

# 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: <div style="text-align: center; font-size: 24px;">14</div>																								
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;">MS / MRS / MR</td> <td style="width:40%; border: none;">FIRST</td> <td style="width:40%; border: none;">MI</td> </tr> <tr> <td style="border: none;">MR</td> <td style="border: none;">TROY</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">NICKNAME</td> <td style="border: none;">LAST</td> <td style="border: none;">SUFFIX</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">GUIDRY</td> <td style="border: none;"></td> </tr> </table>	MS / MRS / MR	FIRST	MI	MR	TROY		NICKNAME	LAST	SUFFIX		GUIDRY		<div style="text-align: center; font-weight: bold;">OFFICE USE ONLY</div> <hr/> <p style="text-align: center; color: blue;">Waller County Elections</p> <p style="text-align: center; color: red; font-size: 18px;">JAN 15 2020</p> <p style="text-align: center; color: blue;">Received</p> <hr/> <p style="font-size: 10px;">Date Received</p> <hr/> <p style="font-size: 10px;">Date Hand-delivered or Date Postmarked</p> <hr/> <table style="width:100%; font-size: 10px;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> <tr> <td colspan="2"> </td> </tr> </table>		Receipt #	Amount \$			Date Processed				Date Imaged			
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">ADDRESS / PO BOX;</td> <td style="width:10%; border: none;">APT / SUITE #;</td> <td style="width:20%; border: none;">CITY;</td> <td style="width:10%; border: none;">STATE;</td> <td style="width:30%; border: none;">ZIP CODE</td> </tr> <tr> <td style="border: none;">30501 MANER RD</td> <td style="border: none;"></td> <td style="border: none;">MOCKLEY TX</td> <td style="border: none;">TX</td> <td style="border: none;">77447</td> </tr> </table>			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	30501 MANER RD		MOCKLEY TX	TX	77447														
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5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;">AREA CODE</td> <td style="width:40%; border: none;">PHONE NUMBER</td> <td style="width:40%; border: none;">EXTENSION</td> </tr> <tr> <td style="border: none;">(281)</td> <td style="border: none;">382-8989</td> <td style="border: none;"></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(281)	382-8989																			
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6 CAMPAIGN TREASURER NAME	<table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;">MS / MRS / MR</td> <td style="width:40%; border: none;">FIRST</td> <td style="width:40%; border: none;">MI</td> </tr> <tr> <td style="border: none;">MR</td> <td style="border: none;">CHRIS</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">NICKNAME</td> <td style="border: none;">LAST</td> <td style="border: none;">SUFFIX</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">RYLAND</td> <td style="border: none;"></td> </tr> </table>	MS / MRS / MR	FIRST	MI	MR	CHRIS		NICKNAME	LAST	SUFFIX		RYLAND		<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Receipt #</td> <td style="width:50%; border: none;">Amount \$</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> <tr> <td colspan="2" style="border: none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: none;"> </td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> <tr> <td colspan="2" style="border: none;"> </td> </tr> </table>		Receipt #	Amount \$			Date Processed				Date Imaged			
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7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border: none;"> <tr> <td style="width:60%; border: none;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%; border: none;">APT / SUITE #;</td> <td style="width:15%; border: none;">CITY;</td> <td style="width:10%; border: none;">STATE;</td> <td style="width:5%; border: none;">ZIP CODE</td> </tr> <tr> <td style="border: none;">9966 GOLDEN FIELD LANE</td> <td style="border: none;"></td> <td style="border: none;">BROOKSHIRE, TX</td> <td style="border: none;">TX</td> <td style="border: none;">77423</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	9966 GOLDEN FIELD LANE		BROOKSHIRE, TX	TX	77423														
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9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" 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 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)																
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10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="width:25%; text-align: center;">Month</td> <td style="width:5%; text-align: center;">Day</td> <td style="width:15%; text-align: center;">Year</td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:25%; text-align: center;">Month</td> <td style="width:5%; text-align: center;">Day</td> <td style="width:15%; text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;">7</td> <td style="text-align: center;">/ 1</td> <td style="text-align: center;">/ 2019</td> <td></td> <td style="text-align: center;">12</td> <td style="text-align: center;">/ 31</td> <td style="text-align: center;">/ 2019</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	7	/ 1	/ 2019		12	/ 31	/ 2019										
Month	Day	Year	THROUGH	Month	Day	Year																					
7	/ 1	/ 2019		12	/ 31	/ 2019																					
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td colspan="3" style="text-align: center;">ELECTION DATE</td> <td colspan="3" style="text-align: center;">ELECTION TYPE</td> </tr> <tr> <td style="width:10%; text-align: center;">Month</td> <td style="width:10%; text-align: center;">Day</td> <td style="width:10%; text-align: center;">Year</td> <td style="width:10%;"><input checked="" type="checkbox"/> Primary</td> <td style="width:10%;"><input type="checkbox"/> Runoff</td> <td style="width:10%;"><input type="checkbox"/> Other Description</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">/ 3</td> <td style="text-align: center;">/ 2020</td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>	ELECTION DATE			ELECTION TYPE			Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	3	/ 3	/ 2020	<input type="checkbox"/> General	<input type="checkbox"/> Special									
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3	/ 3	/ 2020	<input type="checkbox"/> General	<input type="checkbox"/> Special																							
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) WALLER COUNTY SHERIFF																									

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.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	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, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,630.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,623.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,568.92
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 15 day of Jan, 20 20, to certify which, witness my hand and seal of office.

