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APR 26 2019

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

CAIVII AIGI	MI IIIAIIOE ILEI OIII			
The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS(MRS) MR FIRST YNT	hia M suffix	OFFICE USE ONLY Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 5304 GRAND	CITY: STATE; ZIP CODE MESA THI TX 76137		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (\$17) 485 - 41	extension 77	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR) FIRST CLAYTON A NICKNAME LAST	LOTTON SUFFIX	Receipt # Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI 5304 GRAND FT WORTH	MESA	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (S17) 891- ZZ	EXTENSION		
9 REPORT TYPE	January 15 30th day before elected.		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 4/5/19	THROUGH 4	Day Year 26 / 19	
11 ELECTION	Month Day Year Primary 5 / 4 / 19 General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any) KELLER ISD BOOK OF Trustes Place	RD KELLER IS BOARD OF		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 F	iler 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				
	COMMITTEE ADDRESS				
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	TION 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$2,501.35		
EXPENDITURE TOTALS	3. TOTAL F	\$2,501.35 \$2,151.89			
	4. TOTAL POLITICAL EXPENDITURES $32,151.8$				
CONTRIBUTION BALANCE	5. TOTAL F OF REP	\$ Ø			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ Ø		
18 AFFIDAVIT					
G L MONTEMAYOR Notary Public, State of Texas Notary ID # 12393284-2 My Commission Expires July 24, 2021 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 of Candidat	e or Officeholder		
AFFIX NOTARY STAMI		ı			
Sworn to and subscr	ribed before me, k	by the said Cyuthia M Lotton	, this the He		
		to certify which, witness my hand and seal of office.			
My More Signature of officer a	dministering oath	GL Montemayor Printed name of officer administering oath	Title of officer administering cath		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME CYNTHIA M. LOTTON 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 4-12-19 Zachary Fusilier ⁸2,000,00 6 Contributor address; City; State; Zip Code 1632 WickLow LN KELLER TX 76262 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) UNKNOWN Unknown Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) City; State; Zip Code Contributor address: Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: City; State; Zip Code Contributor address: 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

CONTRIBUTIONS					
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:			
2 FILER NAME CYNTHIA M. LOTTON			3 Filer ID (Ethics Commission Filers)		
	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 501.35		
5 Date 4-16-19	6 Full name of contributor out-of-state PAC (ID#:	8 Amount of Contribution \$ 9 In-kind contribution description 501.35 POST CARDS Check if travel outside of Texas. Complete Schedule T.			
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions) SF RAILWAY		
	AN AGER principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law 15 Law		15 Law firm	w firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code		Amount of In-kind contribution Contribution \$ description		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employe	Check if travel outside of Texas. Complete Schedule T. 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)					
	ATTACH ADDITIONAL COPIES OF T	THIS SCHEDI	IL F AS NEEDED		
If	contributor is out-of-state PAC, please see instruction				

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

		EXPENDITURI	E CATEG	OBJES FOR I	ROX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Eve Fee Foo y Gift at Committee Leg	nt Expense	xpense	Loan Repayment Office Overhead Polling Expense Printing Expense Salaries/Wages/	/Reimbursement /Rental Expense e Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F4:	2 FILER NAM	Tynthia	M.	hotton		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM					TCARD	\$	
5 Date 4-5-19	6 Payee nam	nT PIACE	**				
7 Amount (\$) 284, 58	8 Payee addr //30 *	ess; City; \$VENUG	State;		gTon TX	76011	
9 TYPE OF EXPENDITURE	Politi	cal		Non-Politica			
10 PURPOSE OF EXPENDITURE	1	See Categories listed a			(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/Ol		te / Officeholder	name	Office	sought	Office held	
Date	Payee nam	e					
Amount (\$)	Payee add	ress; City;	; State;	Zip Code			
TYPE OF EXPENDITURE	Politic	cal		Non-Politica	ı		
PURPOSE OF EXPENDITURE	Category (8	See Categories listed al	t the top of this	s schedule)		on f travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense	
Complete ONLY if direct		te / Officeholder	name	Office	sought	Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED