170.00

Contributor address;

City; State; Zip Code

110 SUMNER LN WAXAHACHIE, TX 75165

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/9/19

Full name of contributor

LARRY MCKENNEY

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

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

118 Maple Leaf Palmer TX 75152

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/9/19

Full name of contributor

FLOYD M. BARTLEY

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

Amount of contribution (\$)

\$125.00

Contributor address;

City; State; Zip Code

711 Butler Rd Maypearl TX 76064

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

2 FILER NAME

Charles E. Edge

3 Filer ID (Ethics Commission Filers)

4 Date

8/9/19

5 Full name of contributor

Colton Bartley

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

6 Contributor address;

City; State; Zip Code

PO Box 251 MARYPARK TX 76064

7 Amount of contribution (\$)

\$ 155.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/9/19

Full name of contributor

Dillon Bartley

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

Contributor address;

City; State; Zip Code

711 Butler Rd Marypark TX 76064

Amount of contribution (\$)

\$ 55.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/9/19

Full name of contributor

Larry Hanson

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

Contributor address;

City; State; Zip Code

10830 N.C. Expressway #134 Dallas TX 75231

Amount of contribution (\$)

\$ 400.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/19

Full name of contributor

PERFECT GOLF EVENT

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

Contributor address;

City; State; Zip Code

32 08 SPANGLER'S VILLAGE CON PUNTA VERDA BEACH FL 32082

Amount of contribution (\$)

\$ 163.36

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
2 FILER NAME Charles Edge		3 Filer ID (Ethics Commission Filers)
4 Date 8/5/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAKER FIRM, PLLC	7 Amount of contribution (\$) \$ 400.00
6 Contributor address; City; State; Zip Code 110 Park Place CT # 102 WAXAHACHIE TX 76670		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/8/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUB-LAFAYETTE JACK Scott	Amount of contribution (\$) \$ 340.00
Contributor address; City; State; Zip Code P.O. Box 2567 WAXAHACHIE, TX 75168		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/9/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOVE STAR EVENTS + DEMOS John Garrett	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 1300 W MAIN # 305 WAXAHACHIE TX 75165		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/6/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOTT LATHIER	Amount of contribution (\$) \$ 170
Contributor address; City; State; Zip Code 300 MAGNOLIA DR WAXAHACHIE TX 75165		
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME Charles Edge		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 8/9/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICK TOLBOT	8 Amount of Contribution \$ \$150	9 In-kind contribution description DROP IN TRIGGER
7 Contributor address; City; State; Zip Code 620 GRESTHOUSE RD, WYVA MACHIE, TX 75267		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
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 8/9/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Edge	Amount of Contribution \$ \$350.00	In-kind contribution description Glock 43
Contributor address; City; State; Zip Code P.O. BOX 59 MILFORD TX 76670		<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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: **2**

2 FILER NAME

Charles Edge

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

8/9/19

6 Full name of contributor out-of-state PAC (ID#: _____)

EDWARD GARDNER

7 Contributor address; City; State; Zip Code

625 GREENHOUSE WAXAHACHIE TX 75167

8 Amount of Contribution \$

\$150

9 In-kind contribution description

one color CERAKOTE

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

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

8/9/19

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

PATRICK T. BOY

Contributor address; City; State; Zip Code

620 GREENHOUSE RD WAXAHACHIE TX 75167

Amount of Contribution \$

\$150

In-kind contribution description

3 MONTH MEMBERSHIP

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
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.

1 Total pages Schedule F1: <u>3</u>	2 FILER NAME <u>Charles E. Edge</u>	3 Filer ID (Ethics Commission Filers)
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4 Date <u>8-7-19</u>	5 Payee name <u>WESS WINN</u>
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6 Amount (\$) <u>299.07</u>	7 Payee address; City; State; Zip Code <u>P.O. Box 696 WAXAHACHIE TX 75168</u>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>REIMBURSEMENT (ADS/FUNDRAISING EXP)</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <u>8-7-19</u>	Payee name <u>Old Backyard Golf Course</u>
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Amount (\$) <u>1600.00</u>	Payee address; City; State; Zip Code <u>605 N HWY SERVICE RD FERRIS, TX 75125</u>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>SOLICITATION/FUNDRAISING EXPENSE</u>	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 <u>8/8/19</u>	Payee name <u>WESS WINN</u>
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Amount (\$) <u>\$200.00</u>	Payee address; City; State; Zip Code <u>P.O. Box 696 WAXAHACHIE, TX 75168</u>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>REIMBURSEMENT (FUNDRAISING EXPENSE)</u>	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
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.

1 Total pages Schedule F1: 3	2 FILER NAME Charles E. Edge	3 Filer ID (Ethics Commission Filers)
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4 Date 8/9/19	5 Payee name WESS WINN
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6 Amount (\$) 127.48	7 Payee address; City; State; Zip Code P.O. Box WAXAHACHIE, TX 75168
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REIMBURSEMENT (FUNDS RAISOR EXP/FOOD)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/9/19	Payee name Old Brickyard Golf Course
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Amount (\$) 440.11	Payee address; City; State; Zip Code 605 N. FWY SERVICE RD FERRIS, TX 75125
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: <u>3</u>	2 FILER NAME <u>Charles Edge</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>VARIOUS</u>	5 Payee name <u>FIRST FINANCIAL BANK INC</u>	
6 Amount (\$) <u>\$18.00</u>	7 Payee address; City; State; Zip Code <u>101 NORTHGATE, WAXAHUCHIE, TX 75165</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Accounting/Banking</u>	(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 <u>11/9/19</u>	Payee name <u>ELLIS COUNTY REPUBLICAN PARTY</u>	
Amount (\$) <u>\$750.00</u>	Payee address; City; State; Zip Code <u>610 WARDERS ST, WAXAHUCHIE TX 75165</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>FEES</u>	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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G: 1	2 FILER NAME Charles Edge	3 Filer ID (Ethics Commission Filers)
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4 Date 12/18/19	5 Payee name Now MAGAZINES
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6 Amount (\$) \$ 3627 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P. O. Box 1071 WAXAHACHE TX 75168
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <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