

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14

2 Total pages filed:

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

1 Filer ID (Ethics Commission Filers)

OFFICE USE ONLY

Date Received

Waller County Elections

JUL 11 2019

Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
 Mr. Daniel H.
 NICKNAME LAST SUFFIX
 Dan Porter

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 P. O. Box 1501 Brookshire, TX 77423

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (281) 705-0347

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
 Tanya D
 NICKNAME LAST SUFFIX
 Dusek

7 CAMPAIGN TREASURER ADDRESS
 (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 20434 Westfield Parkway Katy, TX 77449

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (281) 658-5486

9 REPORT TYPE

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

10 PERIOD COVERED

Month Day Year Month Day Year
 01 / 01 / 2019 THROUGH 07 / 15 / 2019

11 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year Primary Runoff Other Description
 03 / 03 / 2020 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Sheriff

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME
Daniel Porter

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.

COMMITTEE TYPE
 GENERAL
 SPECIFIC

COMMITTEE NAME
Dan Porter For Sheriff

COMMITTEE ADDRESS
P. O. Box 1501 Brookshire, TX 77423

COMMITTEE CAMPAIGN TREASURER NAME
Tanya Dusek

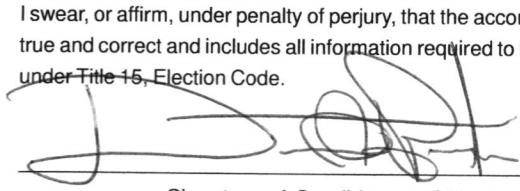
COMMITTEE CAMPAIGN TREASURER ADDRESS
20434 Westfield Parkway Katy, TX 77449

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)	\$ 2,335.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,684.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 9,936.54

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 of Candidate or Officeholder



Sworn to and subscribed before me, by the said DANIEL PORTER, this the 10th day of JULY, 2019, to certify which, witness my hand and seal of office.

Marie Stastny Signature of officer administering oath
 MARIE STASTNY Printed name of officer administering oath
 BANK OFFICER Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME Daniel Porter		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$2,335.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$9,349.08
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$11,684.08
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: **4**

2 FILER NAME

Daniel Porter

3 Filer ID (Ethics Commission Filers)

4 Date
1/17/2019

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

6 Contributor address; City; State; Zip Code
3526 Winding Point Ln Katy, TX 77494

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
1/19/19

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

Contributor address; City; State; Zip Code
13130 Fry Rd #326 Cypress, TX 77433

Amount of contribution (\$)

\$25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/15/19

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

Contributor address; City; State; Zip Code
8510 Ivy Falls Jersey Village, TX 77040

Amount of contribution (\$)

\$1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/20/19

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

Contributor address; City; State; Zip Code
20431 Wild Berry Dr Katy, TX 77449

Amount of contribution (\$)

\$65.00

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

Daniel Porter

3 Filer ID (Ethics Commission Filers)

4 Date
3/9/19

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

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code
6347 Asbury Brook Ct Katy, TX 77493

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
4/11/19

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

Amount of contribution (\$)

\$125.00

Contributor address; City; State; Zip Code
6219 Harmony Place Fulshear, TX 77441

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/11/19

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

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code
19007 Piney Forest Ct Houston, TX 77084

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/11/19

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

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code
6331 Asbury Brook Ct Katy, TX 77493

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

Daniel Porter

3 Filer ID (Ethics Commission Filers)

4 Date
4/11/19

5 Full name of contributor
Rhonda Jackson

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

7 Amount of contribution (\$)

\$150.00

6 Contributor address; City; State; Zip Code

30806 Meadow Wood Fulshear, TX 77441

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
4/22/19

Full name of contributor
Rachel Thompson

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

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

8306 Roland Canyon Cypress, TX 77433

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/23/19

Full name of contributor
Ali Girdley

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

Amount of contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

818 Bartlett Rd Katy, TX 77493

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/11/19

Full name of contributor
Charles Chimel

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

Amount of contribution (\$)

\$40.00

Contributor address; City; State; Zip Code

24079 Pope Rd Hempstead, TX 77445

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 Daniel Porter		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adrienne Davitz <hr/> 6 Contributor address; City; State; Zip Code 1030 Dollins St Katy, TX 77493	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/11/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Mathis <hr/> Contributor address; City; State; Zip Code 2619 Recan Waller, TX 77484	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/11/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Dusek <hr/> Contributor address; City; State; Zip Code 20434 Westfield Parkway Katy, TX 77449	Amount of contribution (\$) \$60.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> 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.		

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Daniel Porter

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$9,936.54

5 Date of loan
1/15/2019

7 Name of lender out-of-state PAC (ID#: _____)
Daniel Porter

9 Loan Amount (\$)
\$ 9,349.08

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code
6303 Asbury Brook Ct. Katy, TX 77493

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

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

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

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

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

Y N

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

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

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: 6	2 FILER NAME Daniel Porter	3 Filer ID (Ethics Commission Filers)
4 Date 1/28/19	5 Payee name Facebook	
6 Amount (\$) 348.04	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/16/19	Payee name Hempstead Little League	
Amount (\$) \$400.00	Payee address; City; State; Zip Code Hempstead, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donations	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/20/19	Payee name Waller Chamber of Commerce	
Amount (\$) \$275.00	Payee address; City; State; Zip Code P.O. Box 53 Waller, TX 77484	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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 Daniel Porter	3 Filer ID (Ethics Commission Filers)
4 Date 2/25/19	5 Payee name Printyard	
6 Amount (\$) \$5,353.00	7 Payee address; City; State; Zip Code 2327 Commerce St Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/15/19	Payee name HEB	
Amount (\$) \$236.90	Payee address; City; State; Zip Code Fry Rd Katy, TX 77084	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/26/19	Payee name Waller Chamber of Commerce	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 53 Waller, TX 77484	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donations	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED