

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> NICKNAME: Alan Warrick FIRST LAST MI SUFFIX: E II	<b>OFFICE USE ONLY</b> Date Received  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO 201565 San Antonio TX 78220 <input type="checkbox"/> Change of Address		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 7235107		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> NICKNAME: Eligah Hanks FIRST LAST MI SUFFIX: Jr.		
<b>7</b> CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 26627 Callaway Run Boerne, TX 78015		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 932-8147		
<b>9</b> 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)		
<b>10</b> PERIOD COVERED	Month Day Year      Month Day Year 4 / 30 / 2015      THROUGH      6 / 30 / 2015		
<b>11</b> ELECTION	ELECTION DATE Month Day Year 5 / 9 / 2015	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any) City Council District 2	<b>13</b> OFFICE SOUGHT (if known) City Council District 2	

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**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

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14 C/OH NAME

15 Filer ID (Ethics Commission File #)

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

*No Star PAC*

SPECIFIC

COMMITTEE ADDRESS

*19003 IH-10W San Antonio 78257*

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages  
*4 additional Pages*

17 CONTRIBUTION  
TOTALS

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *10,608.65*

EXPENDITURE  
TOTALS

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

\$ *27,011.34*

4. TOTAL POLITICAL EXPENDITURES

\$ *27,011.34*

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *2,445.44*

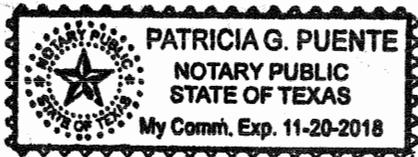
OUTSTANDING  
LOAN TOTALS

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.



*Alan E. Warrick*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *ALAN E. WARRICK*, this the *July* day of *15*, 20 *15*, to certify which, witness my hand and seal of office.

*Patricia G. Puente*  
Signature of officer administering oath

*Patricia G. Puente*  
Printed name of officer administering oath

*NOTARY*  
Title of officer administering oath

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
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COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

*USAA Employee PAC*  
*9800 Fredericksburg Rd*  
*San Antonio TX 78254*  
*Attn: Dore Christensen Bldg*

Additional Pages

17 CONTRIBUTION  
TOTALS

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE  
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

OUTSTANDING  
LOAN TOTALS

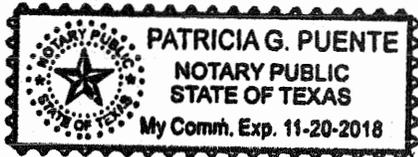
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Alan E. Warrick*  
Signature of Candidate or Officeholder

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

*Patricia G. Puente*  
Signature of officer administering oath

PATRICIA G. PUENTE  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

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

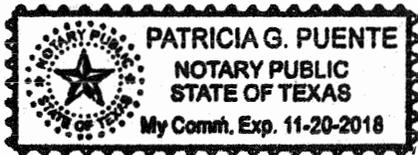
16 NOTICE FROM POLITICAL COMMITTEE(S)  
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<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <p style="font-size: 1.2em; font-family: cursive;">Texas Assoc. of Realtors PAC</p>
	COMMITTEE ADDRESS <p style="font-size: 1.2em; font-family: cursive;">PO 2246 Austin TX 78788</p>
	COMMITTEE CAMPAIGN TREASURER NAME  
	COMMITTEE CAMPAIGN TREASURER ADDRESS  

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	RECEIVED CITY OF SAN ANTONIO CITY CLERK 15 JUL 17 AM 9:17
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Alan E. Warrick

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said ALAN E. WARRICK, this the 15 day of July, 2015, to certify which, witness my hand and seal of office.

Patricia G. Puente

Signature of officer administering oath

PATRICIA G. PUENTE

Printed name of officer administering oath

Notary

Title of officer administering oath

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

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COMMITTEE TYPE

COMMITTEE NAME

GENERAL

Republic Services Employee Better Government PAC

SPECIFIC

COMMITTEE ADDRESS

12500 N. Allied Way  
Phoenix AZ

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE  
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

OUTSTANDING  
LOAN TOTALS

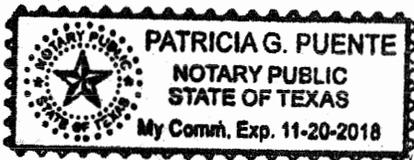
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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15 JUL 17 AM 9:17

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.



