

# 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 <b>MR</b>	FIRST <b>TROY</b>	MI	<b>OFFICE USE ONLY</b>
	NICKNAME	LAST <b>GUIDRY</b>	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		Date Received	
	<b>30501 HANER RD HOCKLEY TX 77447</b>		<b>Waller County Elections OCT 26 2020</b>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(281)</b>	PHONE NUMBER <b>382-8989</b>	EXTENSION	Date Hand-delivered or Date Postmarked <b>Received</b>
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>CHRIS</b>	MI	Receipt #
	NICKNAME	LAST <b>RYLAND</b>	SUFFIX	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		Date Processed	
	<b>9966 GOLDEN FIELD LANE BROOKSHIRE TX 77423</b>		Date Imaged	
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(281)</b>	PHONE NUMBER <b>726-1093</b>	EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month <b>7</b>	Day <b>1</b>	Year <b>2020</b>	Month <b>9</b>
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month <b>11</b>	Day <b>3</b>	Year <b>2020</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>WALLER COUNTY SHERIFF</b>		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

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

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8550.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 5787.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2109.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Troy Guidry, this the 25<sup>th</sup> day of October, 2020, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Rebecca Wallett  
Printed name of officer administering oath

Title of officer administering oath



# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19</b> FILER NAME		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$6225.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 2325.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$5787.48
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**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3</b>
2 FILER NAME <b>TROY GUIDRY</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/25/20</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CLINT CANNON</b>	7 Amount of contribution (\$) <b>\$ 200.00</b>
6 Contributor address; City; State; Zip Code <b>34315 BRUMLOW WALLER 77484</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>9/25/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KIRBY CANNON</b>	Amount of contribution (\$) <b>\$ 200.00</b>
Contributor address; City; State; Zip Code <b>31730 ROCHEN WALLER TX 77484</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/5/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHARLES COCHRAN</b>	Amount of contribution (\$) <b>\$ 500.00</b>
Contributor address; City; State; Zip Code <b>20414 BAUER HOCKLEY TOMBALL TX 77377</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/13/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERT BECKER</b>	Amount of contribution (\$) <b>\$ 150.00</b>
Contributor address; City; State; Zip Code <b>2006 SILVERSTREAM FULSHEAR TX 77441</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

TROY GUIDRY

3 Filer ID (Ethics Commission Filers)

4 Date

10/5/20

5 Full name of contributor

DOUG BURRIS

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

7 Amount of contribution (\$)

\$ 550.00

6 Contributor address;

City;

State;

Zip Code

30470 HANER RD HOCKLEY TX 77447

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/3/20

Full name of contributor

AARON HARRIS

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

Amount of contribution (\$)

\$ 400.00

Contributor address;

City;

State;

Zip Code

27201 KICKAPOO HOCKLEY TX 77447

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/20

Full name of contributor

CLAYTON SCHAURDA

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

Amount of contribution (\$)

\$ 800.00

Contributor address;

City;

State;

Zip Code

PO BOX 1043 SEELY TX 77474

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/20

Full name of contributor

ANTHONY EDMONDS

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

Amount of contribution (\$)

\$ 1250.00

Contributor address;

City;

State;

Zip Code

229 HERITAGE TR. N BELLVILLE, TX 77418

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

TROY GUIDRY

3 Filer ID (Ethics Commission Filers)

4 Date

10/3/20

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

TREY DUHON CAMPAIGN

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address; City; State; Zip Code

PO BOX 640 WALLER TX 77484

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/3/20

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

TREY DUHON CAMPAIGN

Amount of contribution (\$)

\$ 1,250.00

Contributor address; City; State; Zip Code

PO BOX 640 WALLER TX 77484

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/20

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

HEATHER DALEY

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

29300 SKYMAC RANCH HEMPSTEAD TX 77445

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)

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

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>3</b>
2 FILER NAME <b>TROY GUIDRY</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>2325.00</b>
5 Date <b>10/10/20</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CARL DE ANGELO</b>	8 Amount of Contribution \$ <b>\$200.00</b>
7 Contributor address; City; State; Zip Code <b>2115 PENICK WALKER TX 77484</b>		9 In-kind contribution description <b>FLASHLIGHT</b>
		<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 <b>10/10/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ERIC BRUSS</b>	Amount of Contribution \$ <b>\$200.00</b>	In-kind contribution description <b>FISHING ROD/POLE</b>
Contributor address; City; State; Zip Code <b>16642 MABLETHORP HOUSTON TX 77073</b>		<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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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <b>TROY GUIDRY</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>10/10/20</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERT BECKER</b>	8 Amount of Contribution \$ <b>\$550.00</b>	9 In-kind contribution description <b>REVOLVER / SCOPE</b>
7 Contributor address; City; State; Zip Code <b>20006 SILVERSTREAM FULSHEAR TX 77441</b>		<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 <b>10/10/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JIMMY LAUDER</b>	Amount of Contribution \$ <b>\$1000.00</b>	In-kind contribution description <b>GUN/AM-15</b>
Contributor address; City; State; Zip Code <b>30685 MENKE HEMPSTEAD TX 77445</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <b>TROY GUIDRY</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>10/10/20</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DONNIE MORDECAI</b>	8 Amount of Contribution \$ <b>\$375.00</b>	9 In-kind contribution description <b>CATERING FOR 25</b>
7 Contributor address; City; State; Zip Code <b>701 CALVIN HEMPSTEAD TX 77445</b>		<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)			

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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>3</b>	2 FILER NAME <b>TROY GUIDRY</b>	3 Filer ID (Ethics Commission Filers)
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4 Date: <b>9/28/20</b>	5 Payee name <b>WALLER GOP</b>
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6 Amount (\$): <b>\$250.00</b>	7 Payee address: <b>247 BUS 290</b>	City: <b>HEMPSTEAD TX</b>	State:	Zip Code: <b>77445</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>FEES</b>	(b) Description <b>GOP</b>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: <b>9/28/20</b>	Payee name: <b>JOE'S ITALIAN</b>
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Amount (\$): <b>\$133.16</b>	Payee address: <b>260 COTTONWOOD</b>	City: <b>HEMPSTEAD TX</b>	State:	Zip Code: <b>77445</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FOOD</b>	Description <b>POLITICAL MEETING</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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Date: <b>9/28/20</b>	Payee name: <b>WAL-MART</b>
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Amount (\$): <b>\$227.63</b>	Payee address: <b>625 HIGHWAY 290</b>	City: <b>HEMPSTEAD TX</b>	State:	Zip Code: <b>77445</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <b>FUNDRAISER FOOD/GIFTS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>TROY GUIDRY</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/8/20</b>	5 Payee name <b>COSTCO</b>
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6 Amount (\$) <b>\$310.09</b>	7 Payee address; City; State; Zip Code <b>26960 NORTHWEST FRWY CYPRESS TX 77433</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 <b>FUND RAISER</b>
	(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
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Date <b>10/8/20</b>	Payee name <b>ST. JUDE</b>
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Amount (\$) <b>\$1210.00</b>	Payee address; City; State; Zip Code <b>262 DANNY THOMAS PL MEMPHIS TN 38105</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>CHARITY / CONTRIBUTION</b>	Description <b>DONATION</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/13/20</b>	Payee name <b>ZIPPS</b>
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Amount (\$) <b>\$266.00</b>	Payee address; City; State; Zip Code <b>355 US 290 BUS HEMPSTEAD TX 77445</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>BEVERAGE</b>	Description <b>FUND RAISER</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>TROY GUIDRY</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10/19/20</b>		5 Payee name <b>TEXAS ASSOCIATION OF FIRST RESPONDERS</b>			
6 Amount (\$) <b>\$300.00</b>		7 Payee address; City; State; Zip Code <b>12620 FM 1960W. STE AA HOUSTON TX 77065</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>CONTRIBUTION</b>		(b) Description <b>DONATION</b>		
	<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>10/20/20</b>		Payee name <b>WALLER COUNTY FAIR ASSN</b>			
Amount (\$) <b>\$3000.00</b>		Payee address; City; State; Zip Code <b>21988 FM 359 HEMPSTEAD TX 77445</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>CONTRIBUTION</b>		Description <b>DONATION</b>		
	<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	
Date <b>10/23/20</b>		Payee name <b>THE THIRSTY PARROT</b>			
Amount (\$) <b>\$120.60</b>		Payee address; City; State; Zip Code <b>13200 FM 359 HEMPSTEAD TX 77445</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FOOD</b>		Description <b>POLITICAL MEETINGS</b>		
	<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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED