


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: 14
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		
	<div style="border: 1px solid black; padding: 5px; text-align: center;">  </div>		
Date Hand-delivered or Date Postmarked		Date Processed	
Receipt #		Amount	
14 pages			
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 Texas 77657
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(409)-466-4662		
8 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)		
9 PERIOD COVERED	Month	Day	Year
	01/01/2020		02/03/2020
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	03/03/2020		<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)		12 OFFICE SOUGHT (if known)
			County Commissioner District Pct-1

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 14


13 C / OH NAME Graff, Billy	14 Filer ID
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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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> 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)	\$ 5,884.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$ 3,009.80
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,189.41
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00

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.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Billy Graff, this the 3 day of Feb., 2020, to certify which, witness my hand and seal of office.



 Signature of officer administering

J. Dupuis

 Printed name of officer administering

 Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Graff, Billy	19 Filer ID
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,884.00
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	\$ 3,009.80
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
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: 1/8 Rpt: 4/14
2 FILER NAME Graff, Billy		3 Filer ID
4 Date 01/12/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ankney, Jerry (Mr.)	7 Amount of Contribution (\$) \$38.00
6 Contributor address; City; State; Zip Code 142 Golfview Dr Montgomery , TX 77356		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 01/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Myla	Amount of Contribution (\$) \$38.00
Contributor address; City; State; Zip Code 112 Moonspinner Montgomery, TX 77356		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ball, Maureen (Mrs.)	Amount of Contribution (\$) \$88.00
Contributor address; City; State; Zip Code 15899 Hwy 105 W. Suite A Montgomery, TX 77356		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 01/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buck, Chris (Mr.)	Amount of Contribution (\$) \$38.00
Contributor address; City; State; Zip Code 26 Sweetleaf court Spring, TX 77381		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 01/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Ashley (Mrs.)	Amount of Contribution (\$) \$38.00
Contributor address; City; State; Zip Code 15426 Carmel Dr Willis, TX 77318		
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/8 Rpt: 5/14
2 FILER NAME Graff, Billy		3 Filer ID
4 Date 01/10/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coats Sr., Robert (Mr.)	7 Amount of Contribution (\$) \$76.00
6 Contributor address; City; State; Zip Code 6989 Leisure Ln Willis, TX 77318		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 01/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Henry (Mr.)	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code 1790 Heritage Conroe, TX 77304		
Principal occupation / Job title (See Instructions) Mortgage Banker		Employer (See Instructions) Goldwater Bank
Date 01/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeBruler, Shirley (Mrs.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 351 Carr ST Jackson, MI 49201		
Principal occupation / Job title (See Instructions) Greeter		Employer (See Instructions) Meijer
Date 01/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ener, Margaret (Ms.)	Amount of Contribution (\$) \$114.00
Contributor address; City; State; Zip Code 219 N loop 336 E Apt 23102 Conroe, TX 77304		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fessenden, Dale (Mr.)	Amount of Contribution (\$) \$76.00
Contributor address; City; State; Zip Code 5697 Whipporwill Rd Conroe, TX 77303		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/8 Rpt: 6/14
2 FILER NAME Graff, Billy		3 Filer ID
4 Date 01/28/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fessenden, Dale (Mr.) <hr/> 6 Contributor address; City; State; Zip Code 5697 Whipporwill Rd Conroe, TX 77303	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 01/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Mark (Mr.) <hr/> Contributor address; City; State; Zip Code 1308 S 7th st. Conroe, TX 77304	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions) Nine Realms Meadery
Date 01/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goss, Kathryn (Mrs.) <hr/> Contributor address; City; State; Zip Code 11519 Timberwild St Spring, TX 77380	Amount of Contribution (\$) \$76.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) We care treatment center
Date 01/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graff, Josh (Mr.) <hr/> Contributor address; City; State; Zip Code 2501 Belton Shores Conroe, TX 77304	Amount of Contribution (\$) \$38.00
Principal occupation / Job title (See Instructions) Sales/owner		Employer (See Instructions) Self
Date 01/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graff, Josh (Mr.) <hr/> Contributor address; City; State; Zip Code 2501 Belton Shores Conroe, TX 77304	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions) Sales/owner		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/8 Rpt: 7/14
2 FILER NAME Graff, Billy		3 Filer ID
4 Date 01/05/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, John (Mr.)	7 Amount of Contribution (\$) \$152.00
6 Contributor address; City; State; Zip Code 120 Harbor Town Dr Montgomery, TX 77356		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kasprzak, Robert (Mr.)	Amount of Contribution (\$) \$38.00
Contributor address; City; State; Zip Code 2257 North loop 336 West Conroe, TX 77304		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 01/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Letting, Al (Mr.)	Amount of Contribution (\$) \$76.00
Contributor address; City; State; Zip Code 9005 Crighton Crossing Dr Conroe, TX 77302		
Principal occupation / Job title (See Instructions) VP Academics		Employer (See Instructions) Grace School of Theology
Date 01/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mensi, Brian (Mr.)	Amount of Contribution (\$) \$38.00
Contributor address; City; State; Zip Code 15575 Marina Dr Montgomery , TX 77356		
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Caribou International Inc
Date 01/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osborne, Kirk (Mr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 32118 Edgewater Dr Magnolia, TX 77354		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/8 Rpt: 8/14
2 FILER NAME Graff, Billy		3 Filer ID
4 Date 01/03/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker , Gregory (Mr.)	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 2226 Oak Rise dr. conroe, TX 77304		
8 Principal occupation / Job title (See Instructions) self employed		9 Employer (See Instructions)
Date 01/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patient, Pauleau (Mr.)	Amount of Contribution (\$) \$76.00
Contributor address; City; State; Zip Code 114 Walnut St Manchester, NH 03104		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 01/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Daniel (Mr.)	Amount of Contribution (\$) \$38.00
Contributor address; City; State; Zip Code 1601 Leafhopper Ln Conroe, TX 77301		
Principal occupation / Job title (See Instructions) Deputy		Employer (See Instructions) MC Sheriff's office
Date 01/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierre, Sherry (Mrs.)	Amount of Contribution (\$) \$76.00
Contributor address; City; State; Zip Code 13931 JBK Memorial Dr Willis, TX 77318		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Reagan (Mr.)	Amount of Contribution (\$) \$114.00
Contributor address; City; State; Zip Code 11721 Oakridge Manor Willis, TX 77318		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/8 Rpt: 9/14
2 FILER NAME Graff, Billy		3 Filer ID
4 Date 01/09/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, Judy (Mrs.)	7 Amount of Contribution (\$) \$38.00
6 Contributor address; City; State; Zip Code 154 Harbor Town Dr Montgomery , TX 77356		
8 Principal occupation / Job title (See Instructions) Presidential		9 Employer (See Instructions) Team National
Date 01/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Ginger (Mrs.)	Amount of Contribution (\$) \$76.00
Contributor address; City; State; Zip Code 9902 Woodlane Blvd Magnolia, TX 77354		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 01/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santini, Vince (Mr.)	Amount of Contribution (\$) \$38.00
Contributor address; City; State; Zip Code 2257 N. loop Ste 140-422 Conroe, TX 77384		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Voss Law Center
Date 01/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schultz, Tina	Amount of Contribution (\$) \$76.00
Contributor address; City; State; Zip Code 5315 Juniper Terrace Ln Katy, TX 77494		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 01/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Dave (Mr.)	Amount of Contribution (\$) \$76.00
Contributor address; City; State; Zip Code 10 Majoria Place Woodlands, TX 77382		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/8 Rpt: 10/14
2 FILER NAME Graff, Billy		3 Filer ID
