

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

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed: 9</p>								
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<table style="width: 100%;"> <tr> <td style="width: 33%;">MS / MRS / MR MR</td> <td style="width: 33%;">FIRST MAX</td> <td style="width: 33%;">MI J</td> </tr> <tr> <td>NICKNAME</td> <td>LAST STRICKEN</td> <td>SUFFIX</td> </tr> </table>		MS / MRS / MR MR	FIRST MAX	MI J	NICKNAME	LAST STRICKEN	SUFFIX	<p>OFFICE USE ONLY</p> <div style="border: 2px solid red; border-radius: 50%; padding: 10px; text-align: center; color: red;"> <p>RECEIVED JUL 15 2019 CITY OF FORT WORTH CITY SECRETARY</p> </div> <p>Date Received</p> <p>Date Hand-delivered or Date Postmarked</p>		
MS / MRS / MR MR	FIRST MAX	MI J									
NICKNAME	LAST STRICKEN	SUFFIX									
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p style="font-size: 1.5em; color: blue;">7516 DEER PARK, FT WORTH, TX 76137</p>		<p>Receipt #</p> <p>Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p>								
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p style="font-size: 1.5em; color: blue;">(817) 262-0758</p>										
<p>6 CAMPAIGN TREASURER NAME</p>	<table style="width: 100%;"> <tr> <td style="width: 33%;">MS / MRS / MR MR</td> <td style="width: 33%;">FIRST MAX</td> <td style="width: 33%;">MI J</td> </tr> <tr> <td>NICKNAME</td> <td>LAST STRICKEN</td> <td>SUFFIX</td> </tr> </table>			MS / MRS / MR MR	FIRST MAX	MI J	NICKNAME	LAST STRICKEN	SUFFIX		
MS / MRS / MR MR	FIRST MAX	MI J									
NICKNAME	LAST STRICKEN	SUFFIX									
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p style="font-size: 1.5em; color: blue;">7516 DEER PARK, FT WORTH, TX 76137</p>										
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p style="font-size: 1.5em; color: blue;">(817) 262-0758</p>										
<p>9 REPORT TYPE</p>	<table style="width: 100%;"> <tr> <td><input 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 checked="" type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input 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 checked="" type="checkbox"/> Final Report (Attach C/OH - FR)
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<p>10 PERIOD COVERED</p>	<table style="width: 100%;"> <tr> <td style="width: 50%;"> <p>Month Day Year</p> <p style="font-size: 1.5em; color: blue;">4 / 25 / 19</p> </td> <td style="width: 10%; text-align: center;">THROUGH</td> <td style="width: 40%;"> <p>Month Day Year</p> <p style="font-size: 1.5em; color: blue;">7 / 15 / 19</p> </td> </tr> </table>			<p>Month Day Year</p> <p style="font-size: 1.5em; color: blue;">4 / 25 / 19</p>	THROUGH	<p>Month Day Year</p> <p style="font-size: 1.5em; color: blue;">7 / 15 / 19</p>					
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<p>11 ELECTION</p>	<table style="width: 100%;"> <tr> <td style="width: 40%;"> <p>ELECTION DATE</p> <p>Month Day Year</p> <p style="font-size: 1.5em; color: blue;">5 / 4 / 19</p> </td> <td style="width: 60%;"> <p>ELECTION TYPE</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description</p> <p><input checked="" type="checkbox"/> General <input type="checkbox"/> Special</p> </td> </tr> </table>			<p>ELECTION DATE</p> <p>Month Day Year</p> <p style="font-size: 1.5em; color: blue;">5 / 4 / 19</p>	<p>ELECTION TYPE</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description</p> <p><input checked="" type="checkbox"/> General <input type="checkbox"/> Special</p>						
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<p>12 OFFICE</p>	<p>OFFICE HELD (if any)</p>										
<p>13 OFFICE SOUGHT (if known)</p> <p style="font-size: 1.5em; color: blue;">FORT WORTH CITY COUNCIL DISTRICT 4</p>											

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

MAX S. STRIKER

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

\$

2,702.53

CONTRIBUTION
BALANCE

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

\$

0

OUTSTANDING
LOAN TOTALS

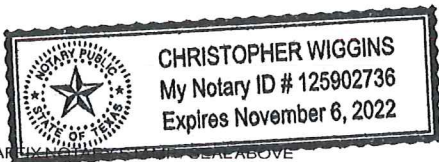
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

19,876.00

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 15 day of July, 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

MKT J. STRIKER

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$

2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. ☒ SCHEDULE E: LOANS

\$ *876.00*

5. ☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ *2,702.53*

6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

9. ☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$

10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12. ☐ 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: <div style="text-align: center; font-size: 1.5em;">1</div>
2 FILER NAME <div style="text-align: center; font-size: 1.2em;">MAX J. STRIKER</div>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 876.00
5 Date of loan 5-9-19	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) MAX J. STRIKER	9 Loan Amount (\$) 876.00
6 Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	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)		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 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	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	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 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
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>MAR S. STRIKER</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4-26-19</u>		5 Payee name <u>PANDA EXPRESS</u>			
6 Amount (\$) <u>6.71</u>		7 Payee address; City; State; Zip Code <u>6260 PARLIAMENT LINE ROAD, HURST, TX 76054</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>* FOOD/BEVERAGE EXPENSE</u> <u>* food</u>		(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 <u>5-1-19</u>		Payee name <u>TITB MAIL ROOM</u>			
Amount (\$) <u>997.87</u>		Payee address; City; State; Zip Code <u>792 GRAPEVINE HWY, HURST TX 76054</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>* ADVERTISING EXPENSE</u> <u>* POSTCARDS</u>		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 <u>5-28</u>		Payee name <u>GOOGLE</u>			
Amount (\$) <u>350.00</u>		Payee address; City; State; Zip Code <u>1600 AMPHITHEATRE WAY, MOUNTAIN VIEW CA 94043</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>* ADVERTISING EXPENSE</u> <u>* WEB ADS</u>		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: 4		2 FILER NAME MAX J. SRIKOR		3 Filer ID (Ethics Commission Filers)	
4 Date 5-28-19		5 Payee name GOOGLE INC.			
6 Amount (\$) 500.00		7 Payee address; City; State; Zip Code 1600 AMPHIBTHEATRE WAY, MOUNTAIN VIEW, CA 94043			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) * ADVERTISING EXPENSE * WEB ADS		(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	
Date 5-28-19		Payee name GOOGLE INC.			
Amount (\$) 500.00		Payee address; City; State; Zip Code 1600 AMPHIBTHEATRE WAY, MOUNTAIN VIEW, CA 94043			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) * ADVERTISING EXPENSE * WEB ADS		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	
Date 5-28-19		Payee name GOOGLE INC.			
Amount (\$) 15.32		Payee address; City; State; Zip Code 1600 AMPHIBTHEATRE WAY, MOUNTAIN VIEW, CA 94043			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) * ADVERTISING EXPENSE * WEB ADS		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	

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 <u>MAX J. STRIKER</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>5-28-19</u>		5 Payee name <u>MC DONALDS</u>			
6 Amount (\$) <u>40.86</u>		7 Payee address; City; State; Zip Code <u>2250 EAST LOOP 820, FT WORTH, TX 76112</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>* FOOD / BEVERAGE EXPENSE</u> <u>* Food</u>		(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	
Date <u>5-28-19</u>		Payee name <u>MC DONALDS</u>			
Amount (\$) <u>24.11</u>		Payee address; City; State; Zip Code <u>2250 EAST LOOP 820, FT WORTH, TX 76112</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>* FOOD / BEVERAGE EXPENSE</u> <u>* Food</u>		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	
Date <u>5-28-19</u>		Payee name <u>WIX.COM</u>			
Amount (\$) <u>18.00</u>		Payee address; City; State; Zip Code <u>500 TOLLY A. FRANCIS BLVD, FLL, SAN FRANCISCO, CA 94158</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>* ADVERTISING EXPENSE</u> <u>* WEB SERVICES</u>		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	

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: 4		2 FILER NAME MAX S. STRICKER		3 Filer ID (Ethics Commission Filers)	
4 Date 5-28-19		5 Payee name Wix.COM			
6 Amount (\$) 18.00		7 Payee address; City; State; Zip Code 500 TERRY A. FRANCOIS BLVD, FL6, SAN FRANCISCO, CA 94158			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) * ADVERTISING EXPENSE * WEB SERVICES		(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 5-28-19		Payee name TACO CASA			
Amount (\$) 41.73		Payee address; City; State; Zip Code 1121 BRIDGEWOOD DR, FT WORTH, TX 76112			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) * FOOD / BEVERAGE EXPENSE * FOOD		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 5-28-19		Payee name TWITTER			
Amount (\$) 19.93		Payee address; City; State; Zip Code 1355 MARKET ST #900, SAN FRANCISCO, CA 94103			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) * ADVERTISING EXPENSE * WEB SERVICES		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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

1 C/OH NAME

MAX J. STRIKER

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below *only* if you are not an officeholder. ..

A. CAMPAIGN FUNDS

Check only one:

☒

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☒

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

.. Complete this section *only* if you are an officeholder ..

☐

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder