

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	2 Total pages filed: 7	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Billy			
	NICKNAME LAST SUFFIX Graff			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 2405 Winter Trail Dr. Conroe, TX 77304			Date Received or Date Postmarked JUL 15 2019
				Received Amount 7995
				Date Processed MC
		Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Anna M			
	NICKNAME LAST SUFFIX O'bannion			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 240 Morris Lumberton TX 77657			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION 409 466-4662			
8 REPORT TYPE	<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 checked="" 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)			
9 PERIOD COVERED	Month Day Year 01/01/2019	THROUGH	Month Day Year 06/30/2019	
10 ELECTION	ELECTION DATE Month Day Year 03/03/2020	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) None Montgomery	12 OFFICE SOUGHT (if known) County Commissioner Pct-1		

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**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**
2 of 7

13 C / OH NAME Graff, Billy **14 Filer ID**

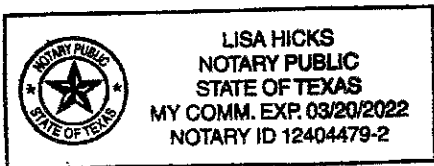
15 NOTICE FROM POLITICAL COMMITTEE(S)
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,455.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,475.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,132.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFADAVIT



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.

Billy Graff
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CANDIDATE, Billy Graff, this the 12 day of JULY, 20 19, to certify which, witness my hand and seal of office.

Lisa Hicks
Signature of officer administering

Lisa Hicks
Printed name of officer administering

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Graff, Billy		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,455.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 301.47
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 1,174.38
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES 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: Sch: 1/2 Rpt: 4/7
2 FILER NAME Graff, Billy		3 Filer ID
4 Date 06/05/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowgey, Tammie (Mrs.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code 1000 Falor Ln Christiansburg, VA 24073-2633	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 06/05/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goetschius, Jack (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code 880 Norwood Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Beaumont Manufacturing
Date 06/17/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graff, Josh (Mr.)	Amount of Contribution (\$) \$3,000.00
	Contributor address; City; State; Zip Code 2501 Belton Shores Conroe, TX 77304	
Principal occupation / Job title (See Instructions) Sales/owner		Employer (See Instructions) Self
Date 05/31/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graff Ph.D, Billy (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 2405 Winter Trail.dr. Conroe, TX 77304	
Principal occupation / Job title (See Instructions) Non-profit/President		Employer (See Instructions) IConnect Outreach Inc.
Date 06/07/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Robert (Mr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 5314 Timberwolf Lumberton, TX 77657	
Principal occupation / Job title (See Instructions) Construction Equipment		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/7
2 FILER NAME Graff, Billy		3 Filer ID
4 Date 06/14/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'bannion, Anna (Ms.)	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code PO Box 5733 Beaumont, TX 77657		
8 Principal occupation / Job title (See Instructions) Case manager		9 Employer (See Instructions) Connect Outreach Inc.
Date 06/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawls, Kenny (Rev.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code 815 West lake Dr. Hamlin, TX 79520		
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions) First Baptist church, Hamlin
Date 06/04/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raybern, Debra (Ms.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 15 Winterhaven Lane Montgomery, TX 77356		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) SGH

POLITICAL EXPENDITURES 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: Sch: 1/1 Rpt: 6/7	2 FILER NAME Graff, Billy	3 Filer ID
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4 Date 06/11/2019	5 Payee name Amegy Bank
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6 Amount (\$) \$32.15	7 Payee address; City; State; Zip Code 2125 West Davis St. Conroe, TX 77304
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense New checks
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/11/2019	Payee name Campaign Sidekick LLC
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Amount (\$) \$248.00	Payee address; City; State; Zip Code 1550 Old Annetta Road Aledo, TX 76008
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly subscription for voter survey software
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/24/2019	Payee name Intuit "Quickbooks"
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Amount (\$) \$21.32	Payee address; City; State; Zip Code 2700 Coast Ave Mountain View, CA 94043
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software subscription
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES 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: Sch: 1/1 Rpt: 7/7	2 FILER NAME Graff, Billy	3 Filer ID
4 Date 06/07/2019	5 Payee name Direct Texas	
6 Amount (\$) \$162.38 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 312100 New Braunfels, TX 78131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rack Card Printing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/04/2019	Payee name Macias Strategies LLC	
Amount (\$) \$1,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 655 Loop 337 Unit 303 New Braunfels, TX 78130	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Strategiest
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/04/2019	Payee name Marcias Strategies LLC	
Amount (\$) \$12.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 655 Loop 337 Unit 303 New Braunfels, TX 78130	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website domain purchase
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held