[Signature] Printed name of officer administering oath Nikki Mayfield Title of officer administering oath Notary

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>TROY GUIDRY</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,630
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,000
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	\$ 9,623.10
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: <u>1</u>
2 FILER NAME <u>TROY GUIDRY</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>9/24/19</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>GERALD PUGLISI</u>	7 Amount of contribution (\$) <u>\$10,000.00</u>
6 Contributor address; City; State; Zip Code <u>29551 JOSEPH HOCKLEY TX 77447</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>9/9/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CHRIS MORGAN</u>	Amount of contribution (\$) <u>\$30.00</u>
Contributor address; City; State; Zip Code <u>1011 BOWLER RD WALLER TX 77484</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>9/19/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DON MCCALL</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>4838 ZACHARY LN SUGAR LAND TX 77479</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>12/30/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>GERALD PUGLISI</u>	Amount of contribution (\$) <u>\$3500.00</u>
Contributor address; City; State; Zip Code <u>29551 JOSEPH HOCKLEY TX 77447</u>		
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: /	
2 FILER NAME <b>TROY GUIDRY</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date <b>10/4/19</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARK DENSON</b>	8 Amount of Contribution \$ <b>\$1000.00</b>	9 In-kind contribution description <b>DONATED USE OF CARS FOR WCF.</b>
7 Contributor address; City; State; Zip Code <b>12411 SUMMER LAKE RANCH DR HOUSTON TX 77044</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            | 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>7/8/19</b>	5 Payee name <b>BILL'S TIRE</b>
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6 Amount (\$) <b>\$423.94</b>	7 Payee address; <b>29454 FM 1488</b>	City; <b>WALLER</b>	State; <b>TX</b>	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING/TRAVEL</b>	(b) Description <b>TIRES</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>7/15/19</b>	Payee name <b>CHEVRON</b>
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Amount (\$) <b>\$27.65</b>	Payee address; <b>37707 FM 1774</b>	City; <b>MAGNOLIA</b>	State; <b>TX</b>	Zip Code <b>77355</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>TRANSPORTATION EXPENSE</b>	Description <b>FUEL/SIGN DELIVERY</b>
	(c) <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>7/16/19</b>	Payee name <b>LOS TRES RANCHITOS</b>
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Amount (\$) <b>\$29.63</b>	Payee address; <b>16143 N. ELDRIDGE</b>	City; <b>TOMBALL</b>	State; <b>TX</b>	Zip Code <b>77377</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE</b>	Description <b>LUNCH MEETING/CAMPAIGN</b>
	(c) <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>7/16/19</b>		5 Payee name <b>ACADEMY</b>			
6 Amount (\$) <b>\$20.55</b>		7 Payee address; <b>21650 KUYKENDahl</b>		City; <b>SPRING</b>	State; Zip Code <b>TX 77388</b>
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>		(b) Description <b>SIGN SUPPLIES</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	Office held
Date <b>7/16/19</b>		Payee name <b>CC'S CAFE</b>			
Amount (\$) <b>9.64</b>		Payee address; <b>1231 ALMA ST.</b>		City; <b>TOMBALL</b>	State; Zip Code <b>TX 77375</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE</b>		Description <b>MEETING/CAMPAIGN</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
Date <b>7/17/19</b>		Payee name <b>CC'S CAFE</b>			
Amount (\$) <b>9.64</b>		Payee address; <b>1231 ALMA ST.</b>		City; <b>TOMBALL</b>	State; Zip Code <b>TX 77375</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE</b>		Description <b>MEETING/POTENTIAL DONOR</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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# 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)
4 Date <b>7/18/19</b>	5, Payee name <b>WALLER AREA CHAMBER OF COMMERCE</b>	
6 Amount (\$) <b>200.00</b>	7 Payee address; City; State; Zip Code <b>PO BOX 53 WALLER TX 77484</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>CONTRIBUTION/DONATION</b>	(b) Description <b>CAMPAIGN CONTRIBUTION</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
Date <b>7/26/19</b>	Payee name <b>FACEBOOK</b>	
Amount (\$) <b>\$18.75</b>	Payee address; City; State; Zip Code <b>1 HACKER WAY MENLO PARK CA 94025</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>FB AD</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
Date <b>8/20/19</b>	Payee name <b>CENTEX BROADCASTING</b>	
Amount (\$) <b>\$1500.00</b>	Payee address; City; State; Zip Code <b>1909 S. NEW RD WACO TX 76711</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>RADIO AD</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

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 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:	2 FILER NAME <b>TROY GUIDRY</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>9/24/19</b>	5 Payee name <b>WCFA</b>	
6 Amount (\$) <b>\$ 200.00</b>	7 Payee address; City; State; Zip Code <b>PO Box 911 HEMPSTEAD TX 77445</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>CONTRIBUTION/DONATION</b>	(b) Description <b>CAMPAIGN DONATION</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

Date <b>9/23/19</b>	Payee name <b>AUSTIN WILLIAMS</b>		
Amount (\$) <b>\$ 250.00</b>	Payee address; City; State; Zip Code <b>26000 ORLEANS TOMBALL TX 77377</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <b>CAMPAIGN 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

Date <b>9/3/19</b>	Payee name <b>ST. STANISLAUS CATHOLIC CHURCH</b>		
Amount (\$) <b>\$ 640.00</b>	Payee address; City; State; Zip Code <b>9175 FM 1371 CHAPPELL Hill TX 77426</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>CONTRIBUTION/DONATION</b>	Description <b>CAMPAIGN 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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