



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

*Travis Mitchell*

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ —

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,525<sup>00</sup>

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 5,297<sup>13</sup>

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

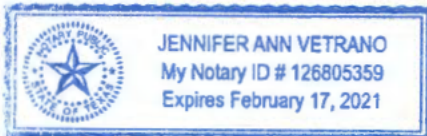
\$ 1,082<sup>44</sup>

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ —

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.

*Travis Mitchell*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Travis Mitchell, this the 2<sup>nd</sup> day of December, 20 20, to certify which, witness my hand and seal of office.

*Jennifer Ann Vetrano*  
Signature of officer administering oath

Jennifer Ann Vetrano  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> <span style="font-size: 1.2em; color: blue; font-family: cursive;">Travis Mitchell</span>	<b>20 Filer ID (Ethics Commission Filers)</b>
---	---

	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,525 <sup>00</sup>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,297 <sup>13</sup>
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	\$
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:

2 FILER NAME

Travis Mitchell

3 Filer ID (Ethics Commission Filers)

4 Date

10/28/20

5 Full name of contributor

Richard E Anderson

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

250<sup>00</sup>

6 Contributor address;

City;

State;

Zip Code

Austin, TX 78640

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/28/20

Full name of contributor

Richard S Hill

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250<sup>00</sup>

Contributor address;

City;

State;

Zip Code

Austin, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/20

Full name of contributor

P. Andrew Thomas

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250<sup>00</sup>

Contributor address;

City;

State;

Zip Code

Austin, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/20

Full name of contributor

DLL/514

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250<sup>00</sup>

Contributor address;

City;

State;

Zip Code

Austin, TX 78746

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

Travis Mitchell

3 Filer ID (Ethics Commission Filers)

4 Date

11/9/20

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

McFerrin & Zayed PLLC

6 Contributor address; City State; Zip Code

[Redacted] Kyle, TX 78640

7 Amount of contribution (\$)

500<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/5/20

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

Todd E Burek

Contributor address; City; State; Zip Code

[Redacted] San Antonio, TX 78261

Amount of contribution (\$)

1,000<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/5/20

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

The Law Offices of Jimmy Nassour

Contributor address; City; State; Zip Code

[Redacted] Westlake Hills, TX 78746

Amount of contribution (\$)

1,000<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/12/20

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

Michael J Kloss

Contributor address; City; State; Zip Code

[Redacted] Kyle, TX 78640

Amount of contribution (\$)

25<sup>00</sup>

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

### 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Travis Mitchell</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>11/21/20</i>	<b>5</b> Payee name <i>Vista Print</i>	
<b>6</b> Amount (\$) <i>2,691<sup>20</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>Vistaprint Netherlands B.V. P.O.Box 842892 Boston, MA 02284</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising Expense Printing Expense</i>	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>11/25/20</i>	Payee name <i>Vista Print</i>	
Amount (\$) <i>2,605<sup>93</sup></i>	Payee address; City; State; Zip Code <i>Vistaprint Netherlands B.V. P.O.Box 842892 Boston, MA 02284</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense Printing Expense</i>	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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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**