

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **Marvin Sutton** 15 Filer ID (Ethics Commission Filers)

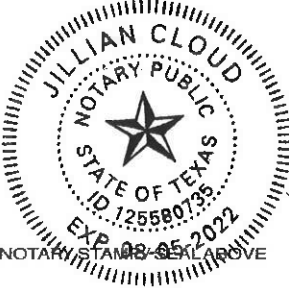
16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 435.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,184.60
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 345.62
	4. TOTAL POLITICAL EXPENDITURES	\$ 915.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,562.44

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.

Marvin Sutton
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Marvin Sutton, this the 4th day of April, 2019, to certify which, witness my hand and seal of office.

J Cloud
Signature of officer administering oath

Jillian Cloud
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 Marvin Sutton		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,460.08
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 6,289.52
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 400.00
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	\$ 448.35
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 170.00
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:
4

2 FILER NAME
Marvin Sutton

3 Filer ID (Ethics Commission Filers)

4 Date
01/17/2019

5 Full name of contributor out-of-state PAC (ID#: _____)
Sylvia Holt

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
2927 Prairie Oak Blvd. Grand Prairie, Texas 75052

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
01/22/2019

Full name of contributor out-of-state PAC (ID#: _____)
Mark Allen

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
2511 Canyon Ridge Ct. Arlington, Texas 76006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/22/2019

Full name of contributor out-of-state PAC (ID#: _____)
Deborah Igidi

Amount of contribution (\$)
100.08

Contributor address; City; State; Zip Code
680 English Ivy Dr. Prosper, Texas 75078

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/24/2019

Full name of contributor out-of-state PAC (ID#: _____)
Matthew Hays

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
6719 Caribou Dr. Arlington, Texas 76002

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Marvin Sutton

3 Filer ID (Ethics Commission Filers)

4 Date
02/25/2019

5 Full name of contributor out-of-state PAC (ID#: _____)
Kenneth Sanders

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code

426 Kingfisher Ln. Arlington, Texas 76002

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/10/2019

Full name of contributor out-of-state PAC (ID#: _____)
Wyley Seals

Amount of contribution (\$)
1,000.00

Contributor address; City; State; Zip Code

9131 Post Oak Ct. Arlington, Texas 76002

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/12/2019

Full name of contributor out-of-state PAC (ID#: _____)
David Ricks

Amount of contribution (\$)
60.00

Contributor address; City; State; Zip Code

2824 Blackwood Dr. Arlington, Texas 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/16/2019

Full name of contributor out-of-state PAC (ID#: _____)
Wesley Nute

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code

2310 Edinburgh St. Arlington, Texas 76018

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Marvin Sutton

3 Filer ID (Ethics Commission Filers)

4 Date
03/18/2019

5 Full name of contributor out-of-state PAC (ID#: _____)
Shirley Adams

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code

3915 Cross Bend Dr. Arlington, Texas 76016

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/21/2019

Full name of contributor out-of-state PAC (ID#: _____)
Raquel Sutton

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code

1909 Syracuse Ct. Arlington, Texas 76002

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/21/2019

Full name of contributor out-of-state PAC (ID#: _____)
Anthony Gair

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code

2200 Montopolis Dr. Austin, Texas 78741

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/21/2019

Full name of contributor out-of-state PAC (ID#: _____)
Jeanettea Flores

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code

430 Brook Meadow Dr. Midlothian, Texas 76065

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Marvin Sutton		3 Filer ID (Ethics Commission Filers)
4 Date 03/22/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Thomas Hall	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 1010 Portofino Dr. Arlington, Texas 76012		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/23/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brothad Enterprises	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2225 Deniro Dr. Fort Worth, Texas 76134		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3	
2 FILER NAME Marvin Sutton		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 03/05/2019	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raquel Sutton	8 Amount of Contribution \$ 200.26	9 In-kind contribution description Yard signs
7 Contributor address; City; State; Zip Code 1909 Syracuse Ct. Arlington, Texas 76002		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Unemployed		11 Employer (FOR NON-JUDICIAL)(See Instructions) N/A	
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 03/05/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamiko Sargent	Amount of Contribution \$ 202.26	In-kind contribution description Yard signs
Contributor address; City; State; Zip Code 905 Shady Oaks Dr. Kennedale, Texas 76060		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Unemployed		Employer (FOR NON-JUDICIAL)(See Instructions) N/A	
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>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Marvin Sutton		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/19/2019	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raquel Sutton	8 Amount of Contribution \$ 85.00	9 In-kind contribution description Car Magnets
7 Contributor address; City; State; Zip Code 1909 Syracuse Ct. Arlington, Texas 76002		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Unemployed		11 Employer (FOR NON-JUDICIAL) (See Instructions) N/A	
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 03/19/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raquel Sutton	Amount of Contribution \$ 704.00	In-kind contribution description Yard signs/Flyers
Contributor address; City; State; Zip Code 1909 Syracuse Ct. Arlington, Texas 76002		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Unemployed		Employer (FOR NON-JUDICIAL) (See Instructions) N/A	
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)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Marvin Sutton		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/25/2019	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coalition for a Better Arlington	8 Amount of Contribution \$ 5,100	9 In-kind contribution description Consulting
7 Contributor address; City; State; Zip Code 615 Engleside Dr. Arlington, Texas 76018		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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)			

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If contributor 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	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 F1:		2 FILER NAME Marvin Sutton		3 Filer ID (Ethics Commission Filers)	
4 Date 03/04/2019		5 Payee name Karen Blewitt			
6 Amount (\$) 100.00		7 Payee address; City; State; Zip Code 808 Medinah Corsicana, Texas 75110			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphic Design		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held

Date 03/13/2019		Payee name Karen Blewitt			
Amount (\$) 300.00		Payee address; City; State; Zip Code 808 Medinah Corsicana, Texas 75110			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphic Design		
	Complete <u>ONLY</u> 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 <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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2	2 FILER NAME Marvin Sutton	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 196.78
5 Date 01/22/2019	6 Payee name Texas Democratic Party	
7 Amount (\$) 115.00	8 Payee address; City; State; Zip Code P. O. Box 116 Austin, Texas 78767	
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) Other	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Access Network
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/22/2019	Payee name Texas Democratic Party	
Amount (\$) 115.00	Payee address; City; State; Zip Code P. O. Box 116 Austin, Texas 78767	
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) Other	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Access Network
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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Marvin Sutton	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 03/22/2019	6 Payee name Texas Democratic Party	
7 Amount (\$) 115.00	8 Payee address; City; State; Zip Code P. O. Box 116 Austin, Texas 78767	
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) Other	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Access Network
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
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 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	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 FILER NAME Marvin Sutton		3 Filer ID (Ethics Commission Filers)	
4 Date 01/20/2019		5 Payee name Bankem Printing			
6 Amount (\$) 120.00		7 Payee address; City; State; Zip Code 2357 S. Collins St. Arlington, Texas 76014			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended					
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Campaign flyers <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 03/18/2019		Payee name Bankem Printing			
Amount (\$)		Payee address; City; State; Zip Code 2357 S. Collins St. Arlington, Texas 76014			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Campaign flyers <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			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		(b) 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