*Alan E. Warrick*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

*Patricia G. Puente*  
Signature of officer administering oath

PATRICIA G. PUENTE  
Printed name of officer administering oath

NOTARY  
Title of officer administering oath

# SUBTOTALS - COH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	7 pages	\$ 10,608.65
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	4 pages	\$ 500.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	10 pages	\$ 2701.34
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 MADE FROM POLITICAL CONTRIBUTIONS		\$
11. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 7

2 FILER NAME

Alan E. Warrick II

3 Filer ID (Ethics Commission Filers)

4 Date

4/30/15

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

SA Apartment Association PAC

6 Contributor address; City; State; Zip Code  
7525 Babcock Rd San Antonio TX 78249

7 Amount of contribution (\$)

\$ 500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/30/15

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

Carlos Vresti

Contributor address; City; State; Zip Code  
924 McLough Ave San Antonio TX 78215

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/15

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

Mohamad Chaudry

Contributor address; City; State; Zip Code  
200 Bluff Knoll San Antonio, TX 78216

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/15

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

Sherry Chaudry

Contributor address; City; State; Zip Code  
200 Bluff Knoll San Antonio TX, 78216

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 7

2 FILER NAME

Alan E. Warrick II

3 Filer ID (Ethics Commission Filers)

4 Date

4/30/15

5 Full name of contributor

Alfredo De La Fuente

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

6202 Cherry West Cir. San Antonio TX, 78240

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/30/15

Full name of contributor

Frederic K Kinksey

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

150.00

Contributor address; City; State; Zip Code

126 Sandstone LN Seguin, TX 78155

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/1/15

Full name of contributor

Christopher Kridel

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

1620 Santa Fe Trail Dr. San Antonio TX 78232

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/4/15

Full name of contributor

Mark Kisner

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

12 Scotsmoor CT Sugar Land TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 7

2 FILER NAME

Alan E. Warrick II

3 Filer ID (Ethics Commission Filers)

4 Date

5/4/15

5 Full name of contributor

Judith Kisner

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

500.00

6 Contributor address;

12 Scotsmoor Ct. Sugar Land, TX 77479

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/4/15

Full name of contributor

Nu Star PAC

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address;

19003 IH-10W San Antonio, TX 78257

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/4/15

Full name of contributor

USAA Employee PAC

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address;

9800 Fredericksburg Rd San Antonio TX 78254

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4 of 7

2 FILER NAME

Alan E. WARRICK II

3 Filer ID (Ethics Commission Filers)

4 Date

5/4/15

5 Full name of contributor

Walter Embrey

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

500.00

6 Contributor address:

1020 NE Loop 410 Suite 700  
San Antonio TX 78209

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/4/15

Full name of contributor

Gayle Embrey

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address:

1020 NE Loop 410 Suite 700  
San Antonio TX 78209

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/5/15

Full name of contributor

Rachel Gurwitz

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address:

234 Wildrose Ave San Antonio TX 78209

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/5/15

Full name of contributor

TREPAC/Texas Assoc. of Realtors PAC

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address:

P.O. 2246 Austin TX 78788

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

5 of 7

2 FILER NAME

Alan E. WARRICK II

3 Filer ID (Ethics Commission Filers)

4 Date

5/5/15

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Republic Services E.B. Gov. PAC

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

18500 N Alheda Way Phoenix, AZ 85054

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/5/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Lynda Rodriguez

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

4310 Little Lane San Antonio TX 78229

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/5/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Rudy Rodriguez

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

4310 Little Lane San Antonio TX 78229

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/6/15

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Peter M. Holt

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

2191 Little Blanco Rd Blanco, TX 78606

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6 of 7

2 FILER NAME

Alan E. Warrick II

3 Filer ID (Ethics Commission Filers)

4 Date

5/6/15

5 Full name of contributor

Julianna H. Holt

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

500.00

6 Contributor address;

21914 Little Blanco Rd. Blanco TX 78606

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/15/15

Full name of contributor

Leon Falic

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500

Contributor address;

6100 Hollywood Blvd 7th Floor Hollywood, FL 33024

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/15/15

Full name of contributor

Simon Falic

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address;

6100 Hollywood Blvd 7th Floor Hollywood, FL 33024

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/15/15

Full name of contributor

Jerome Falic

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address;

6100 Hollywood Blvd 7th Floor Hollywood, FL 33024

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

7 of 7

2 FILER NAME

Alan E. Warrick II

3 Filer ID (Ethics Commission Filers)

4 Date

5/18/15

5 Full name of contributor

Raul Lomeli

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

500.00

6 Contributor address;

Raul Lomeli  
3318 Sable Creek San Antonio TX 78254

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/20/15

Full name of contributor

Deeks Rickshaw Stop/Sameer Sidiqui

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

150.00

Contributor address;

1506 Ballarat San Antonio TX, 78258

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/20/15

Full name of contributor

Anthony Hargrove

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

25.00

Contributor address;

P.O. Box 8025  
San Antonio TX 78204

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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: <span style="font-size: 1.5em;">1 of 1</span>	
2 FILER NAME <span style="font-size: 1.5em;">Alan E. Warrick II</span>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <span style="font-size: 1.5em;">500.00</span>	
5 Date <span style="font-size: 1.5em;">5/1/2015</span>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em;">Colin Strother</span>	8 Amount of Contribution \$ <span style="font-size: 1.5em;">500.00</span>	9 In-kind contribution description <span style="font-size: 1.5em;">Professional Services</span>
7 Contributor address; City; State; Zip Code <span style="font-size: 1.5em;">120 Madison Cove Bldg TX 78610</span>		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <span style="font-size: 1.5em;">Campaign Consultant</span>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <span style="font-size: 1.5em;">Self</span>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<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)			

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

# 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	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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 10 of 10	<b>2</b> FILER NAME Alan E. Warricks II	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 5/1/15	<b>5</b> Payee name Facebook	
<b>6</b> Amount (\$) 144.01	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 5/1/15	Payee name Central Market	
Amount (\$) 241.96	Payee address; City; State; Zip Code 4821 Broadway St San Antonio, TX 78209	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 5/1/15	Payee name SA Children's Museum	
Amount (\$) 100.00	Payee address; City; State; Zip Code 2800 Broadway St San Antonio, TX 78209	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions/Donations	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	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: <i>2 of 10</i>	2 FILER NAME <i>Alan E. Warwick II</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/1/15</i>	5 Payee name <i>Gordon Benjamin</i>	
6 Amount (\$) <i>500.00</i>	7 Payee address; City; State; Zip Code <i>902 Nevada San Antonio, TX 78203</i>	

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <i>Salaries</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 <i>5/1/15</i>	Payee name <i>TC Calvert</i>
Amount (\$) <i>3,500.00</i>	Payee address; City; State; Zip Code <i>3607 Tuscan Dr. San Antonio TX 78219</i>

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Consulting</i>	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 <i>5/4/15</i>	Payee name <i>El Machito</i>
Amount (\$) <i>10.74</i>	Payee address; City; State; Zip Code <i>7300 Jones Maltzberger Rd San Antonio, TX 78209</i>

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Food</i>	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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# 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: **3 of 10**      2 FILER NAME: **Alan E. Warrick II**      3 Filer ID (Ethics Commission Filers)

4 Date: **5/4/15**      5 Payee name: **Gordon Benjamin**

6 Amount (\$): **32.83**      7 Payee address; City; State; Zip Code: **902 Nevada San Antonio TX 78203**

8 PURPOSE OF EXPENDITURE: **Food**

(a) Category (See categories listed at the top of this schedule)

(b) Description  
 Check if travel outside of Texas, complete Schedule T  
 Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held

Date: **5/5/15**      Payee name: **Shell Service Station**

Amount (\$): **45.00**      Payee address; City; State; Zip Code: **606 W. Theo Ave San Antonio TX 78225**

PURPOSE OF EXPENDITURE: **Transportation Related**

Category (See categories listed at the top of this schedule)

Description  
 Check if travel outside of Texas, complete Schedule T  
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held

Date: **5/5/15**      Payee name: **Prestige Printing**

Amount (\$): **1455.96**      Payee address; City; State; Zip Code: **8 Burwood Ln. San Antonio, TX 78216**

PURPOSE OF EXPENDITURE: **Printing**

Category (See categories listed at the top of this schedule)

Description  
 Check if travel outside of Texas, complete Schedule T  
 Check if Austin, TX, officeholder living expense

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	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: <b>4 of 10</b>	2 FILER NAME <b>Alton E. Warrick II</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>5/6/15</b>	5 Payee name <b>Plaza Club San Antonio</b>
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6 Amount (\$) <b>25.59</b>	7 Payee address; City; State; Zip Code <b>100 W. Houston St. #2100 San Antonio, TX 78205</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>Food</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5/6/15</b>	Payee name <b>Express Lube</b>
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Amount (\$) <b>33.99</b>	Payee address; City; State; Zip Code <b>1525 Austin Hwy San Antonio, TX 78218</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Transportation Related</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 <b>5/7/15</b>	Payee name <b>Ps: Alpha Chapter</b>
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Amount (\$) <b>385.00</b>	Payee address; City; State; Zip Code <b>1135 Virginia Ave San Antonio TX 78203</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Organization Membership Other</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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# 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: <b>5 of 10</b>		2 FILER NAME <b>Alan E. Warrick II</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>5/7/15</b>		5 Payee name <b>Stgn Busters</b>			
6 Amount (\$) <b>1,000.00</b>		7 Payee address; City; State; Zip Code <b>330 W. Baetz Blvd. San Antonio, TX 78221</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>Advertising</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date <b>5/7/15</b>		Payee name <b>TC Calvert</b>			
Amount (\$) <b>6,000.00</b>		Payee address; City; State; Zip Code <b>3607 Tuscany Dr. San Antonio, TX 78219</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Consulting</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date <b>5/8/15</b>		Payee name <b>TST* Kokasan-Chi</b>			
Amount (\$) <b>47.74</b>		Payee address; City; State; Zip Code <b>1610 S. Laredo St San Antonio, TX 78207</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Consulting</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought

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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	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>6 of 10</b>	2 FILER NAME <b>Alan E. Warrick III</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>5/11/15</b>	5 Payee name <b>Hanno Malting</b>	
6 Amount/(\$) <b>3808.67</b>	7 Payee address; City; State; Zip Code <b>12716 O'Connor Rd San Antonio, TX 78233</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <b>5/18/15</b>	Payee name <b>Red Lobster</b>	
Amount (\$) <b>20.31</b>	Payee address; City; State; Zip Code <b>8210 IH-35N San Antonio, TX 78239</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <b>5/20/15</b>	Payee name <b>Schokolad</b>	
Amount (\$) <b>4.87</b>	Payee address; City; State; Zip Code <b>112 Broadway San Antonio, TX 78205</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Gift</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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# 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: <b>7 of 10</b>	2 FILER NAME <b>Alan E. Warrick TT</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>5/27/15</b>	5 Payee name <b>Erin's Escape</b>
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6 Amount (\$) <b>108.00</b>	7 Payee address; City; State; Zip Code <b>307 Beauregard St. San Antonio, TX 78204</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>Fundraising Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/ Officeholder name	Office sought	Office held
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Date <b>5/27/15</b>	Payee name <b>Sign Busters</b>	RECEIVED CITY OF SAN ANTONIO CITY CLERK 15 JUL 17 AM 9:19
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Amount (\$) <b>400.00</b>	Payee address; City; State; Zip Code <b>330 W. Baetz San Antonio, TX 78221</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising</b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 <b>5/28/15</b>	Payee name <b>Fruteria</b>
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Amount (\$) <b>21.13</b>	Payee address; City; State; Zip Code <b>1401 S. Flores San Antonio TX 78204</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>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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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: 8 of 10	2 FILER NAME Alon E. Warrick II	3 Filer ID (Ethics Commission Filers)
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4 Date 6/1/15	5 Payee name Facebook
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6 Amount (\$) 250.04	7 Payee address; City; State; Zip Code 1 Hackerway way Menlo Park, CA 94025
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8 <b>PURPOSE OF EXPENDITURE</b>	(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 <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/1/15	Payee name Facebook
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Amount (\$) 15.96	Payee address; City; State; Zip Code 1 Hackerway Menlo Park, CA 94025
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Advertising 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 <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/1/15	Payee name Pregnancy Care Center
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Amount (\$) 100.00	Payee address; City; State; Zip Code 7210 Louis Pasteur Dr. #100 San Antonio TX 78229
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Donation	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 <b>ONLY</b> 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.

<b>1</b> Total pages Schedule F1: 9 of 10	<b>2</b> FILER NAME Alan E. Warrick II	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 6/3/15	<b>5</b> Payee name Alan Warrick II	
<b>6</b> Amount (\$) 2,000.00	<b>7</b> Payee address; City; State; Zip Code 3458 Chateau Dr. San Antonio TX 78219	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) Loan Repayment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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<b>Date</b> 6/15/15	<b>Payee name</b> Cigars For Warriors	
<b>Amount (\$)</b> 200.00	<b>Payee address; City; State; Zip Code</b> 1797 S. Colonial Ave. Homosassa, FL 34448	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Donation	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

<b>Date</b> 6/23/15	<b>Payee name</b> Norma Denham Associates	
<b>Amount (\$)</b> 1,000.00	<b>Payee address; City; State; Zip Code</b> P.O. 461753 San Antonio, TX 78246	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Fundraising Expense	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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: <b>10 of 10</b>	2 FILER NAME <b>Alan E. Warrick II</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>6/25/15</b>	5 Payee name <b>Flowers By Mary</b>	
6 Amount (\$) <b>59.54</b>	7 Payee address; City; State; Zip Code <b>544 S. W.W. White Rd San Antonio, TX 78220</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>Memorials Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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Date <b>6/25/15</b>	Payee name <b>Colin Strother</b>		
Amount (\$) <b>4,500.00</b>	Payee address; City; State; Zip Code <b>120 Madison Cove Buda TX 78610</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Consulting</b>		
	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date <b>6/29/15</b>	Payee name <b>TC Calvert</b>		
Amount (\$) <b>1,600</b>	Payee address; City; State; Zip Code <b>3607 Tuslany Dr. San Antonio, TX 78219</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Consulting</b>		
	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED