

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|---|---|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 11 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr | FIRST Adrian | MI L |
| | NICKNAME | LAST Anderle | SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; PO Box 67 | APT / SUITE #; | CITY; STATE; ZIP CODE Valley View TX 76272 |
| | 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (940) | PHONE NUMBER 736-0899 |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr | FIRST Adrian | MI L |
| | NICKNAME | LAST Anderle | SUFFIX |
| 7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small> | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 43 CR 319 Valley View TX 76272 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (940) | PHONE NUMBER 736-0899 | EXTENSION |
| 9 REPORT TYPE | <input checked="" 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year 8 / 11 / 2023 THROUGH 12 / 31 / 2023 | | |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE |
| | Month Day Year 3 / 5 / 2024 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) Commissioner Precinct 3 | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | 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 | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

OFFICE USE ONLY

FILED FOR RECORD
24 JAN -9 AM 3:4
PAM HARRISON
COUNTY CLERK, COOKE CO TX

BY BC DEPUTY

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|---------------------------------------|---|--|
| 15 C/OH NAME <i>Adrian Anderle</i> | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <i>300.00</i> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <i>970.00</i> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ <i>2,067.56</i> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <i>2,067.56</i> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <i>42.73</i> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <i>0</i> |

18 SIGNATURE 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.

Adrian Anderle

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Adrian Anderle* this the *8* day of *January* 20*24*, to certify which, witness my hand and seal of office.

Bailey Carter
Signature of officer administering oath

Bailey Carter
Printed name of officer administering oath

Deputy Clerk
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|---|---|--|
| 19 FILER NAME <i>Adrian Anderte</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 970. ⁰⁰ |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 120. ⁰⁰ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 1,780. ⁰⁰ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 927. ²⁷ |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 1,140. ²⁹ |
| 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

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Adrian Anderle</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>9/15/23</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ed Johnson</i> | 7 Amount of contribution (\$) <i>\$100.00</i> |
| 6 Contributor address; City; State; Zip Code [Redacted] <i>Lindsay TX 76250</i> | | |
| 8 Principal occupation / Job title (See Instructions) <i>Equipment Operator / Mechanic</i> | | 9 Employer (See Instructions) <i>Pooke County Pct 4</i> |
| Date <i>9/6/23</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jerry D. Pockett</i> | Amount of contribution (\$) <i>\$100.00</i> |
| Contributor address; City; State; Zip Code [Redacted] <i>Decatore TX 76234</i> | | |
| Principal occupation / Job title (See Instructions) <i>Retired</i> | | Employer (See Instructions) <i>Retired</i> |
| Date <i>9/15/23</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Danny Stevens</i> | Amount of contribution (\$) <i>\$500.00</i> |
| Contributor address; City; State; Zip Code [Redacted] <i>Houston TX 77027</i> | | |
| Principal occupation / Job title (See Instructions) <i>Senior GIS Analyst</i> | | Employer (See Instructions) <i>Wat offshore</i> |
| Date <i>9/2/23</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Adrian Anderle</i> | Amount of contribution (\$) <i>\$10.00</i> |
| Contributor address; City; State; Zip Code [Redacted] <i>Valley View TX 76272</i> | | |
| Principal occupation / Job title (See Instructions) <i>Mechanic / Equipment operator</i> | | Employer (See Instructions) <i>Cooke County Pct 4</i> |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Adrian Anderle</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>9/2/23</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Adrian Anderle</i> | 7 Amount of contribution (\$) <i>\$ 10.00</i> |
| 6 Contributor address; City; State; Zip Code [Redacted] <i>Valley View TX 76272</i> | | |
| 8 Principal occupation / Job title (See Instructions) <i>Mechanic / equipment operator</i> | | 9 Employer (See Instructions) |
| Date <i>9/6/23</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elliot Klement</i> | Amount of contribution (\$) <i>\$ 100.00</i> |
| Contributor address; City; State; Zip Code [Redacted] <i>Muenster TX 76252</i> | | |
| Principal occupation / Job title (See Instructions) <i>Maintenance Tech</i> | | Employer (See Instructions) <i>Peterbilt</i> |
| Date <i>9/6/23</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jennifer Hunter</i> | Amount of contribution (\$) <i>\$ 50.00</i> |
| Contributor address; City; State; Zip Code [Redacted] <i>R [Redacted] Gainesville TX [Redacted] 240</i> | | |
| Principal occupation / Job title (See Instructions) <i>Business Analyst</i> | | Employer (See Instructions) <i>Co Serve</i> |
| Date <i>9/12/23</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Adrian Anderle</i> | Amount of contribution (\$) <i>\$ 100.00</i> |
| Contributor address; City; State; Zip Code [Redacted] <i>Valley View TX 76272</i> | | |
| Principal occupation / Job title (See Instructions) <i>Mechanic / equipment operator</i> | | Employer (See Instructions) <i>Cooke County Precinct 4</i> |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

| | | | |
|--|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: <u>1</u> | |
| 2 FILER NAME <u>Adrian Anderle</u> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ <u>\$120.00</u> | |
| 5 Date <u>12/15/23</u> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Vickee Slider</u> | 8 Amount of Contribution \$ <u>\$120.00</u> | 9 In-kind contribution description <u>labor for making T-shirts</u> |
| 7 Contributor address; City; State; Zip Code <u>[REDACTED] Gainesville TX 76240</u> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>Librarian Aid</u> | | 11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>ERA ISD</u> | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL)(See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of Contribution \$ | In-kind contribution description |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) | | Employer (FOR NON-JUDICIAL)(See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL)(See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | | |

PLEGGED CONTRIBUTIONS

SCHEDULE B

If the requested information is not applicable, **DO NOT** include this page in the report.

| | | | |
|--|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule B: 2 | |
| 2 FILER NAME Adrian Anderle | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED PLEDGES | | \$ 1,780.⁰⁰ | |
| 5 Date 8/31/23 | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adrian Anderle | 8 Amount of Pledge \$ \$100 | 9 In-kind contribution description Monetary pledge |
| 7 Pledgor address; City; State; Zip Code [Redacted] Valley View TX 76272 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (See Instructions) Mechanic / equip operator | | 11 Employer (See Instructions) Cooke County Precinct 4 | |
| Date 9/2/23 | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adrian Anderle | Amount of Pledge \$ \$20 \$30 | In-kind contribution description monetary pledge |
| Pledgor address; City; State; Zip Code [Redacted] Valley View TX 76272 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (See Instructions) Mechanic / equip. operator | | Employer (See Instructions) Cooke County Precinct 4 | |
| Date 9/2/23 | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny Stevens | Amount of Pledge \$ \$1500.⁰⁰ | In-kind contribution description monetary pledge |
| Pledgor address; City; State; Zip Code [Redacted] Houston TX 77027 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (See Instructions) Senior GIS Analyst | | Employer (See Instructions) W+T offshore | |
| Date 9/6/23 | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Pockett | Amount of Pledge \$ \$100 | In-kind contribution description monetary pledge |
| Pledgor address; City; State; Zip Code [Redacted] Decatore TX 76234 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

If the requested information is not applicable, DO NOT include this page in the report.

| | | | |
|--|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule B: 2 | |
| 2 FILER NAME Adrian Andarke | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED PLEDGES | | \$ 1,780.00 | |
| 5 Date 9/6/23 | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Hunter | 8 Amount of Pledge \$ \$ 50 | 9 In-kind contribution description monetary pledge |
| 7 Pledgor address; City; State; Zip Code [REDACTED] Gainesville TX 76240 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (See Instructions) Business Analyst | | 11 Employer (See Instructions) CoServ | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of Pledge \$ | In-kind contribution description |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of Pledge \$ | In-kind contribution description |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of Pledge \$ | In-kind contribution description |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking Expense | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: 1 | 2 FILER NAME Adrian Anderle | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 9/27/23 | 5 Payee name First Graphic Services | |
| 6 Amount (\$) \$905.45 | 7 Payee address; City; State; Zip Code Garland TX 75040 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description 18x24 + 4'x4' signs |
| | (c) <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 9/22/23 | Payee name Pay Pal | |
| Amount (\$) \$21.82 | Payee address; City; State; Zip Code North First Street San Jose CA | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description transaction Fees from PayPal |
| | <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 | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete 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

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule G: 2 | 2 FILER NAME Adrian Anderle | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 8/29/23 | 5 Payee name Vista Print | |
| 6 Amount (\$) \$105.66 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code Lexington MA | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expenses | (b) Description Business cards |
| | (c) <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 Adrian Anderle | Office sought County Commissioner Pct 3 |
| 10 Date 12/6/23 | 11 Payee name Campaign Partner | |
| 12 Amount (\$) \$160.40 <input type="checkbox"/> Reimbursement from political contributions intended | 13 Payee address; City; State; Zip Code Po Box 118 Still River MA 01467 | |
| 14 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description Aug - Dec Charges for website |
| | <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 Adrian Anderle | Office sought Commissioner Precinct 3 |
| 15 Date 12/17/23 | 16 Payee name Meta / Facebook | |
| 17 Amount (\$) \$124.23 <input type="checkbox"/> Reimbursement from political contributions intended | 18 Payee address; City; State; Zip Code Menlo Park CA | |
| 19 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Oct-Dec Facebook Ads (4 ads) |
| | <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 Adrian Anderle | Office sought Commissioner Precinct 3 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule G: <i>2</i> | 2 FILER NAME <i>Adrian Anderle</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>11/11/23</i> | 5 Payee name <i>Cooke County Republican Party</i> | |
| 6 Amount (\$) <i>\$750.00</i> <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code <i>701 E California St, Ste 304 Gainesville TX 76240</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Fees</i> | (b) Description <i>Filing Fee for spot on the ballot</i> |
| | (c) <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 <i>Adrian Anderle</i> | Office sought <i>County Commissioner Precinct 3</i> |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | 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 | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | 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