

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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CITY OF SAN ANTONIO
CITY CLERK

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		15 JUN 22 PM 1:31	2 Total pages filed: 43
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Tommy	MI
	NICKNAME	LAST Adkisson	SUFFIX
OFFICE USE ONLY			
Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	2823 E. Southcross Blvd.		
	San Antonio, TX 78223		
	Date Hand-delivered or Date Postmarked		
Receipt #		Amount	
Date Processed			
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input checked="" 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)		
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	04/30/2015		06/30/2015
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
	05/09/2015		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any) None	12 OFFICE SOUGHT (if known) Mayor, City of San Antonio Place San Antonio	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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CITY CLERK

FORM C/OH
COVER SHEET PG 2
2 of 43

13 C / OH NAME Adkisson, Tommy

15 JUL 22 PM 1:31

14 Filer ID

15 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.

Additional Pages

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 3,215.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 55,804.49

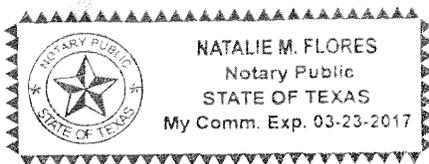
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 3,215.00

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 10,000.00

17 AFFADAVIT



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.

Tommy Adkisson
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Tommy Adkisson, this the 15th day of July, 20 15, to certify which, witness my hand and seal of office.

Natalie M. Flores
Signature of officer administering

Natalie M. Flores
Printed name of officer administering

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

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FORM C/OH
COVER SHEET PG 3
3 of 43

18 FILER NAME
Adkisson, Tommy

19 Filer ID
15 JUL 22 PM 1:31

20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,215.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,000.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 49,432.69
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 55,804.49
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

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SCHEDULE A1

15 JUL 22 PM 1:31

Total pages Schedule A1:
Sch: 1/5 Rpt: 4/43

The Instruction Guide explains how to complete this form

2 FILER NAME Adkisson, Tommy		3 Filer ID
4 Date 05/06/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldesarelli, Stefania	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 120 Dogwood San Antonio, TX 78213		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 05/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Cynthia	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 15126 Preston Court San Antonio, TX 78247		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 05/05/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Condell, Margaret	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3123 McDonald Oak San Antonio, TX 78223		
Principal occupation / Job title (See Instructions) school teacher		Employer (See Instructions) Twain Middle School
Date 05/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Nanci	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 6403 Rambling Trail Dr San Antonio, TX 78240		
Principal occupation / Job title (See Instructions) dance instructor		Employer (See Instructions) self
Date 04/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eanes, Evelyn	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 6918 Bayou Bend San Antonio, TX 78239		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

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SCHEDULE A1

The Instruction Guide explains how to complete this form

15 JUL 22 PM 1:31

1 Total pages Schedule A1:
Sch: 2/5 Rpt: 5/43

2 FILER NAME Adkisson, Tommy		3 Filer ID
4 Date 05/08/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Embrey, Bruce	7 Amount of Contribution (\$) \$300.00
6 Contributor address; City; State; Zip Code 1126 W Commerce St San Antonio, TX 78207		
8 Principal occupation / Job title (See Instructions) Bail Bondsman		9 Employer (See Instructions) A-Action Bail Bonds
Date 04/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Daniel	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 8723 Timberwick San Antonio, TX 78250		
Principal occupation / Job title (See Instructions) Purchasing Director		Employer (See Instructions) Bexar County
Date 05/06/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gittinger, Leonard	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 10401 Mount Marcy San Antonio, TX 78213		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) self
Date 05/06/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingsmen Property	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 11027 Wedgewood San Antonio, TX 78230		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koval, Gladys	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 806 Monticello San Antonio, TX 78223		
Principal occupation / Job title (See Instructions) Home Health		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

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SCHEDULE A1

The Instruction Guide explains how to complete this form.

15 JUL 22

PM 4:39

Total pages Schedule A1:
Sch: 3/5 Rpt: 6/43

2 FILER NAME Adkisson, Tommy		3 Filer ID
4 Date 05/02/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kruciak, Zefred	7 Amount of Contribution (\$) \$35.00
	6 Contributor address; City; State; Zip Code 3843 S. Walters San Antonio, TX 78223	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 05/05/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindley, Alice	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 5838 Spring Dove San Antonio, TX 78247	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 05/05/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Ignacio	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 716 Lakeside Pass New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 04/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Ramiro	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 403 Clark St San Antonio, TX 78203	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 05/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moncivais, Angelina	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 403 Cosgrove San Antonio, TX 78210	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

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SCHEDULE A1

The Instruction Guide explains how to complete this form.

15 JUL 22

1 Total pages Schedule A1:
Sch: 4/5 Rpt: 7/43
PM 1:31

2 FILER NAME Adkisson, Tommy		3 Filer ID
4 Date 05/02/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moy, Dorothy	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 4327 Treehouse San Antonio, TX 78222		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 05/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Paul	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 6423 Sugar Creek San Antonio, TX 78244		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 05/06/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Laura	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 4900 E. Oltorf Austin, TX 78741		
Principal occupation / Job title (See Instructions) student		Employer (See Instructions)
Date 05/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riley, Darby	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 320 Lexington Ave San Antonio, TX 78215		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) self
Date 05/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Gloria	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 3611 War Bow Dr San Antonio, TX 78238		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

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15 JUL 22 PM 1:31

1 Total pages Schedule A1:
Sch: 5/5 Rpt: 8/43

The Instruction Guide explains how to complete this form.

2 FILER NAME Adkisson, Tommy		3 Filer ID
4 Date 05/03/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sralla, Temple	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code 4916 Creekmoor San Antonio, TX 78220		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 05/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stout, Marie	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code P O Box 8399 San Antonio, TX 78208		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 05/06/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trainor, Elizabeth	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 376 Gayle Ave San Antonio, TX 78223		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 05/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts Davis, Beverly	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 230 Balboa Dr Universal City, TX 78148		
Principal occupation / Job title (See Instructions) Director - Choice Neighborhood		Employer (See Instructions) San Antonio Housing Authority

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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SCHEDULE A2

15 JUL 22 PM 1:31

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 31 Sch: 1/1 Rpt: 9/43	
2 FILER NAME Adkisson, Tommy		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 05/06/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catering by Chef Jerry	8 Amount of contribution (\$) \$1,000.00	9 In-kind contribution description food and venue
	7 Contributor address; City; State; Zip Code TX	<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)			

LOANS

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SCHEDULE E

The Instruction Guide explains how to complete this form.

15 JUL 22 PM 1:34

1 of 1 pages Schedule E:
Sch: 1/14 Rpt: 10/43

2 FILER NAME Adkisson, Tommy	3 Filer ID
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4 TOTAL OF UNITEMIZED LOANS	\$
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5 Date of loan 04/30/2015	7 Name of lender Adkisson, Karen <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$2,000.00
-------------------------------------	--	---

6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 128 Golden Crown San Antonio, TX 78223	10 Interest Rate
		11 Maturity Date

12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)
---	---------------------------------------

14 Description of Collateral <input checked="" type="checkbox"/> None	15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
---	---

16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	

20 Principal occupation	21 Employer (See Instructions)
--------------------------------	---------------------------------------

Date of loan 06/11/2015	Name of lender Adkisson, Karen <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$) \$650.00
----------------------------	---	------------------------------

Is lender a financial institution? No	Lender address; City; State; Zip Code TX	Interest Rate
		Maturity Date

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Description of Collateral <input checked="" type="checkbox"/> None	Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
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GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	

Principal occupation	Employer (See Instructions)
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LOANS

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CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE E

