CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 40
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS MR FIRST Marvin NICKNAME LAST Sutton	MI	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER	P. O. Box 182606 Arlington, AREA CODE PHONE NUMBER	CITY; STATE; ZIP CODE Texas 76096 EXTENSION	Date Hand-delivered or Date Postmarked
PHONE 6 CAMPAIGN TREASURER NAME	MS / MRS MR FIRST Marvin NICKNAME LAST Sutton	MI	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI 1909 Syracuse Court	UITE #; CITY; STATE; Arlington, Texas	ZIP CODE 76002
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 602-0644	EXTENSION	
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 01 2019	Month THROUGH 03/	Day Year 25 /2019
11 ELECTION	Month Day Year Primary 05 04 2019 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)		
Mar	vin Sutton				
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITL IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,184.60		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$345.62		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 915.62		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOMING PERIOD	DAY \$		
OUTSTANDING LOAN TOTALS	LAST D.	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	\$ 3,562.44		
18 AFFIDAVIT					
AFFIX NOTARY, STAN	OF TEACH OF THE SERVICE OF THE SERVI	true and correct and includes all infor	rjury, that the accompanying report is mation required to be reported by me		
1 SA	Many Intra				
	OF 35	Signature of Cand	idate or Officeholder		
AFFIX NOTARY STAM	18-95/LAROVE				
- 4411	mm.	Mar William	LITA		
// // '	1 19		this the		
day of, 20, to certify which, witness my hand and seal of office.					
Hond Illian Ind Notary Public					
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

M C/OH NAME 15 (Ethios Commission Filery)						
ADE BY POLITICAL COMMITTEES TO ME CAMDROATE'S ON OFFICEHOLDER'S MATION ONLY IF THEY RECEIVE NOTICE						
¢345 62						
		POLITICAL EXPENDITURES				
\$ 3,562 44						
				TIVA CITA OF		
18 ALTIDAVIT Into and correct and architecture information required to be recorded by the serior papers in the accorded by the serior papers in the accorded by the serior papers in the serior paper						
use inpresentational seat.						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Con				
	Ma	arvin Sutton			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	\bowtie	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$3,460.08	
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$6,289.52	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	4. SCHEDULE E: LOANS				
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$400.00		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$ 448.35		
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$170.00	
10.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marvin Sutton 4 Date 5 Full name of contributor Sylvia Holt 7 Amount of contribution (\$) ut-of-state PAC (ID#;__ 01/17/2019 100.00 City; State; Zip Code 6 Contributor address; 2927 Prairie Oak Blvd. Grand Prairie, Texas 75052 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) 01/22/2019 Mark Allen 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 Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 01/22/2019 Deborah Igidi 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 Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 02/24/2019 Matthew Hays 500.00 Contributor address; City; State; Zip Gode 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marvin Sutton 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ 02/25/2019 100.00 Kenneth Sanders City; State; Zip Code 6 Contributor address; 426 Kingfisher Ln. Arlington, Texas 76002 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Wyley Seals 03/10/2019 1.000.00 City; State; Zip Code Contributor address; 9131 Post Oak Ct. Arlington, Texas 76002 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 03/12/2019 David Ricks 60.00 City; State; Zip Code Contributor address; 2824 Blackwood Dr. Arlington, Texas 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ 03/16/2019 Wesley Nute 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marvin Sutton 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ 03/18/2019 Shirley Adams 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) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) 03/21/2019 Raguel Sutton 500.00 Contributor address; City; State; Zip Code 1909 Syracuse Ct. Arlington, Texas 76002 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Anthony Gair 03/21/2019 100.00 Contributor address; City; State; Zip Code 2200 Montopolis Dr. Austin, Texas 78741 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ 03/21/2019 Jeanettea Flores 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			3 Filer ID (Ethics Commission Filers)		
Marvin Sutto	n				
4 Date 03/22/2019	5 Full name of contributor out-of-state PAC (ID#:) Dr. Thomas Hall		7 Amount of contribution (\$) 250.00		
	6 Contributor address; City; State;				
	1010 Portofino Dr. Arlington, Texas 760	12			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Date ^a	Full name of contributor	(ID#:)	Amount of contribution (\$)		
03/23/2019	Brothad Enterprises		100.00		
	Contributor address; City; State;	Zip Code			
	2225 Deniro Dr. Fort Worth, Texas	76134			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
	Contributor address; City; State;	Zip Code			
Principal coour	ortion / Job title (Coa Instructions)		et		
⊢тперагосси	eation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
	Contributor address; City; State;	Zip Code			
Principal occur	action / Job title (See Instructions)	Employer (See Instruct	lione)		
	(200 1121 (200 11	Employor (GGO mando	,,,,,,		
	ATTACH ADDITIONAL COPIES OF				
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

