

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: <div style="text-align: center; font-size: 24px;">15</div>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Robert	MI A	OFFICE USE ONLY Date Received RECEIVED - OSO Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
	NICKNAME Andy	LAST Prior	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
720 McKay St. Arlington TX 76010					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 330-9668	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Robert	MI A		
	NICKNAME Andy	LAST Prior	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
720 McKay St. Arlington TX 76010					
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 330-9668	EXTENSION		
9 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)				
10 PERIOD COVERED	Month Day Year 2 / 1 / 2019		THROUGH Month Day Year 4 / 4 / 2019		
11 ELECTION	ELECTION DATE Month Day Year 5 / 4 / 2019		ELECTION TYPE <input 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) Arlington City Council District 5		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Robert A 'Andy' Prior 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

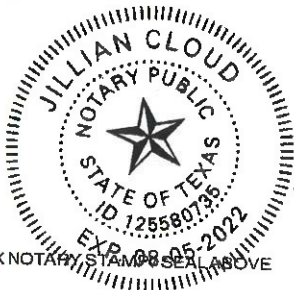
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 45
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5285
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3261.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2023.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT



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]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert A. Prior, this the 4th day of April, 20 19, to certify which, witness my hand and seal of office.

[Signature] 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 <i>Robert A 'Andy' Prior</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>5240</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>2694.86</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>N/A</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>N/A</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3261.46</i>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>700</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>N/A</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>N/A</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>N/A</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>N/A</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>N/A</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>N/A</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

Robert A 'Andy' Prior

3 Filer ID (Ethics Commission Filers)

4 Date

2-2-19

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

Nathanael Phillips

6 Contributor address; City; State; Zip Code

900 Ross Trail Arlington TX 76012

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-2-19

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

Ed Redmond

Contributor address; City; State; Zip Code

1605 New York Ave. Arlington, TX 76010

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-8-19

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

Robert A. Prior

Contributor address; City; State; Zip Code

720 McKay St. Arlington TX 76010

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-8-19

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

Laura Rea

Contributor address; City; State; Zip Code

2000 W. Arkansas Arlington TX 76013

Amount of contribution (\$)

\$100

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: **4**

2 FILER NAME

Robert A. 'Andy' Prior

3 Filer ID (Ethics Commission Filers)

4 Date

2-10-19

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

Carol Daley

7 Amount of contribution (\$)

\$100

6 Contributor address; City; State; Zip Code

1131 Black Walnut Ln. Arlington 76005

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-16-19

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

Travis Cooper

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

964 Crannog Way Conroe TX 77301

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-7-19

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

Travis Cooper

Amount of contribution (\$)

\$500

Contributor address; City; State; Zip Code

964 Crannog Way Conroe, TX 77301

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-9-19

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

Anthony + Michelle Licater

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

*1861 Brown Blvd. ste 217 Unit 740
Arlington TX 76006*

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: <u>4</u>
2 FILER NAME <u>Robert A 'Andy' Prior</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3-9-19</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kelly Canon</u> 6 Contributor address; City; State; Zip Code <u>901 Kristin Ct. Arlington TX 76012</u>	7 Amount of contribution (\$) <u>\$100</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3-10-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Roberto Barrera</u> Contributor address; City; State; Zip Code <u>1005 E. Mitchell St. Arlington TX 76010</u>	Amount of contribution (\$) <u>\$50</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3-20-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robert A. Prior</u> Contributor address; City; State; Zip Code <u>720 McKay St. Arlington TX 76010</u>	Amount of contribution (\$) <u>\$1000</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3-29-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Nick Alexander</u> Contributor address; City; State; Zip Code <u>3100 Monticello Ste 350 Dallas, TX 75205</u>	Amount of contribution (\$) <u>\$2000</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 4

2 FILER NAME Robert A 'Andy' Prior 3 Filer ID (Ethics Commission Filers)

4 Date <u>4-2-19</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Gary Rice</u>	7 Amount of contribution (\$) <u>\$90</u>
6 Contributor address; City; State; Zip Code <u>P.O. Box 1372 Burleson TX 76097</u>		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <u>4-2-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Allan + Lynn Sanders</u>	Amount of contribution (\$) <u>\$50</u>
Contributor address; City; State; Zip Code <u>4605 Ramsgate Ct. Arlington TX 76013</u>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>4-3-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Raoul Gamache</u>	Amount of contribution (\$) <u>\$250</u>
Contributor address; City; State; Zip Code <u>1201 Briarwood Blvd. Arlington, TX 76013</u>		

