

OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TX

# 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: 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST MAX	MI S
	NICKNAME	LAST STRIKER	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7516 DEER PARK, FT WORTH TX 76137		
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE (817) PHONE NUMBER 262-0758 EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST MAX	MI S
	NICKNAME	LAST STRIKER	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7516 DEER PARK, FT. WORTH, TX 76137		
	8 CAMPAIGN TREASURER PHONE AREA CODE (817) PHONE NUMBER 262-0758 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    Month Day Year 01 / 20 / 2017    THROUGH    03 / 17 / 2017		
11 ELECTION	ELECTION DATE Month Day Year 5 / 6 / 2017 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) PORT WORTH CITY COMMISSION DISTRICT 4	

GO TO PAGE 2

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

Revised 9/8/2015

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME

MAX J. STRIKER

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 457.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 250.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 724.26
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 461.36
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	\$ 622.36
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>4</u>
2 FILER NAME <u>MAX J. STRIKER</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3-6-17</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TAYLOR TODD</u> 6 Contributor address; City; State; Zip Code <u>13 ALAMOST DR, TROPHY CLUB TX 76262</u>	7 Amount of contribution (\$) <u>7.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3-6-17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ANTHONY ANDERSON</u> Contributor address; City; State; Zip Code <u>3901 GATWICK CIRCLE, FT WORTH TX 76155</u>	Amount of contribution (\$) <u>30.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3-6-17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RICHARD WILK</u> Contributor address; City; State; Zip Code <u>1212 WINDFORD, MT 2, ARLINGTON TX 76012</u>	Amount of contribution (\$) <u>5.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3-6-17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DON WIGGINS</u> Contributor address; City; State; Zip Code <u>3584 MCKINNON DR FT WORTH TX 76103</u>	Amount of contribution (\$) <u>100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>4</u>
2 FILER NAME <u>MAX J. STRIKER</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3-6-17</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CHRIS WIGGINS</u>	7 Amount of contribution (\$) <u>15.00</u>
6 Contributor address; City; State; Zip Code <u>2822 TURNBERRY DR. ORLINGTON TX 76006</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3-6-17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CHUCK CONRIFF</u>	Amount of contribution (\$) <u>14.00</u>
Contributor address; City; State; Zip Code <u>2921 PORTMEY, FT WORTH TX 76116</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3-6-17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DOUGLASS PINBMAN</u>	Amount of contribution (\$) <u>10.00</u>
Contributor address; City; State; Zip Code <u>6108 SPARKS WOOD LN FT WORTH TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3-6-17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>LARRY WIGGINS</u>	Amount of contribution (\$) <u>20.00</u>
Contributor address; City; State; Zip Code <u>3804 MEADOWBROOK DR FT WORTH TX 76103</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>4</u>
2 FILER NAME <u>MAX S. STRICKER</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3-6-17</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MARK SCOTT</u> 6 Contributor address; City; State; Zip Code <u>3000 BLOOM RD, FT WORTH, TX 76112</u>	7 Amount of contribution (\$) <u>\$100</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3-1-17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CHARIS WIGGINS</u> Contributor address; City; State; Zip Code <u>2822 TURNBERRY DR, MCLENNAN TX 76006</u>	Amount of contribution (\$) <u>\$5.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>GEMMA PHILIPS</u> Contributor address; City; State; Zip Code <u>9041 TROY DR, FT WORTH, TX 76123</u>	Amount of contribution (\$) <u>\$20.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MARIO MCGOWAN</u> Contributor address; City; State; Zip Code <u>7512 WARE BOROUGH, FT WORTH, TX 76134</u>	Amount of contribution (\$) <u>\$10.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>4</u>
2 FILER NAME <u>MARK STRICKER</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3-11-17</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TERRY PARKER</u> 6 Contributor address; City; State; Zip Code <u>2327 S. 104TH E AVE, TULSA, OK, 74129</u>	7 Amount of contribution (\$) <u>5.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3-11-17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>WES CASE</u> Contributor address; City; State; Zip Code <u>4195th ST NW WINTERLY IA 50611</u>	Amount of contribution (\$) <u>10.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3-11-17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MARK SCOTT</u> Contributor address; City; State; Zip Code <u>3000 BLOOM RD, PT WORTH TX 76112</u>	Amount of contribution (\$) <u>100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>MAX STRIKER</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>150.00</u>	
5 Date <u>3-6-17</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>BRIM WIGGINS</u>	8 Amount of Contribution \$ <u>150.00</u>	9 In-kind contribution description <u>WEBSITE CONSTRUCTION</u>
7 Contributor address; City; State; Zip Code <u>5641 MONROE DR. FORT WORTH, TX 76133</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <u>3-3-17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>BRIM CROSS</u>	Amount of Contribution \$ <u>100.00</u>	In-kind contribution description <u>BANNER</u>
Contributor address; City; State; Zip Code <u>1659 HICKORY, SUITE 4, HATFIELD, TX 76117</u>		<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)			
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			



# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 3
2 FILER NAME MAX S. SPRICKER		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 2-24-17	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) MAX S. SPRICKER	9 Loan Amount (\$) 51.96
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 7516 DEER PARK FT WORTH, TX 76137	10 Interest rate 6
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) ATTORNEY		13 Employer (See Instructions) LAW OFFICE OF MAX S. SPRICKER
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" 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 3-17-17	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) MAX S. SPRICKER	Loan Amount (\$) 129.90
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code 7516 DEER PARK, FT. WORTH, TX 76137	Interest rate 0
		Maturity date N/A
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) LAW OFFICE OF MAX S. SPRICKER
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" 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: 3
2 FILER NAME MAX STRIKOR		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 1-23-17	7 Name of lender MAX S. STRIKOR <input type="checkbox"/> out-of-state PAC (ID#: )	9 Loan Amount (\$) 100.00
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 7516 DEER PARK, FT WORTH, TX 76137	10 Interest rate 0
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) ATTORNEY		13 Employer (See Instructions) LAW OFFICE OF MAX S. STRIKOR
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" 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 1-24-17	Name of lender MAX S. STRIKOR <input type="checkbox"/> out-of-state PAC (ID#: )	Loan Amount (\$) 1.00
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code 7516 DEER PARK, FT WORTH, TX 76137	Interest rate 0
		Maturity date N/A
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) LAW OFFICE OF MAX S. STRIKOR
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" 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: <b>3</b>	
2 FILER NAME <b>MAX 3. STRIKOR</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$ <b>Ø</b>	
5 Date of loan <b>3-25-17</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MAX 3. STRIKOR</b>	9 Loan Amount (\$) <b>129.90</b>	
6 Is lender a financial institution? <b>Y (N)</b>	8 Lender address; City; State; Zip Code <b>7516 DOBBLANK, FT WORTH, TX 76137</b>	10 Interest rate <b>Ø</b>	
		11 Maturity date <b>N/A</b>	
12 Principal occupation / Job title (See Instructions) <b>MTB RNBY</b>		13 Employer (See Instructions) <b>LOW OFFICE OF MAX 3. STRIKOR</b>	
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input 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>3-20</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MAX 3. STRIKOR</b>	Loan Amount (\$) <b>311.50</b>
Is lender a financial institution? <b>Y (N)</b>	Lender address; City; State; Zip Code <b>7516 DOBBLANK, FT WORTH, TX 76137</b>	Interest rate <b>Ø</b>
		Maturity date <b>N/A</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 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.



# 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: <b>2</b>		2 FILER NAME <b>MAX SPINKER</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>1-24-17</b>		5 Payee name <b>CITY OF FORT WORTH SECRETARY'S OFFICE</b>			
6 Amount (\$) <b>100</b>		7 Payee address; City; State; Zip Code <b>200 TEXAS ST, FORT WORTH, TX 76102</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>* <del>OTHER</del> FEES: AIRLINE FEE</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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3-13-17</b>		Payee name <b>PROST BANK</b>			
Amount (\$) <b>5.00</b>		Payee address; City; State; Zip Code <b>100 WEST HOUSTON ST, SIMPSONVILLE, TX 78205</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>* ACCOUNTING/BANKING * SERVICE CHARGE</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 <b>3-14-17</b>		Payee name <b>MILCO SHIRTS</b>			
Amount (\$) <b>145.66</b>		Payee address; City; State; Zip Code <b>11550 STONEHOLLOW DR AUSTIN TX 78758</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>GIFTS / MEMORIALS / NEWSPAPER - OR PAID COMPANION T-SHIRTS</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

# 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: <b>2</b>		2 FILER NAME <b>MAX SPRICKER</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3-20-17</b>		5 Payee name <b>WALMART</b>			
6 Amount (\$) <b>15.85</b>		7 Payee address; City; State; Zip Code <b>3851 AIRPORT FWY, FT WORTH, TX 76111</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>* OFFICE OVERHEAD / Rental Expense * OFFICE SUPPLIES</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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3-20-17</b>		Payee name <b>SHIRT WORKS</b>			
Amount (\$) <b>194.85</b>		Payee address; City; State; Zip Code <b>2225 D WEST PARK ROW DR, ARLINGT TX 76013</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>* COPIES / MARKS / MEMORIAL EXPENSE * CAMPAIGN T-SHIRTS</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 (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		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.

1 Total pages Schedule G: <b>2</b>	2 FILER NAME <b>MAX STRIKER</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2-24-17</b>	5 Payee name <b>THE MAILROOM</b>	
6 Amount (\$) <b>51.96</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>729 GRAPEVINE HWY. HORST, TX 76054</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE: FLYERS</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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>3-17-17</b>	Payee name <b>THE MAILROOM</b>	
Amount (\$) <b>129.90</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>729 GRAPEVINE HWY. HORST, TX 76054</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE FLYERS</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>3-25-17</b>	Payee name <b>THE MAILROOM</b>	
Amount (\$) <b>129.90</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>729 GRAPEVINE HWY. HORST, TX 76054</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE: FLYERS</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 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:	<b>2</b> FILER NAME <i>MAX S. STRIKER</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>2-20-17</i>	<b>5</b> Payee name <i>PORT WORTH STAR TELEGRAM</i>	
<b>6</b> Amount (\$)  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>703 W. 7th Street, PORT WORTH, TX 76102</i>	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i> <i>ADVERTISING</i>	(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) 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) 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) 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		

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