4 Date 01/07/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Towery, Castle (Mrs.)	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 1885 Harmon Dr Conroe, TX 77304		
8 Principal occupation / Job title (See Instructions) stay at home mom		9 Employer (See Instructions)
Date 01/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, James (Mr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 10204 forest Glade court Conroe, TX 77385		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 01/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whatley, Georgette (Mrs.)	Amount of Contribution (\$) \$38.00
Contributor address; City; State; Zip Code 305 Cartwright Rd Conroe, TX 77301		
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Bail Bond Surety
Date 01/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, kevin (Mr.)	Amount of Contribution (\$) \$45.00
Contributor address; City; State; Zip Code 26 rippled pond circle spring, TX 77382		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 01/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Jay (Mr.)	Amount of Contribution (\$) \$76.00
Contributor address; City; State; Zip Code 793 Angelina Court Conroe, TX 77302		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/8 Rpt: 11/14
2 FILER NAME Graff, Billy		3 Filer ID
4 Date 01/04/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yollick, Eric (Mr.)	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code PO Box 7571 Woodlands, TX 77387		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Yollick law firm
Date 01/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zeller, Karen (Mrs.)	Amount of Contribution (\$) \$76.00
Contributor address; City; State; Zip Code PO Box 7348 Cut and Shoot, TX 77306		
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) CareAllies
Date 01/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) cook, Greg (Mr.)	Amount of Contribution (\$) \$38.00
Contributor address; City; State; Zip Code 14218 FM 1097 Willis, TX 77318		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) The Transporter
Date 01/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) cook, Kelli (Mrs.)	Amount of Contribution (\$) \$38.00
Contributor address; City; State; Zip Code 14218 FM 1097 Willis, TX 77318		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) garigen, William (Mr.)	Amount of Contribution (\$) \$76.00
Contributor address; City; State; Zip Code 11302 Longmire Conroe, TX 77304		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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: 1/3 Rpt: 12/14	2 FILER NAME Graff, Billy	3 Filer ID
4 Date 01/28/2020	5 Payee name AT&T	
6 Amount (\$) \$33.08	7 Payee address; City; State; Zip Code PO Box 537104 Atlanta, GA 30353	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Cell phone
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/02/2020	Payee name Campaign Sidekick LLC	
Amount (\$) \$248.00	Payee address; City; State; Zip Code 1550 Old Annetta Road Aledo, TX 76008	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2020	Payee name Intuit "Quickbooks"	
Amount (\$) \$42.64	Payee address; City; State; Zip Code 2700 Coast Ave Mountain View, CA 94043	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 2/3 Rpt: 13/14	2 FILER NAME Graff, Billy	3 Filer ID
4 Date 01/08/2020	5 Payee name Montgomery County Tea party	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 2603 E. Bluelake Drive Magnolia, TX 77354	
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 Table rental
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 01/24/2020	Payee name Montgomery County Tea party	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 2603 E. Bluelake Drive Magnolia, TX 77354	
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 Table Rental
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 01/30/2020	Payee name Office Depot	
Amount (\$) \$44.60	Payee address; City; State; Zip Code 1319 W. DAVIS STREET Conroe, TX 77304	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Easel for displays
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

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: 3/3 Rpt: 14/14		2 FILER NAME Graff, Billy		3 Filer ID	
4 Date 01/13/2020		5 Payee name Shirt of my back			
6 Amount (\$) \$259.80		7 Payee address; City; State; Zip Code 17018 FM1314 Conroe, TX 77302			
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 Signs	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 01/15/2020		Payee name Texas GOP Store			
Amount (\$) \$951.44		Payee address; City; State; Zip Code 404 I-45 Huntsville, TX 77488			
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 4x4 signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 01/21/2020		Payee name The Edge Restaurant and Bar			
Amount (\$) \$1,230.24		Payee address; City; State; Zip Code 15659 Marina Dr Montgomery, TX 77356			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Meals	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	