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 <i>Robert A 'Andy' Prior</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$		
5 Date <i>2-2-19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ed Redmond</i>	8 Amount of Contribution \$ <i>\$140</i>
	7 Contributor address; City; State; Zip Code <i>1605 New York Ave Arlington 76010</i>	9 In-kind contribution description <i>food + music for kickoff</i>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Small business owner</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Plaza Pub</i>
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 <i>2-2-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lynn Sanders</i>	Amount of Contribution \$ <i>\$69.12</i>	In-kind contribution description <i>printed flyers for kickoff</i>
	Contributor address; City; State; Zip Code <i>4605 Ramsgate Ct Arlington 76013</i>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Home Health Care Nurse</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>Rehab at Home Healthcare</i>	
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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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: <u>3</u>	
2 FILER NAME <u>Robert A 'Andy' Prior</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>3-4-19</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ed Redmond</u>	8 Amount of Contribution \$ <u>\$165.74</u>	9 In-kind contribution description <u>banner for pub</u>
7 Contributor address; City; State; Zip Code <u>1605 New York Ave Arlington 76010</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Small business owner</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Plaza Pub</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 <u>3-2-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Stephen Prior</u>	Amount of Contribution \$ <u>\$1200</u>	In-kind contribution description <u>web site development</u>
Contributor address; City; State; Zip Code <u>6007 Ashcreek Arlington 76018</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Food Department</u>		Employer (FOR NON-JUDICIAL) (See Instructions) <u>John Peters Smith Hospital</u>	
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: <u>3</u>	
2 FILER NAME <u>Robert A 'Andy' Prior</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>2-11-19</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jorge Arbelaez</u>	8 Amount of Contribution \$ <u>\$980</u>	9 In-kind contribution description <u>art and graphic work</u>
7 Contributor address; City; State; Zip Code <u>817 W. Park Row Dr Arlington 76013</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Graphic Artist</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Artura Studios</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 <u>4-2-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Hai Ding</u>	Amount of Contribution \$ <u>\$140</u>	In-kind contribution description <u>food for meet + greet</u>
Contributor address; City; State; Zip Code <u>2410 W. Abram St. Arlington 76013</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Owner</u>		Employer (FOR NON-JUDICIAL) (See Instructions) <u>New Panda Bistro</u>	
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>			

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: 4	2 FILER NAME Robert A 'Andy' Prior	3 Filer ID (Ethics Commission Filers)
4 Date 3-25-19	5 Payee name Arlington Music Hall	
6 Amount (\$) \$500	7 Payee address; City; State; Zip Code 224 N. Center Street Arlington TX 76011	
8 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3-22-19	Payee name Yardsigns Wholesale.com	
Amount (\$) \$450	Payee address; City; State; Zip Code 1100 W. Colonial Dr Orlando, FL 32804	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense Yard signs	Description <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: _____ Office sought: _____ Office held: _____	
Date 3-22-19	Payee name Campaign Sidekick	
Amount (\$) \$99	Payee address; City; State; Zip Code 1550 Old Annetta Road Aledo, TX 76008	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 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 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: 4	2 FILER NAME Robert A 'Andy' Prior	3 Filer ID (Ethics Commission Filers)
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4 Date 2-15-19	5 Payee name DBI Press
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6 Amount (\$) \$129,90	7 Payee address; City; State; Zip Code 2620 W. Pioneer Pkwy 103C Arlington 76013
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expense flyers	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-1-19	Payee name Pure Buttons
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Amount (\$) \$92.04	Payee address; City; State; Zip Code 4930 Chippewa Rd Medina, OH 44256
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense buttons	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-1-19	Payee name Yardsigns Wholesale.com
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Amount (\$) \$450	Payee address; City; State; Zip Code 1100 W. Colonial Dr. Orlando, FL 32804
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense yard signs	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 4	2 FILER NAME Robert A 'Andy' Prior	3 Filer ID (Ethics Commission Filers)
4 Date 4-1-19	5 Payee name Mail Pro USA	
6 Amount (\$) \$131.41	7 Payee address; City; State; Zip Code 2016 E. Randol Mill Rd. Suite 408 Arlington, TX 76011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense flyers	(b) Description <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 3-24-19	Payee name Yard sign Wholesale.com	
Amount (\$) \$855	Payee address; City; State; Zip Code 1100 W. Colonial Dr. Orlando, FL 32804	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense Yard signs	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

Date 4-1-19	Payee name Arlington Voice	
Amount (\$) \$350	Payee address; City; State; Zip Code 5904 S. Cooper St. Arlington TX 76017 sk 104-104	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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 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: <p style="text-align:center">4</p>	2 FILER NAME <p style="text-align:center">Robert A 'Andy' Prier</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align:center">4-3-19</p>	5 Payee name <p style="text-align:center">Stephen Prier</p>	
6 Amount (\$) <p style="text-align:center">\$138.26</p>	7 Payee address; City; State; Zip Code <p style="text-align:center">6007 Ashcreek Arlington TX 76018</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center">Advertising Expense URL & web hosting</p>	
	(b) Description <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		
Date <p style="text-align:center">4-3-19</p>	Candidate / Officeholder name <p style="text-align:center">Paypal</p>	
Amount (\$) <p style="text-align:center">\$65.85</p>	Office sought <p style="text-align:center">Paypal, com</p>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center">Fees</p>	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
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	
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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 F2: 1	2 FILER NAME Robert A 'Andy' Prior	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
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5 Date 3-25-19	6 Payee name Arlington Music Hall
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7 Amount (\$) \$ 700	8 Payee address; City: State; Zip Code 224 N. Center Street Arlington, TX 76011
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 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
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City: State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED