

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TX

FORM C/OH  
COVER SHEET PG 1

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

1 Filer ID (Ethers Commission Filers)

2 Total pages filed:

11

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MR

MAX

S

STRIKER

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

☐ Change of Address

7516 DBBL PARK PT WORTH  
TX 76137

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

262-0758

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MR

MAX

S

STRIKER

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

7516 DBBL PARK, PT WORTH, TX 76137

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

262-0758

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  
3 / 18 / 17

THROUGH

Month Day Year  
4 / 26 / 17

11 ELECTION

ELECTION DATE

Month Day Year

5 / 6 / 2017

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

PT 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)

\$ 240.00

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 958.89

CONTRIBUTION  
BALANCE

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

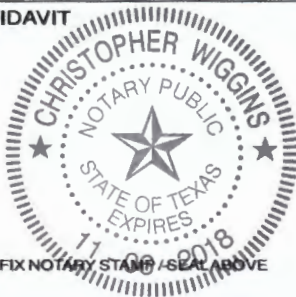
\$ 340.64

OUTSTANDING  
LOAN TOTALS

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

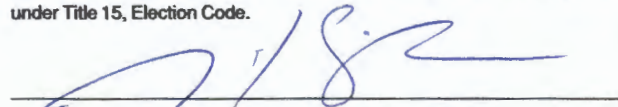
\$ 853.99

18 AFFIDAVIT

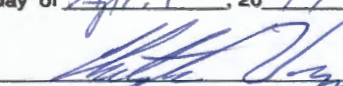


AFFIX NOTARY STAMP / SEAL ABOVE

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 28  
day of April, 20 17, to certify which, witness my hand and seal of office.

  
Signature of officer administering oath

Christopher Wiggins  
Printed name of officer administering oath

NOTARY PUBLIC  
Title of officer administering oath



# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME<br><i>MRS STRICKER</i>      |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ <i>280.00</i>                       |
| 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>129.73</i>                       |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ <i>261.28</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 checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                           | \$ <i>621.86</i>                       |
| 9.  | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS             | \$ <i>129.73</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 | \$                                     |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |  |  |
|--|--|--|
| The Instruction Guide explains how to complete this form.                                    |  | 1 Total pages Schedule A1:<br><b>1</b>         |
| 2 FILER NAME<br><b>MAR SPRICKER</b>  |  | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><b>3-20-17</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>ROBERT BROWDER</b>                    | 7 Amount of contribution (\$)<br><b>250.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>609 PINE HOLLOW RD. PT WORTH TX 76105</b> |  |  |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)                  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                    |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                    |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                    |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                    |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>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:<br><div style="text-align: center;">1</div>   |                           |
| 2 FILER NAME<br><div style="text-align: center;">MAR SPRICK</div>       |   | 3 Filer ID (Ethics Commission Filers)   |                           |
| 4 TOTAL OF UNITEMIZED LOANS   |   | \$ 129.73   |                           |
| 5 Date of loan<br>4-26-17   | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>MAR SPRICK | 9 Loan Amount (\$)<br>129.73  |                           |
| 6 Is lender a financial institution?<br>Y N                             | 8 Lender address; City; State; Zip Code<br>7516 DEER PARK, PT WORTH, TX 76137         | 10 Interest rate<br>0   |                           |
|   |   | 11 Maturity date<br>N/A   |                           |
| 12 Principal occupation / Job title (See Instructions)                  |   | 13 Employer (See Instructions)  |                           |
| 14 Description of Collateral<br><input type="checkbox"/> none           |   | 15 Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |                           |
| 16 GUARANTOR INFORMATION<br><br><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   | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$)   |
| Is lender a financial institution?<br>Y N                            | Lender address; City; State; Zip Code                                 | Interest rate  |
|  |   | Maturity date  |
| Principal occupation / Job title (See Instructions)                  |   | Employer (See Instructions)  |
| Description of Collateral<br><input type="checkbox"/> none           |   | Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | Name of guarantor   |  |
|  | 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  
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: <u>4</u>                   |  | 2 FILER NAME <u>MAX STRIKER</u>  |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date <u>4-24-17</u>                                 |  | 5 Payee name <u>HOMB D BROT</u>  |  |   |  |
| 6 Amount (\$) <u>16.76</u>                            |  | 7 Payee address; City; State; Zip Code<br><u>7100 W PREBWAY, FT WORTH, TX 76137</u>  |  |   |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br><u>* ADVERTISING EXPENSE</u><br><u>CAMPAIGN SIGN EQUIPMENT</u>           |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 <u>4-24-17</u>                                   |  | Payee name <u>WAZIMMUT</u>   |  |   |  |
| Amount (\$) <u>27.61</u>                              |  | Payee address; City; State; Zip Code<br><u>3851 AIRPORT PREWAY, FT WORTH TX 76111</u>  |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule)<br><u>* OFFICE OVERHEAD/RENTAL EXPENSE</u><br><u>* CAMPAIGN OFFICE SUPPLIES</u> |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 <u>4-24</u>                                      |  | Payee name <u>LOWES</u>  |  |   |  |
| Amount (\$) <u>14.47</u>                              |  | Payee address; City; State; Zip Code<br><u>770 GRANTVIEW HWY, IRVING TX 76054</u>  |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule)<br><u>* ADVERTISING EXPENSE</u><br><u>* CAMPAIGN SIGN EQUIPMENT</u>             |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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: <u>9</u>                   |  | 2 FILER NAME<br><u>MAX SPRINGER</u>  |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date<br><u>4-20-17</u>                              |  | 5 Payee name<br><u>ARMRL</u>   |  |   |  |
| 6 Amount (\$)<br><u>7.55</u>                          |  | 7 Payee address; City; State; Zip Code<br><u>211 NORTH FIRST STREET, SAN JOSE CALIFORNIA 95131</u>                               |  |   |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br><u>* Fees</u><br><u>* Transport Fee</u>                      |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><u>4-21-17</u>                                |  | Payee name<br><u>HOMO 20XOT</u>  |  |   |  |
| Amount (\$)<br><u>21.04</u>                           |  | Payee address; City; State; Zip Code<br><u>7100 W. PRECINCT, FT WORTH, TX 76137</u>  |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule)<br><u>* ADVERTISING EXPENSE</u><br><u>* CAMPAIGN SIGN EQUIPMENT</u> |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><u>4-21-17</u>                                |  | Payee name<br><u>LOWES</u>   |  |   |  |
| Amount (\$)<br><u>9.16</u>                            |  | Payee address; City; State; Zip Code<br><u>770 GRAVENING HWY, HOUST TX 76054</u>   |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See Categories listed at the top of this schedule)<br><u>* ADVERTISING EXPENSE</u><br><u>* CAMPAIGN SIGN EQUIPMENT</u> |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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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# 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:<br><u>4</u>                       | 2 FILER NAME<br><u>MAX SPRIVOK</u>   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br><u>4-20-17</u>                                     | 5 Payee name<br><u>HOME DEPOT</u>  |   |
| 6 Amount (\$)<br><u>14.87</u>                                | 7 Payee address; City; State; Zip Code<br><u>7100 NORTH FREEMAN, FT WORTH, TX 76137</u>  |   |
| 8<br>PURPOSE<br>OF<br>EXPENDITURE                            | (a) Category (See Categories listed at the top of this schedule)<br><u>* ADVERTISING EXPENSE</u><br><u>* campaign sign equipment</u>             | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><u>4-20-17</u>                                       | Payee name<br><u>HOME DEPOT</u>  |   |
| Amount (\$)<br><u>43.08</u>                                  | Payee address; City; State; Zip Code<br><u>7100 N. FREEMAN, FT WORTH TX 76137</u>  |   |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)<br><u>* ADVERTISING EXPENSE</u><br><u>* campaign sign equipment</u>                 | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><u>4-21-17</u>                                       | Payee name<br><u>WALMART</u>   |   |
| Amount (\$)<br><u>10.50</u>                                  | Payee address; City; State; Zip Code<br><u>3857 MARION FREEMAN, FT WORTH 76111</u>   |   |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)<br><u>* OFFICE OVERHEAD / RENTAL</u><br><u>* campaign</u><br><u>OFFICE SUPPLIES</u> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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: <u>4</u>                          |  | 2 FILER NAME<br><u>MAT SPRINCK</u>  |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date<br><u>4-24-17</u>                                     |  | 5 Payee name<br><u>WING</u>   |  |   |  |
| 6 Amount (\$)<br><u>17.87</u>                                |  | 7 Payee address; City; State; Zip Code<br><u>770 GARRETT HWY, IRVING TX 76054</u>   |  |   |  |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           |  | (a) Category (See Categories listed at the top of this schedule)<br><u>* ADVERTISING EXPENSE</u><br><u>* COMMUNICATION EQUIPMENT</u>                |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought   |  |
| Date<br><u>4-24-17</u>                                       |  | Payee name<br><u>THE MAIL ROOM</u>  |  |   |  |
| Amount (\$)<br><u>65.50</u>                                  |  | Payee address; City; State; Zip Code<br><u>729 GARRETT HWY, IRVING, TX 76054</u>  |  |   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                |  | Category (See Categories listed at the top of this schedule)<br><u>* ADVERTISING EXPENSE</u><br><u>* MAILING</u>                                    |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought   |  |
| Date<br><u>4-26-17</u>                                       |  | Payee name<br><u>WALMART</u>  |  |   |  |
| Amount (\$)<br><u>12.89</u>                                  |  | Payee address; City; State; Zip Code<br><u>3851 AIRPORT FREEWAY, FT WORTH, TX 76111</u>   |  |   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                |  | Category (See Categories listed at the top of this schedule)<br><u>* OFFICE OVERHEAD / RENTAL EXPENSE</u><br><u>* COMMUNICATION OFFICE SUPPLIES</u> |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name   |  | Office sought   |  |

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

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4:<br>1                             |  | 2 FILER NAME<br>MAX SMIKOR  |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD |  |   |  | \$  |  |
| 5 Date<br>4-24-17   |  | 6 Payee name<br>PB SIGNS  |  |   |  |
| 7 Amount (\$)<br>350.00                                     |  | 8 Payee address; City; State; Zip Code<br>1659 MCKENNA DRIVE, SUITE A, ARLINGTON TX 76017                     |  |   |  |
| 9 TYPE OF EXPENDITURE                                       |  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political                          |  |   |  |
| 10 PURPOSE OF EXPENDITURE                                   |  | (a) Category (See Categories listed at the top of this schedule)<br>* ADVERTISING EXPENSE<br>* CAMPAIGN SIGNS |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 11 Complete ONLY if direct expenditure to benefit C/OH      |  |   |  |   |  |
| Date<br>4-26-17   |  | Payee name<br>PDSX OFFICE   |  |   |  |
| Amount (\$)<br>217.86                                       |  | Payee address; City; State; Zip Code<br>1488 WEST PIPERLINE, SUITE 204, AUSTIN, TX 76053                      |  |   |  |
| TYPE OF EXPENDITURE   |  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political                          |  |   |  |
| PURPOSE OF EXPENDITURE                                      |  | Category (See Categories listed at the top of this schedule)<br>* ADVERTISING EXPENSE<br>* CAMPAIGN SIGNS     |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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:<br>1  | <b>2</b> FILER NAME<br>MAX SPIKER  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>4-26-17   | <b>5</b> Payee name<br>PEOBR OFFICE  |  |
| <b>6</b> Amount (\$)<br>129.73<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>1488 WEST RIFOLLING, SUITE 200, FORTST TX 76053 |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)                          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |  |  |
| Date   | Candidate / Officeholder name  |  |
| Payee name   | Office sought  |  |
| Office held  | Office held  |  |
| Date   | Candidate / Officeholder name  |  |
| Payee name   | Office sought  |  |
| Office held  | Office held  |  |
| Date   | Candidate / Officeholder name  |  |
| Payee name   | Office sought  |  |
| Office held  | Office held  |  |
| Date   | Candidate / Officeholder name  |  |
| Payee name   | Office sought  |  |
| Office held  | Office held  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED