

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 12

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

Mr.

FIRST

David

MI

W

NICKNAME

LAST

Hamilton

SUFFIX

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

9419 Scanlan Heights Ln  
Missouri City, TX 77459

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832)

677-1478

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

Mrs

FIRST

Kaithlyn

MI

G

NICKNAME

LAST

Hamilton

SUFFIX

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

9419 Scanlan Heights Ln  
Missouri City, TX 77459

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972)

322-5997

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐

July 15

☒

8th day before election

☐

Exceeded Modified  
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

3 / 29 / 22

THROUGH

Month

Day

Year

4 / 27 / 22

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 7 / 22

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other  
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

FBISD Trustee Position 7

14 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

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,445.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 350.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,178
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 858
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,558

18 SIGNATURE 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.

*David W. Hamilton*

Signature of Candidate or Officeholder

Please complete either option below:

## (1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is David Hamilton, and my date of birth is 1-12-1984.

My address is 9419 Scanlon Heights Ln, Missouri City, TX, 77454, USA.  
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of Texas, on the 28 day of April, 20 22.  
(month) (year)

*David W. Hamilton*  
Signature of Candidate/Officeholder (Declarant)



**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME**

David Hamilton

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,445
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 350
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,000
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,178
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME <b>David Hamilton</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4-2</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bruce + Cindy Bond</b> 6 Contributor address; City; State; Zip Code <b>1743 Carriage Way</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>N/A</b>
Date <b>4-3</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Count Alley</b> Contributor address; City; State; Zip Code <b>3530 Villanova St. University Park, TX 75225</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions) <b>COO</b>		Employer (See Instructions) <b>RWR Investments</b>
Date <b>4-8</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Graham</b> Contributor address; City; State; Zip Code <b>2123 Spanish Forest Ln Richmond, TX 77406</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>n/a</b>
Date <b>4-8</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kathleen Wall</b> Contributor address; City; State; Zip Code <b>602 Pinchaven Houston, TX 77024</b>	Amount of contribution (\$) <b>5,000.00</b>
Principal occupation / Job title (See Instructions) <b>Business Investor</b>		Employer (See Instructions) <b>n/a</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME <b>David Hamilton</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4-10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Norm Mason</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>915 Goldfinch Ave. Sugarland, TX 77478</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>n/a</b>
Date <b>4-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lawrence Meredith</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>4906 Cambridge St. Sugarland, TX 77479</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joseph Ranch</b>	Amount of contribution (\$) <b>\$20</b>
Contributor address; City; State; Zip Code <b>3103 Kempwood Dr Sugar Land, TX 77479</b>		
Principal occupation / Job title (See Instructions) <b>n/a</b>		Employer (See Instructions) <b>n/a</b>
Date <b>4-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Louis Ogden</b>	Amount of contribution (\$) <b>\$25</b>
Contributor address; City; State; Zip Code <b>1907 Willow Lakes Dr Sugar Land, TX 77479</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME David Hamilton		3 Filer ID (Ethics Commission Filers)
4 Date 4-26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norm Kahla	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 3603 Golden Tee Ln Missouri City, TX 77459		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) n/a
Date 4-1	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary + Teresa Hamilton	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 18919 Ame Blush Dr. Tomball, TX 77377		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a
Date 4-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathleen Owen	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3023 Fairway Dr Sugar Land, TX 77478		
Principal occupation / Job title (See Instructions) n/a		Employer (See Instructions) n/a
Date 3-29	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Bend Business Coalition	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 2333 Town Center Dr Sugar Land, TX 77478		
Principal occupation / Job title (See Instructions) Business Advocacy Group		Employer (See Instructions) n/a
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME <b>David Hamilton</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4-25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tam Craig</b> 6 Contributor address; City; State; Zip Code <b>3978 Inglenood Cir Missouri City, TX 77459</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Sales Manager</b>		9 Employer (See Instructions) <b>ACI Medical Devices</b>
Date <b>4-25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dale + Linda Rodenay</b> Contributor address; City; State; Zip Code <b>9603 Blue Spruce Ct Missouri City, TX 77459</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**SCHEDULE A2**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>David Hamilton</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>350.00</u>	
5 Date <u>4-25</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Congress PAC</u>	8 Amount of Contribution \$	9 In-kind contribution description <u>350.00</u> <u>text messages</u>
7 Contributor address; City; State; Zip Code <u>830 Deer Hollow Dr Sugar Land, TX 77479</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

  

Date	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)			

  

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.



**LOANS****SCHEDULE E**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>David Hamilton</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <i>1,000.00</i>
5 Date of loan <i>4-20</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Hamilton</i>	9 Loan Amount (\$) <i>1,000.00</i>
6 Is lender a financial Institution?  Y N	8 Lender address; City; State; Zip Code <i>9419 Scanlan Heights Ln Missouri City, TX 77459</i>	10 Interest rate <i>n/a</i>
		11 Maturity date <i>n/a</i>
12 Principal occupation / Job title (See Instructions) <i>Insurance Agent</i>		13 Employer (See Instructions) <i>Insurance of Texas</i>
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>David Hamilton</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4-4</i>		5 Payee name <i>World Hall of Fame Network</i>			
6 Amount (\$) <i>1,900.00</i>		7 Payee address; <i>6161 Sway Dr.</i>		City; <i>Houston</i>	State; <i>TX</i>
				Zip Code <i>77076</i>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  <i>Advertising Expense</i>		(b) Description  <i>Online Newspaper Ad</i>		
	(c) <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					
Date <i>4-15</i>		Payee name <i>James Dunn</i>			
Amount (\$) <i>2,500.00</i>		Payee address; <i>193 Bailey Rd</i>		City; <i>Angleton, TX</i>	State; <i>TX</i>
				Zip Code <i>77515</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <i>Consulting Expense</i>		Description  <i>Campaign Manager</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>4-13</i>		Payee name <i>1W Print</i>			
Amount (\$) <i>987.24</i>		Payee address; <i>4505 Hwy 6 N.</i>		City; <i>Houston</i>	State; <i>TX</i>
				Zip Code <i>77084</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <i>Printing Expense</i>		Description  <i>Banners</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address;		City;	State;
				Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME David Hamilton 3 Filer ID (Ethics Commission Filers)

4 Date 3-29 5 Payee name Sugar's

6 Amount (\$) 712.66 7 Payee address; City; State; Zip Code  
3424 FM 1092 Missouri City TX 77459

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Meet & Greet / Food / Beverage  
(c) ☐ 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 4-9 Payee name Center Court Pizza & Brew

Amount (\$) 291.91 Payee address; City; State; Zip Code  
7425 Hwy 6 Suite 100 Missouri City TX 77459

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Event Expense Description Volunteer Party  
☐ 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 4-23 Payee name Exchange Club of Sugar Land

Amount (\$) 20.00 Payee address; City; State; Zip Code  
4800 Sugar Grove Blvd ~~Sugar Land~~ Stafford, TX 77477

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Event Expense Description Meal  
☐ 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 4-27		5 Payee name Pay Pal			
6 Amount (\$) 170.85		7 Payee address; 2211 N. First St.		City; San Jose,	State; CA Zip Code 95131
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Online Donations Processing		
	(c) <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 4-27		Payee name Google			
Amount (\$) 383.16		Payee address; 1600 Amphitheatre Pkwy		City; Mountain View, CA	State; CA Zip Code 94043
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Online Ads		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 4-27		Payee name Canva			
Amount (\$) 212.00		Payee address; 2-2 Lacey St		City; Sunny Hills, New South Wales, Australia	State; Australia Zip Code 2010
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Design + Print Costs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					