15 JUL 22 PM 1:31

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 2/14 Rpt: 11/43
2 FILER NAME Adkisson, Tommy		3 Filer ID
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 05/20/2015	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkisson, Karen	9 Loan Amount (\$) \$5,300.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code TX	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)
Date of loan 05/05/2015	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkisson, Mary	Loan Amount (\$) \$10,000.00
Is lender a financial institution? No	Lender address; City; State; Zip Code 140 Golden Crown San Antonio, TX 78223	Interest Rate .04
		Maturity Date 12/31/2015
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation		Employer (See Instructions)

LOANS

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CITY CLERK

SCHEDULE E

15 JUL 22 PM 1:31

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 3/14 Rpt: 12/43
2 FILER NAME Adkisson, Tommy		3 Filer ID
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 05/20/2015	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkisson, Thomas	9 Loan Amount (\$) \$5,300.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code TX	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)
Date of loan 05/20/2015	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkisson, Thomas	Loan Amount (\$) \$900.00
Is lender a financial institution? No	Lender address; City; State; Zip Code TX	Interest Rate
		Maturity Date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation		Employer (See Instructions)

LOANS

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CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE E

15 JUL 22 PM 1:31

The Instruction Guide explains how to complete this form		1 Total pages Schedule E: Sch: 4/14 Rpt: 13/43
2 FILER NAME Adkisson, Tommy		3 Filer ID
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 05/06/2015	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkisson, Thomas	9 Loan Amount (\$) \$1,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code TX	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)
Date of loan 05/06/2015	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkisson, Thomas	Loan Amount (\$) \$1,000.00
Is lender a financial institution? No	Lender address; City; State; Zip Code TX	Interest Rate
		Maturity Date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation		Employer (See Instructions)

LOANS

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CITY CLERK

SCHEDULE E

15 JUL 22 PM 1:31

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule E: Sch: 5/14 Rpt: 14/43</p>
<p>2 FILER NAME Adkisson, Tommy</p>		<p>3 Filer ID</p>
<p>4 TOTAL OF UNITEMIZED LOANS</p>		<p>\$</p>
<p>5 Date of loan 05/01/2015</p>	<p>7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkisson, Thomas</p>	<p>9 Loan Amount (\$) \$3,000.00</p>
<p>6 Is lender a financial institution? No</p>	<p>8 Lender address; City; State; Zip Code TX</p>	<p>10 Interest Rate</p>
		<p>11 Maturity Date</p>
<p>12 Principal occupation / Job title (See Instructions)</p>		<p>13 Employer (See Instructions)</p>
<p>14 Description of Collateral <input checked="" type="checkbox"/> None</p>		<p>15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/></p>
<p>16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable</p>	<p>17 Name of guarantor</p>	<p>19 Amount Guaranteed (\$)</p>
	<p>18 Guarantor address; City; State; Zip Code</p>	
<p>20 Principal occupation</p>		<p>21 Employer (See Instructions)</p>
<p>Date of loan 05/01/2015</p>	<p>Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkisson, Thomas</p>	<p>Loan Amount (\$) \$3,000.00</p>
<p>Is lender a financial institution? No</p>	<p>Lender address; City; State; Zip Code TX</p>	<p>Interest Rate</p>
		<p>Maturity Date</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Description of Collateral <input checked="" type="checkbox"/> None</p>		<p>Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/></p>
<p>GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable</p>	<p>Name of guarantor</p>	<p>Amount Guaranteed (\$)</p>
	<p>Guarantor address; City; State; Zip Code</p>	
<p>Principal occupation</p>		<p>Employer (See Instructions)</p>

LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE E

15 JUL 22 PM 1:31

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 6/14 Rpt: 15/43
2 FILER NAME Adkisson, Tommy		3 Filer ID
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 05/12/2015	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkisson, Thomas	9 Loan Amount (\$) \$500.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code TX	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)
Date of loan 05/12/2015	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkisson, Thomas	Loan Amount (\$) \$300.00
Is lender a financial institution? No	Lender address; City; State; Zip Code TX	Interest Rate
		Maturity Date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation		Employer (See Instructions)

LOANS

SCHEDULE E

15 JUL 22 PM 1:31

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 7/14 Rpt: 16/43
2 FILER NAME Adkisson, Tommy		3 Filer ID
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 06/14/2015	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkisson, Thomas	9 Loan Amount (\$) \$5,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code TX	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)
Date of loan 05/18/2015	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkisson, Thomas	Loan Amount (\$) \$7,200.00
Is lender a financial institution? No	Lender address; City; State; Zip Code TX	Interest Rate
		Maturity Date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation		Employer (See Instructions)

LOANS

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SCHEDULE E

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 8/14 Rpt: 17/43
2 FILER NAME Adkisson, Tommy		3 Filer ID
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 05/18/2015	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkisson, Thomas	9 Loan Amount (\$) \$500.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code TX	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)
Date of loan 05/20/2015	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkisson, Thomas	Loan Amount (\$) \$900.00
Is lender a financial institution? No	Lender address; City; State; Zip Code TX	Interest Rate
		Maturity Date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation		Employer (See Instructions)

LOANS

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SCHEDULE E

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 9/14 Rpt: 18/43	
2 FILER NAME Adkisson, Tommy		3 Filer ID	
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 06/08/2015	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkisson, Thomas	9 Loan Amount (\$) \$500.00	
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code TX	10 Interest Rate	
		11 Maturity Date	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal occupation		21 Employer (See Instructions)	
Date of loan 05/20/2015	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkisson, Thomas,	Loan Amount (\$) \$238.75	
Is lender a financial institution? No	Lender address; City; State; Zip Code TX	Interest Rate	
		Maturity Date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

LOANS

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SCHEDULE E

15 JUL 22 PM 1:31

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 10/14 Rpt: 19/43
2 FILER NAME Adkisson, Tommy		3 Filer ID
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 05/19/2015	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkisson, Thomas,	9 Loan Amount (\$) \$238.75
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code TX	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)
Date of loan 05/18/2015	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkisson, Thomas,	Loan Amount (\$) \$477.50
Is lender a financial institution? No	Lender address; City; State; Zip Code TX	Interest Rate
		Maturity Date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation		Employer (See Instructions)

LOANS

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SCHEDULE E

15 JUL 22 PM 1:32

The Instruction Guide explains how to complete this form		1 Total pages Schedule E: Sch: 11/14 Rpt: 20/43
2 FILER NAME Adkisson, Tommy		3 Filer ID
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 05/13/2015	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkisson, Thomas,	9 Loan Amount (\$) \$71.62
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code TX	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)
Date of loan 05/12/2015	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkisson, Thomas,	Loan Amount (\$) \$95.50
Is lender a financial institution? No	Lender address; City; State; Zip Code TX	Interest Rate
		Maturity Date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation		Employer (See Instructions)

LOANS

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SCHEDULE E

15 JUL 22 PM 1:32

The Instruction Guide explains how to complete this form		1 Total pages Schedule E: Sch: 12/14 Rpt: 21/43	
2 FILER NAME Adkisson, Tommy		3 Filer ID	
4 TOTAL OF UNITEMIZED LOANS		\$	
5 Date of loan 05/08/2015	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkisson, Thomas,	9 Loan Amount (\$) \$23.87	
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code TX	10 Interest Rate	
		11 Maturity Date	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal occupation		21 Employer (See Instructions)	
Date of loan 05/07/2015	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkisson, Thomas,	Loan Amount (\$) \$214.87	
Is lender a financial institution? No	Lender address; City; State; Zip Code TX	Interest Rate	
		Maturity Date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

LOANS

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SCHEDULE E

The Instruction Guide explains how to complete this form

15 JUL 22 PM 1:32

Total pages Schedule E:
Sch: 13/14 Rpt: 22/43

2 FILER NAME Adkisson, Tommy		3 Filer ID	
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 05/06/2015	7 Name of lender Adkisson, Thomas, <input type="checkbox"/> out-of-state PAC (ID#: _____)		9 Loan Amount (\$) \$167.11
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code TX		10 Interest Rate
			11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral		15 Check if personal funds were deposited into political account	
<input checked="" type="checkbox"/> not applicable	18 Guarantor address; City; State; Zip Code		
20 Principal occupation		21 Employer (See Instructions)	
Date of loan 05/05/2015	Name of lender Adkisson, Thomas, <input type="checkbox"/> out-of-state PAC (ID#: _____)		Loan Amount (\$) \$42.97
Is lender a financial institution? No	Lender address; City; State; Zip Code TX		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

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SCHEDULE E

15 JUL 22 PM 1:32

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1 Total pages Schedule E:
Sch: 14/14 Rpt: 23/43

2 FILER NAME
Adkisson, Tommy

3 Filer ID

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan
05/04/2015

7 Name of lender out-of-state PAC (ID#: _____)
Adkisson, Thomas,

9 Loan Amount (\$)
\$811.75

6 Is lender a financial institution?
No

8 Lender address; City; State; Zip Code

TX

10 Interest Rate

11 Maturity Date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral
 None

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION
 not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal occupation

21 Employer (See Instructions)

POLITICAL EXPENDITURES 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

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: Sch: 1/20 Rpt: 24/43		2 FILER NAME Adkisson, Tommy		3 Filer ID	
4 Date 05/20/2015		5 Payee name Bazan, Jeff			
6 Amount (\$) \$929.00		7 Payee address; City; State; Zip Code TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 05/11/2015		Payee name Bazan, Jeff,			
Amount (\$) \$917.00		Payee address; City; State; Zip Code TX			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 05/01/2015		Payee name Bexar County Elections Board			
Amount (\$) \$40.00		Payee address; City; State; Zip Code TX			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

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POLITICAL EXPENDITURES 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

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: Sch: 2/20 Rpt: 25/43	2 FILER NAME Adkisson, Tommy	3 Filer ID
4 Date 05/07/2015	5 Payee name Canal Partners Media	
6 Amount (\$) \$1,227.40	7 Payee address; City; State; Zip Code TX	
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 media buy
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 05/10/2015	Payee name Castillo, Diane,	
Amount (\$) \$50.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 05/01/2015	Payee name Cricket Wireless	
Amount (\$) \$420.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 Cricket phones
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	

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POLITICAL EXPENDITURES 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

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: Sch: 3/20 Rpt: 26/43	2 FILER NAME Adkisson, Tommy	3 Filer ID
4 Date 05/01/2015	5 Payee name DeWaal, Matthew,	
6 Amount (\$) \$1,135.00	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 05/11/2015	Payee name Delpit, D'Vaughn,	
Amount (\$) \$305.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 05/18/2015	Payee name Dewaal, Matthew,	
Amount (\$) \$850.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	

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POLITICAL EXPENDITURES 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

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: Sch: 4/20 Rpt: 27/43	2 FILER NAME Adkisson, Tommy	3 Filer ID
4 Date 05/12/2015	5 Payee name Dewaal, Matthew,	
6 Amount (\$) \$850.00	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 05/11/2015	Payee name Edwards, Mellanie	
Amount (\$) \$110.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 05/18/2015	Payee name Gaston, Savannah,	
Amount (\$) \$200.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES 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

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: Sch: 5/20 Rpt: 28/43		2 FILER NAME Adkisson, Tommy		3 Filer ID	
4 Date 05/18/2015		5 Payee name Gonzalez, Emily,			
6 Amount (\$) \$150.00		7 Payee address; City; State; Zip Code TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense robocall	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 05/18/2015		Payee name Gonzalez, Emily,			
Amount (\$) \$100.00		Payee address; City; State; Zip Code TX			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense robocall	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 05/01/2015		Payee name Gonzalez, Emily,			
Amount (\$) \$550.00		Payee address; City; State; Zip Code TX			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES 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

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: Sch: 6/20 Rpt: 29/43		2 FILER NAME Adkisson, Tommy		3 Filer ID	
4 Date 05/18/2015		5 Payee name Gonzalez, Veronica,			
6 Amount (\$) \$1,000.00		7 Payee address; City; State; Zip Code TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 05/01/2015		Payee name Gonzalez, Veronica,			
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code TX			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 05/01/2015		Payee name Google			
Amount (\$) \$543.02		Payee address; City; State; Zip Code TX			
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 online ads	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES 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

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: Sch: 7/20 Rpt: 30/43		2 FILER NAME Adkisson, Tommy		3 Filer ID	
4 Date 05/05/2015		5 Payee name HEB			
6 Amount (\$) \$49.81		7 Payee address; City; State; Zip Code TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 food	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 05/04/2015		Payee name Hatfield, Kenned,			
Amount (\$) \$295.00		Payee address; City; State; Zip Code TX			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 05/04/2015		Payee name Hatfield, Kennedy,			
Amount (\$) \$267.50		Payee address; City; State; Zip Code TX			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES 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

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: Sch: 8/20 Rpt: 31/43		2 FILER NAME Adkisson, Tommy		3 Filer ID	
4 Date 05/10/2015		5 Payee name Ibanez, Kathy			
6 Amount (\$) \$50.00		7 Payee address; City; State; Zip Code TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 05/04/2015		Payee name Ibanez, Diane,			
Amount (\$) \$50.00		Payee address; City; State; Zip Code TX			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 05/22/2015		Payee name Jackson, Gylon			
Amount (\$) \$250.00		Payee address; City; State; Zip Code TX			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

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POLITICAL EXPENDITURES 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

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: Sch: 9/20 Rpt: 32/43	2 FILER NAME Adkisson, Tommy	3 Filer ID
4 Date 05/08/2015	5 Payee name KTSA	
6 Amount (\$) \$1,227.40	7 Payee address; City; State; Zip Code TX	
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 <input type="checkbox"/> Check if Austin, TX, officeholder living expense radio
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/30/2015	Payee name Kennedy Communications	
Amount (\$) \$17,055.00	Payee address; City; State; Zip Code TX	
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 television air time
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/18/2015	Payee name Llano, Mario,	
Amount (\$) \$1,250.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES 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 |
| | 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: Sch: 10/20 Rpt: 33/43	2 FILER NAME Adkisson, Tommy	3 Filer ID
4 Date 05/04/2015	5 Payee name Llano, Mario,	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 06/04/2015	Payee name Lopez, Dominique	
Amount (\$) \$50.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 05/11/2015	Payee name Lopez, Sylvia,	
Amount (\$) \$1,776.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES 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

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: Sch: 11/20 Rpt: 34/43		2 FILER NAME Adkisson, Tommy		3 Filer ID	
4 Date 05/04/2015		5 Payee name Lopez, Sylvia,			
6 Amount (\$) \$1,324.00		7 Payee address; City; State; Zip Code TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 05/18/2015		Payee name Martinez, Deborah,			
Amount (\$) \$130.00		Payee address; City; State; Zip Code TX			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 05/06/2015		Payee name Martinez, Deborah,			
Amount (\$) \$165.00		Payee address; City; State; Zip Code TX			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES 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

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: Sch: 12/20 Rpt: 35/43		2 FILER NAME Adkisson, Tommy		3 Filer ID	
4 Date 05/21/2015		5 Payee name Moreno, Joas			
6 Amount (\$) \$220.00		7 Payee address; City; State; Zip Code TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 05/04/2015		Payee name Moreno, Joas,			
Amount (\$) \$320.00		Payee address; City; State; Zip Code TX			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 05/10/2015		Payee name Orozco, Harold			
Amount (\$) \$500.00		Payee address; City; State; Zip Code TX			
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 signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES 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

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: Sch: 13/20 Rpt: 36/43		2 FILER NAME Adkisson, Tommy		3 Filer ID	
4 Date 05/12/2015		5 Payee name Orozco, Harold,			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code TX			
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 signs	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 05/06/2015		Payee name PC Mailing			
Amount (\$) \$1,843.70		Payee address; City; State; Zip Code TX			
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 printing/mailing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/15/2015		Payee name Politico			
Amount (\$) \$2,000.00		Payee address; City; State; Zip Code TX			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting 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 data	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES 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

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: Sch: 14/20 Rpt: 37/43		2 FILER NAME Adkisson, Tommy		3 Filer ID	
4 Date 05/10/2015		5 Payee name Rumsfield, Hannah,			
6 Amount (\$) \$200.00		7 Payee address; City; State; Zip Code TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 06/16/2015		Payee name Salas, Cindy			
Amount (\$) \$256.00		Payee address; City; State; Zip Code TX			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 05/19/2015		Payee name Salas, Cindy			
Amount (\$) \$256.00		Payee address; City; State; Zip Code TX			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

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POLITICAL EXPENDITURES 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

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: Sch: 15/20 Rpt: 38/43	2 FILER NAME Adkisson, Tommy	3 Filer ID
4 Date 05/10/2015	5 Payee name Salas, Cindy,	
6 Amount (\$) \$267.50	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 05/01/2015	Payee name Salas, Cindy,	
Amount (\$) \$200.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 06/02/2015	Payee name Strother, Colin	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES 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

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: Sch: 16/20 Rpt: 39/43	2 FILER NAME Adkisson, Tommy	3 Filer ID
4 Date 05/19/2015	5 Payee name Strother, Colin	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 06/19/2015	Payee name Tholen, Elisabeth	
Amount (\$) \$1,450.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 05/04/2015	Payee name Tholen, Elisabeth,	
Amount (\$) \$1,450.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES 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

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: Sch: 17/20 Rpt: 40/43	2 FILER NAME Adkisson, Tommy	3 Filer ID
4 Date 06/05/2015	5 Payee name Time Warner Cable	
6 Amount (\$) \$147.43	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 internet/phone
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 05/22/2015	Payee name Time Warner Cable	
Amount (\$) \$147.73	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 internet/phone
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 05/18/2015	Payee name US Post Office	
Amount (\$) \$245.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 stamps
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES 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

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: Sch: 18/20 Rpt: 41/43	2 FILER NAME Adkisson, Tommy	3 Filer ID
4 Date 05/01/2015	5 Payee name US Post Office	
6 Amount (\$) \$660.00	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 postage
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 05/08/2015	Payee name WOAI	
Amount (\$) \$1,280.00	Payee address; City; State; Zip Code TX	
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 radio
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 06/20/2015	Payee name Walther, Henry	
Amount (\$) \$40.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES 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

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: Sch: 19/20 Rpt: 42/43	2 FILER NAME Adkisson, Tommy	3 Filer ID
4 Date 05/11/2015	5 Payee name Walther, Henry	
6 Amount (\$) \$800.00	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 04/30/2015	Payee name Walther, Henry,	
Amount (\$) \$540.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 05/10/2015	Payee name Wilburn, Terralyn,	
Amount (\$) \$25.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	

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POLITICAL EXPENDITURES 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

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: Sch: 20/20 Rpt: 43/43	2 FILER NAME Adkisson, Tommy	3 Filer ID
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4 Date 05/11/2015	5 Payee name Woods, Lisa,
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6 Amount (\$) \$260.00	7 Payee address; City; State; Zip Code TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll
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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 06/07/2015	Payee name Woods, Lisa,
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Amount (\$) \$380.00	Payee address; City; State; Zip Code TX
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payroll
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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