

**STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT**

**FORM SC C/OH
COVER SHEET PG 1**

| | | | |
|---|---|--|--|
| The SC C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE NAME | MS / MRS / MR <u>MR</u> FIRST LAST <u>Sammy</u> NICKNAME LAST <u>FARMER</u> | MI SUFFIX <u>g</u> | OFFICE USE ONLY Date Received FEB 28 2018 |
| 4 CANDIDATE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>6108 AIRWAY Dr.</u> <u>San Angelo TX 76904</u> | | |
| 5 CANDIDATE PHONE | AREA CODE PHONE NUMBER EXTENSION <u>1325 3741810</u> | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR <u>MR</u> FIRST LAST <u>Jeana</u> NICKNAME LAST <u>Farmer</u> | MI SUFFIX <u>M</u> | Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>5108 AIRWAY Dr</u> <u>San Angelo TX 76904</u> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <u>325 212 3886</u> | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before convention / election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before convention / election <input type="checkbox"/> Final report (Attach SC C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year <u>1 / 26 / 18</u> THROUGH <u>2 / 24 / 18</u> | | |
| 11 CONVENTION / ELECTION DATE | Month Day Year <u>3 / 6 / 18</u> <u>Primary</u> | 12 OFFICE SOUGHT <u>County Commissioner</u> <u>Pct 2 Tom Green Co.</u> | <input type="checkbox"/> STATE CHAIR <input checked="" type="checkbox"/> COUNTY CHAIR |
| 13 POLITICAL PARTY | COUNTY (if Applicable) <u>Republican</u> | | |
| GO TO PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Mr. Sammy G. Farmer 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 |

Additional Pages

| | | |
|-------------------------|---|------------------------------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 150 ⁰⁰ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 10474.00 10364.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 13430.36 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 2362.14 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

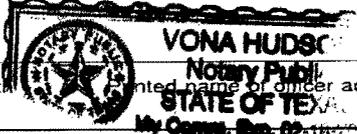
18 AFFIDAVIT

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.

Sammy G. Farmer
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sammy Farmer, this the 23rd day of February, 2018, to certify which, witness my hand and seal of office.

Vona Hudson Signature of officer administering oath

Vona Hudson Notary
 Title of officer administering oath

SUBTOTALS - SC C/OH

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

Mr. *Sammy G. Farmer*

| | | |
|--|---|---|
| 19. CANDIDATE NAME | | 20. Filer ID (Ethics Commission Filers) |
| 21. SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <i>10324.00</i> |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ <i>0</i> |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ <i>0</i> |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ <i>0</i> |
| 5. | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>13,430.36</i> |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ <i>0</i> |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>0</i> |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ <i>0</i> |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ <i>0</i> |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ <i>0</i> |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>0</i> |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ <i>0</i> |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10 (1 of 10)

2 FILER NAME

Mr *Sammy G. Farmer*

3 Filer ID (Ethics Commission Filers)

4 Date

1/27/18

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

Linda D. Williams

7 Amount of contribution (\$)

\$ 50⁰⁰

6 Contributor address; City; State; Zip Code

*1866 Calla Sendara
San Angelo TX 76904*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/27/18

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

Blake Bruchard

Amount of contribution (\$)

\$ 100⁰⁰

Contributor address; City; State; Zip Code

*1610 Stonelake Dr
San Angelo TX 76904*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/27/18

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

Elizabeth Grindstaff

Amount of contribution (\$)

\$ 50⁰⁰

Contributor address; City; State; Zip Code

*1115 Live Oak
San Angelo TX 76901*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/27/18

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

Denise Smith

Amount of contribution (\$)

\$ 250⁰⁰

Contributor address; City; State; Zip Code

*1718 Cactus Bluff
San Antonio TX 78258*

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 of 10)

2 FILER NAME
Mr. SAMMY G. Farmer

3 Filer ID (Ethics Commission Filers)

4 Date
1/27/18

5 Full name of contributor out-of-state PAC (ID#: _____)
Ray Harper
6 Contributor address; City; State; Zip Code
**6624 Pinehurst Dr.
SAN ANGELO TX 76904**

7 Amount of contribution (\$)
\$500⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
1/27/18

Full name of contributor out-of-state PAC (ID#: _____)
Randall Ross
Contributor address; City; State; Zip Code
**5510 Enclave Ct.
SAN ANGELO TX 76904**

Amount of contribution (\$)
\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/27/18

Full name of contributor out-of-state PAC (ID#: _____)
Charles & Carol ANN BONDS
Contributor address; City; State; Zip Code
**5314 Beverly Dr.
SAN ANGELO TX 76904**

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/27/18

Full name of contributor out-of-state PAC (ID#: _____)
Gerrit Dragt
Contributor address; City; State; Zip Code
**685 W. Ratliff Rd.
SAN ANGELO TX 76904**

Amount of contribution (\$)
\$250⁰⁰

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:

(3 of 10)

2 FILER NAME

Mr Sammy G. Farmer

3 Filer ID (Ethics Commission Filers)

4 Date

1/27/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

Bob Crill

6 Contributor address; City; State; Zip Code

840 W. 42nd St.
SAN ANGELO TX 76903

7 Amount of contribution (\$)

\$200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/27/18

Full name of contributor

out-of-state PAC (ID#: _____)

Tom Abbott

Contributor address; City; State; Zip Code

1514 Barbara Ave.
SAN ANGELO TX 76904

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/27/18

Full name of contributor

out-of-state PAC (ID#: _____)

John Davis

Contributor address; City; State; Zip Code

P.O. Box 888
ROCKSPRINGS TX 78880

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/27/18

Full name of contributor

out-of-state PAC (ID#: _____)

Bill Kohutek

Contributor address; City; State; Zip Code

2888 Red Bluff Circle
SAN ANGELO TX

Amount of contribution (\$)

\$300.00

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 of 10)

2 FILER NAME
Mr Sammy G. Farmer

3 Filer ID (Ethics Commission Filers)

4 Date
1/27/18

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

7 Amount of contribution (\$)
4000

6 Contributor address; City; State; Zip Code
4206 Harmony Lane
SAN ANGELO TX 76904

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
1/27/18

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

Amount of contribution (\$)
1900

Contributor address; City; State; Zip Code
3645 Grandview
SAN ANGELO TX 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/27/18

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

Amount of contribution (\$)
10000

Contributor address; City; State; Zip Code
Box 89
Knickerbocker TX 76939

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/27/18

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

Amount of contribution (\$)
5000

Contributor address; City; State; Zip Code
3533 Summi H LANE
SAN ANGELO TX 76904

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:
(5 of 10)

2 FILER NAME
Mr Sammy G. Farmer

3 Filer ID (Ethics Commission Filers)

4 Date
1/27/18

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
1605 Stone Trail
SAN ANGELO TX 76904

\$10000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
1/27/18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1003 Ratliff Rd. San Angelo TX 76904

10000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/27/18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
2766 Dena Dr. San Angelo TX 76904

10000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/27/18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
Box 89
Knickerbocker TX 76939

\$10.00

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:
(6 of 10)

2 FILER NAME
Mr Sammy G. Farmer

3 Filer ID (Ethics Commission Filers)

4 Date
1/30/18

5 Full name of contributor out-of-state PAC (ID#: _____)
J.M. McLaughlin

7 Amount of contribution (\$)
\$100⁰⁰

6 Contributor address; City; State; Zip Code
P.O. Box 1170
San Angelo TX 76902

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
1/30/18

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

Amount of contribution (\$)
\$150⁰⁰

Contributor address; City; State; Zip Code
2132 Coyote Bend
SAN ANGELO TX 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/30/18

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

Amount of contribution (\$)
100⁰⁰

Contributor address; City; State; Zip Code
3539 Shadyhill Dr.
SAN ANGELO TX 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/30/18

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

Amount of contribution (\$)
100⁰⁰

Contributor address; City; State; Zip Code
1300 Dorrance Rd.
San Angelo TX 76904

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:

(7 of 10)

2 FILER NAME

SAMMY G. Farmer

3 Filer ID (Ethics Commission Filers)

4 Date

1/30/18

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

Harold Farmer

7 Amount of contribution (\$)

100⁰⁰

6 Contributor address; City; State; Zip Code
5301 Oriole Dr San Angelo TX ~~76909~~ 76903

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/30/18

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

Mike Mitchell

Amount of contribution (\$)

250⁰⁰

Contributor address; City; State; Zip Code
2638 Kings Rd. San Angelo TX 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/2/2018

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

Rick Jumper

Amount of contribution (\$)

100⁰⁰

Contributor address; City; State; Zip Code
202 West Beauregard Suite C San Angelo TX 76903

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/2/2018

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

Aurora Jumper

Amount of contribution (\$)

100⁰⁰

Contributor address; City; State; Zip Code
202 West Beauregard Suite C San Angelo TX 76903

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: (8 of 10) |
| 2 FILER NAME Sammy G. Farmer | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/2/18 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRE TX Assoc. of Realtors Political Action Committee (TREPAC) | 7 Amount of contribution (\$) \$4,000.00 |
| 6 Contributor address; City; State; Zip Code P.O. Box 2246 Austin TX 78768 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 2/2/18 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce Miller | Amount of contribution (\$) 500 |
| Contributor address; City; State; Zip Code P.O. Box 3832 San Angelo TX 76902 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 2/5/18 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vic Choate | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 3818 Hillcrest Dr. San Angelo TX 76904 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 2/5/18 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben Stribling | Amount of contribution (\$) 250.00 |
| Contributor address; City; State; Zip Code 119 SOUTH IRVING ST San Angelo Tex 76903 | | |
| 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:

(9 of 10)

2 FILER NAME

Sammy G. Farmer

3 Filer ID (Ethics Commission Filers)

4 Date

2/9/18

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

Steve Eustis

7 Amount of contribution (\$)

250

6 Contributor address; City; State; Zip Code

P.O. Box 3253
San Angelo TX 76902

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/16/18

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

Melanie Ward

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

2766 Dena Dr. San Angelo TX 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/16

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

Shawn Floyd

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

3206 Briargrove Ln.
San Angelo TX 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/16

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

Joe M. Self

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

P.O. Box 1551
San Angelo TX 76902

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:

(10 of 10)

2 FILER NAME

Sammy G. Farmer

3 Filer ID (Ethics Commission Filers)

4 Date

2/16/18

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

Rocky Spoons

7 Amount of contribution (\$)

1,000.00

6 Contributor address; City; State; Zip Code

2868 W. Beauregard
San Angelo TX 76901

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/16/18

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

Ken Barrows

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

P.O. Box 61937
San Angelo TX 76906

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22/18

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

John R. Nolen

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

3445 Sequoia Cr.
San Angelo TX 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22/18

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

David Darnell

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

4750 South Chadbourne
San Angelo TX 76904

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.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: 3 (of 3) | 2 FILER NAME Mr. Sammy G. Farmer | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/26/2018 | 5 Payee name Wallis Party | |
| 6 Amount (\$) 36.19 | 7 Payee address; City; State; Zip Code 4151 Sunset Dr. San Angelo TX 76904 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense for Fundraiser | (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 1/26/2018 | Payee name Miss Hattie's Restaurant | |
| Amount (\$) \$419.48 | Payee address; City; State; Zip Code 26 East Concho Ave. SAN ANGELO TX 76903 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense / Food Expense for Fundraiser | 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 1/29/2018 | Payee name Ambit Elec. INV# 191E6K1 acct # A5689845 | |
| Amount (\$) 277⁰⁶/_{xx} | Payee address; City; State; Zip Code P.O. Box 660462 Dallas TX 75266 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Rental Expense for sign storage deposit + Bill | 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: (2 of 3) | | 2 FILER NAME: Mr. Sammy G. Farmer | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date: 2-2-18 | | 5 Payee name: SAMMY Farmer | | | |
| 6 Amount (\$): 1,100.00 | | 7 Payee address; City; State; Zip Code: 5108 Fairway Dr. SAN ANGELO TX 76904 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule): Loan Repayment | | (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: 1/30/18 | | Payee name: Jeana Farmer | | | |
| Amount (\$): 900.00 | | Payee address; City; State; Zip Code: 5108 Fairway San ANGELO TX 76904 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule): Loan Repayment <i>in full</i> | | (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: 2/3/2018 | | Payee name: Tractor Supply | | | |
| Amount (\$): 12.63 | | Payee address; City; State; Zip Code: 2701 Southwest Blvd. San Angelo TX 76904 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule): Advertising Exp (t-posts for signs) | | (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 |

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: (3 of 3) | 2 FILER NAME Mr. Sammy G. Farmer | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/7/2018 | 5 Payee name McLaughlin Advertising | |
| 6 Amount (\$) \$10,685.00 | 7 Payee address; City; State; Zip Code 115 South Park St. San Angelo TX 76901 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Exp. | |
| | (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 | Payee name | Candidate / Officeholder name |
| Amount (\$) | Payee address; City; State; Zip Code | 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 | |
| Complete ONLY if direct expenditure to benefit C/OH | | |
| Date | Payee name | Candidate / Officeholder name |
| Amount (\$) | Payee address; City; State; Zip Code | 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 | |
| Complete ONLY if direct expenditure to benefit C/OH | | |
| Date | Payee name | Candidate / Officeholder name |
| Amount (\$) | Payee address; City; State; Zip Code | 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 | |
| Complete ONLY if direct expenditure to benefit C/OH | | |

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