


**OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TX**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <span style="font-size: 1.5em;">11</span>						
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <span style="font-size: 1.5em;">MR.</span>	FIRST <span style="font-size: 1.5em;">MAX</span>	MI <span style="font-size: 1.5em;">J.</span>	<b>OFFICE USE ONLY</b>					
	NICKNAME	LAST <span style="font-size: 1.5em;">STRIKER</span>	SUFFIX		Date Received 				
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Date Hand-delivered or Date Postmarked			
<input type="checkbox"/> Change of Address	<span style="font-size: 1.5em;">7516 DEER PARK, FT WORTH, TX 76137</span>								
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION						
	(817)	262-0758							
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <span style="font-size: 1.5em;">MR.</span>	FIRST <span style="font-size: 1.5em;">MAX</span>	MI <span style="font-size: 1.5em;">J.</span>						
	NICKNAME	LAST <span style="font-size: 1.5em;">STRIKER</span>	SUFFIX						
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);					APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<span style="font-size: 1.5em;">7516 DEER PARK, FT WORTH, TX, 76137</span>								
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION						
	(817)	262-0758							
<b>9 REPORT TYPE</b>	<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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)								
<b>10 PERIOD COVERED</b>	Month    Day    Year			Month    Day    Year			THROUGH		
	1 / 24 / 19			3 / 25 / 19					
<b>11 ELECTION</b>	ELECTION DATE			ELECTION TYPE					
	Month    Day    Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description			<input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
	5 / 4 / 19								
<b>12 OFFICE</b>	OFFICE HELD (if any)				<b>13 OFFICE SOUGHT (if known)</b>				
					FORT WORTH CITY COUNCIL DISTRICT 4				

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

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), UNLESS ITEMIZED

\$ 0

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

\$ 0

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 9,609.96

CONTRIBUTION  
BALANCE

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

\$ 19,000.00

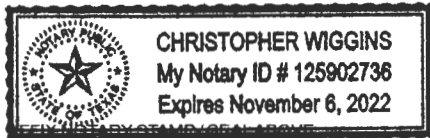
OUTSTANDING  
LOAN TOTALS

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

\$ 19,000.00

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 of Candidate or Officeholder

Sworn to and subscribed before me, by the said Max Striker, this the 4 day of April, 20 19, 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

# SUBTOTALS - C/OH

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

19 FILER NAME

*MR STRIKER*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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	\$ <i>19,000.00</i>
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>9,509.96</i>
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 checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>100.00</i>
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	\$

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>2</b>
2 FILER NAME <b>MAX J. STRIKER</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		<b>\$ 19,000.00</b>
5 Date of loan <b>1-24-19</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>MAX J. STRIKER</b>	9 Loan Amount (\$) <b>\$ 5,000.00</b>
6 Is lender a financial institution? <b>Y (N)</b>	8 Lender address; City; State; Zip Code <b>7516 DEER PARK, FT WORTH, TX 76137</b>	10 Interest rate <b>0</b>
		11 Maturity date <b>N/A</b>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <b>3-7-19</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>MAX STRIKER</b>	Loan Amount (\$) <b>\$ 6,000.00</b>
Is lender a financial institution? <b>Y (N)</b>	Lender address; City; State; Zip Code <b>7516 DEER PARK, FT WORTH, TX 76137</b>	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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.



**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <b>MAX J. STRIKER</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>3-29-19</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>MAX J. STRIKER</b>	9 Loan Amount (\$) <b>\$4,000.00</b>
6 Is lender a financial institution? <b>Y</b> <input checked="" type="radio"/> <b>N</b>	8 Lender address; City; State; Zip Code <b>7516 DOBBL DR, FT WORTH, TX 76137</b>	10 Interest rate <b>0</b>
		11 Maturity date <b>0</b>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
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 <b>3-29-19</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>MAX J. STRIKER</b>	Loan Amount (\$) <b>\$4,000.00</b>
Is lender a financial institution? <b>Y</b> <input checked="" type="radio"/> <b>N</b>	Lender address; City; State; Zip Code <b>7516 DOBBL DR, FT WORTH, TX 76137</b>	Interest rate <b>0</b>
		Maturity date <b>0</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
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)

**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	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: 5      2 FILER NAME: MAX S. STRIKER      3 Filer ID (Ethics Commission Filers)

4 Date: 1-31-19      5 Payee name: XTEMP CONSULTING

6 Amount (\$): \$4000.00      7 Payee address; City; State; Zip Code: 161 WASHINGTON WY, VENUS, TX 76081

8 PURPOSE OF EXPENDITURE:   
 (a) Category (See Categories listed at the top of this schedule):   
\* CONSULTING EXPENSE   
\* CONSULTING   
 (b) Description:   
 Check if travel outside of Texas. Complete Schedule T.   
 Check if Austin, TX, officeholder living expense

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

Date: 3-1-19      Payee name: THE MAIL ROOM

Amount (\$): \$33.45      Payee address; City; State; Zip Code: 729 CAMPBELL HWY, HORST TX, 76054

PURPOSE OF EXPENDITURE:   
 Category (See Categories listed at the top of this schedule):   
\* ADVERTISING EXPENSE   
\* FEES   
 Description:   
 Check if travel outside of Texas. Complete Schedule T.   
 Check if Austin, TX, officeholder living expense

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

Date: 3-11-19      Payee name: WIX.COM

Amount (\$): \$24.85      Payee address; City; State; Zip Code: 500 TERRY A. FRANCOIS BLVD PL 6, SAN FRANCISCO, CA 94158

PURPOSE OF EXPENDITURE:   
 Category (See Categories listed at the top of this schedule):   
\* ADVERTISING EXPENSE   
\* WEB DOMAIN   
 Description:   
 Check if travel outside of Texas. Complete Schedule T.   
 Check if Austin, TX, officeholder living expense

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

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.

<b>1</b> Total pages Schedule F1: 5	<b>2</b> FILER NAME MAY S. STRIKER	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3-11-19	<b>5</b> Payee name MAGNUS MOMENTS	
<b>6</b> Amount (\$) \$115.00	<b>7</b> Payee address; City; State; Zip Code 3900 UNIVERSITY BLVD, TULSA OK 75799	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) * ADVERTISING BRONZE * PHOTOGRAPHY	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 2-13-19	Payee name HAROLD CLARKE	
Amount (\$) 20.00	Payee address; City; State; Zip Code 4055 CORPORATE DR #100, GARRETT TX 76051	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) * BANKING BRONZE * CHECKS FOR CAMPAIGN ACCOUNT	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 2-13-19	Payee name HAROLD CLARKE	
Amount (\$) 11.94	Payee address; City; State; Zip Code 4055 CORPORATE DR, #100, GARRETT, TX 76051	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) * BANKING BRONZE * DEPOSITS SLIPS FOR CAMPAIGN ACCOUNT	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	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: 5      2 FILER NAME MR J. STRIKER      3 Filer ID (Ethics Commission Filers)

4 Date 3-11      5 Payee name GOTPRINT.COM

6 Amount (\$) \$60.12      7 Payee address; City; State; Zip Code 7651 N. SAN BERNARDO RD, BURBANK, CA 91505

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)  
\* ADVERTISING  
\* BUSINESS CARDS

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

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name \_\_\_\_\_ Office sought \_\_\_\_\_ Office held \_\_\_\_\_

Date 3-11      Payee name GOTPRINT.COM

Amount (\$) \$60.24      Payee address; City; State; Zip Code 7651 N. SAN BERNARDO RD, BURBANK, CA 91505

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)  
\* ADVERTISING  
\* BUSINESS CARDS

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

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name \_\_\_\_\_ Office sought \_\_\_\_\_ Office held \_\_\_\_\_

Date 3-11      Payee name CITY OF FORT WORTH

Amount (\$) \$75.00      Payee address; City; State; Zip Code 200 TRAVIS STREET, FT WORTH, TX 76102

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)  
\* BUBBLER BRIBES  
\* PARK RESERVATION

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

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name \_\_\_\_\_ Office sought \_\_\_\_\_ Office held \_\_\_\_\_



# 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.

<b>1</b> Total pages Schedule F1: 5	<b>2</b> FILER NAME MAX S. STRIKER	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3-11	<b>5</b> Payee name WIX.COM	
<b>6</b> Amount (\$) \$15.00	<b>7</b> Payee address; City; State; Zip Code 500 TELY A. FRANCOIS BLVD PL6, SAN FRANCISCO, CA 94158	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) * ADVERTIZING BRONSE * INBOXES	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 3-11	Payee name WIX.COM	
Amount (\$) \$114.00	Payee address; City; State; Zip Code 500 TELY A. FRANCOIS BLVD, PL6, SAN FRANCISCO, CA 94158	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) X ADVERTIZING BRONSE * PRO DOMAIN SUITE	Description <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 3-11	Payee name SIGNS ON THE CHEAP	
Amount (\$) \$2,928.14	Payee address; City; State; Zip Code 4525A STONEHOLLOW DR. SUITE 100, MUSTIN, TX 78758	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) * ADVERTIZING BRONSE CAMPAIGN SIGNS	Description <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  
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: 5 2 FILER NAME MAX J. STRIKOR 3 Filer ID (Ethics Commission Filers)

4 Date 3-22 5 Payee name XTEMP CONSULTING

6 Amount (\$) \$2,000.00 7 Payee address; City: State: Zip Code  
161 WASHINGTON WAY, DENVER TX 76084

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule)  
\* CONSULTING EXPENSE  
\* POLITICAL CONSULTING (b) Description  
 Check if travel outside of Texas. Complete Schedule T.  
 Check if Austin, TX, officeholder living expense

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

Date 3-28 Payee name THE MAIL ROOM

Amount (\$) \$52.22 Payee address; City: State: Zip Code  
729 CRABAPPLE HWY, HOUST, TX 76054

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule)  
\* ADVERTISING EXPENSE  
\* FLYERS Description  
 Check if travel outside of Texas. Complete Schedule T.  
 Check if Austin, TX, officeholder living expense

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

Date Payee name

Amount (\$) Payee address; City: State: Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description  
 Check if travel outside of Texas. Complete Schedule T.  
 Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: <i>1</i>	<b>2</b> FILER NAME <i>MAX S. STRIKER</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>1-29-19</i>	<b>5</b> Payee name <i>CITY SECRETARY'S OFFICE OF FORT WORTH</i>	
<b>6</b> Amount (\$) <i>\$ 100.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>1000 TITMACK MOLTON ST, FORT WORTH, TX 76102</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>FILEING FEES</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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