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Revised 9/8/2015

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.			
	3 Filer ID (Ethics Commission Filers)		
BUTIONS	\$0.00		
Date 3/05/2019 6 Full name of contributor out-of-state PAC (ID#:) Raquel Sutton 7 Contributor address; City; State; Zip Code			
1	Check if travel outside of Texas. Complete Schedule T.		
N/A	er (FOR NON-JUDICIAL)(See Instructions)		
13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
de 76060	Amount of Contribution \$ In-kind contribution description 202.26 Yard signs Check if travel outside of Texas. Complete Schedule T.		
Employe	er (FOR NON-JUDICIAL)(See Instructions)		
N/A			
Contribu	ontributor's job title (FOR JUDICIAL) (See Instructions)		
Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
	ULE AS NEEDED		
	de 002 11 Employe N/A 13 Contribut 15 Law firm de s 76060 Employe N/A Contribut Law firm		

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Revised 9/8/2015

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			3 Filer 1D (Ethics Commission Filers)	
Marvin Sutt	on			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 03/19/2019	a total transfer and the second secon		8 Amount of 9 In-kind contribution description 85.00 Car Magnets	
	1909 Syracuse Ct. Arlington, Texas 76	002	Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)	
Unemploye		N/A	,	
	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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		Amount of Contribution \$\frac{1}{2} \text{In-kind contribution description} \\ \text{704.00} \text{Yard signs/Flyers} \\ \text{Check if travel outside of Texas. Complete Schedule T.}	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	·	er (FOR NON-JUDICIAL)(See Instructions)	
Unemploye		N/A	,,	
	principal occupation (FOR JUDICIAL)		utor'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 1	'HIG COUEN	II E 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

				
Th	e 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 O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 03/25/2019	7 Contributor address; Gity; State; Zip Cod	8 Amount of Soln-kind contribution description contribution 5,100 Consulting		
10 Data-da-d	615 Engleside Dr. Arlington, Texas 7601		Check if travel outside of Texas. Complete Schedule T.	
IO Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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)	Amount of . In-kind contribution Contribution \$. description	
	Contributor address; City; State; Zip Cod	de	Check if travel outside of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	entributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	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 T	HIS SCHEDI	JLE AS NEEDED	
If	contributor is out-of-state PAC, please see instruction			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME Marvin Sutton		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		<u> </u>	
03/04/2019	Karen Blewitt			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
100.00				
	909 Medinah Carriagna Tayan	75440		
	808 Medinah Corsicana, Texas	1		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	0.11		utside of Texas, Complete Schedule T.	
OF EXPENDITURE	Other	Check if Austin, TX, officeholder living expense		
		Graphic De	esign	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
	Karen Blewitt			
03/13/2019				
Amount (\$)	Payee address; City; State; Zip Code			
300.00	808 Medinah Corsicana, Texas	75110		
	Category (See Categories listed at the top of this schedule)	Description		
DURDOOF			tside of Texas. Complete Schedule T.	
PURPOSE OF	Other		, TX, officeholder living expense	
EXPENDITURE				
		Graphic Des	sign	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		(atside of Texas. Complete Schedule T,	
OF		l —	TX, afficeholder living expense	
EXPENDITURE			-	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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.

Total pages Schedule F4: 2 FILER NAME

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	Political Non-Politica	ı			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	Check	on I travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense ESS Network		
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office H	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 7876	67			
TYPE OF EXPENDITURE	Political Non-Politica	a.i			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Check	on i travel outside of Texas, Complete Schedule T. if Austin, TX, officeholder living expense ESS Network		
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
	ATTACH ADDITIONAL CODIES OF THIS SCHI	EDILLE AS NE	ENEN		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic			Travel In District Travel Out Of District Other (enter a category not listed above)
Cardidato/ Ciriotino Indiani	The Instruction Guide explains how to compl		
1 Total pages Schedule F4:	2 FILER NAME Marvin Sutton	3	Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CRED	IT CARD 4	5
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 7876	7	
9 TYPE OF EXPENDITURE	Political Non-Politica	1	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other		avel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense SS Network
11 Complete ONLY if direct expenditure to benefit C/C		sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	Political Non-Politic	al	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		avel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		e sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEE	EDED

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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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Gredit Gard Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) Marvin Sutton 4 Date 5 Payee name **Bankem Printing** 01/20/2019 6 Amount (\$) 7 Payee address; City; State; Zip Code 120.00 2357 S. Collins St. Arlington, Texas 76014 Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) scription Campaign flyers Check if travel outside of Texas. Complete Schedule T. **PURPOSE EXPENDITURE** Check if Austin, TX, officeholder living expense Printing Expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Bankem Printing 03/18/2019 Payee address; City; State; Zip Code Amount (\$) Arlington, Texas 76014 2357 S. Collins St. Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description Campaign flyers **PURPOSE** Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense Printing Expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Рауее пате Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. **OF EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED