

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:																			
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%; text-align: center;">Mr.</td> <td style="width:15%; font-size: small;">FIRST</td> <td style="width:25%; text-align: center;">Rhylan</td> <td style="width:10%; font-size: small;">MI</td> <td style="width:20%; text-align: center;">S</td> </tr> <tr> <td style="font-size: x-small;">NICKNAME</td> <td></td> <td style="font-size: x-small;">LAST</td> <td></td> <td style="font-size: x-small;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td colspan="4" style="text-align: center;">Rowe</td> <td></td> </tr> </table>	MS / MRS / MR	Mr.	FIRST	Rhylan	MI	S	NICKNAME		LAST		SUFFIX			Rowe					OFFICE USE ONLY		
MS / MRS / MR	Mr.	FIRST	Rhylan	MI	S																	
NICKNAME		LAST		SUFFIX																		
	Rowe																					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">ADDRESS / PO BOX;</td> <td style="font-size: x-small;">APT / SUITE #;</td> <td style="font-size: x-small;">CITY;</td> <td style="font-size: x-small;">STATE;</td> <td style="font-size: x-small;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center; padding: 10px;">404 Skyline Dr., Trophy Club, TX 76262</td> </tr> </table>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	404 Skyline Dr., Trophy Club, TX 76262													
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																		
404 Skyline Dr., Trophy Club, TX 76262																						
5 CANDIDATE / OFFICEHOLDER PHONE		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">AREA CODE</td> <td style="font-size: small;">PHONE NUMBER</td> <td style="font-size: small;">EXTENSION</td> </tr> <tr> <td style="text-align: center;">(817)</td> <td style="text-align: center;">266-9850</td> <td></td> </tr> </table>		AREA CODE	PHONE NUMBER	EXTENSION	(817)	266-9850														
AREA CODE	PHONE NUMBER	EXTENSION																				
(817)	266-9850																					
6 CAMPAIGN TREASURER NAME		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%; text-align: center;">Mr.</td> <td style="width:15%; font-size: small;">FIRST</td> <td style="width:25%; text-align: center;">Rhylan</td> <td style="width:10%; font-size: small;">MI</td> <td style="width:20%; text-align: center;">S</td> </tr> <tr> <td style="font-size: x-small;">NICKNAME</td> <td></td> <td style="font-size: x-small;">LAST</td> <td></td> <td style="font-size: x-small;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td colspan="4" style="text-align: center;">Rowe</td> <td></td> </tr> </table>		MS / MRS / MR	Mr.	FIRST	Rhylan	MI	S	NICKNAME		LAST		SUFFIX			Rowe					
MS / MRS / MR	Mr.	FIRST	Rhylan	MI	S																	
NICKNAME		LAST		SUFFIX																		
	Rowe																					
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="font-size: x-small;">APT / SUITE #;</td> <td style="font-size: x-small;">CITY;</td> <td style="font-size: x-small;">STATE;</td> <td style="font-size: x-small;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center; padding: 10px;">404 Skyline Dr., Trophy Club, TX 76262</td> </tr> </table>		STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	404 Skyline Dr., Trophy Club, TX 76262													
STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE																		
404 Skyline Dr., Trophy Club, TX 76262																						
8 CAMPAIGN TREASURER PHONE		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">AREA CODE</td> <td style="font-size: small;">PHONE NUMBER</td> <td style="font-size: small;">EXTENSION</td> </tr> <tr> <td style="text-align: center;">(817)</td> <td style="text-align: center;">266-9850</td> <td></td> </tr> </table>		AREA CODE	PHONE NUMBER	EXTENSION	(817)	266-9850														
AREA CODE	PHONE NUMBER	EXTENSION																				
(817)	266-9850																					
9 REPORT TYPE																						
<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td style="text-align: center;">30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>				<input type="checkbox"/> January 15	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 checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)											
<input type="checkbox"/> January 15	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 checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)																			
10 PERIOD COVERED																						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">Month</td> <td style="font-size: x-small;">Day</td> <td style="font-size: x-small;">Year</td> <td style="text-align: center;">THROUGH</td> <td style="font-size: x-small;">Month</td> <td style="font-size: x-small;">Day</td> <td style="font-size: x-small;">Year</td> </tr> <tr> <td style="text-align: center;">10</td> <td style="text-align: center;">5</td> <td style="text-align: center;">2020</td> <td></td> <td style="text-align: center;">10</td> <td style="text-align: center;">26</td> <td style="text-align: center;">2020</td> </tr> </table>				Month	Day	Year	THROUGH	Month	Day	Year	10	5	2020		10	26	2020					
Month	Day	Year	THROUGH	Month	Day	Year																
10	5	2020		10	26	2020																
11 ELECTION																						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; border-bottom: 1px solid black;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">ELECTION DATE</td> <td style="font-size: x-small;">Month</td> <td style="font-size: x-small;">Day</td> <td style="font-size: x-small;">Year</td> </tr> <tr> <td></td> <td style="text-align: center;">11</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2020</td> </tr> </table> </td> <td style="width:60%; border-bottom: 1px solid black;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: x-small;">ELECTION TYPE</td> </tr> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table> </td> </tr> </table>				<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">ELECTION DATE</td> <td style="font-size: x-small;">Month</td> <td style="font-size: x-small;">Day</td> <td style="font-size: x-small;">Year</td> </tr> <tr> <td></td> <td style="text-align: center;">11</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2020</td> </tr> </table>	ELECTION DATE	Month	Day	Year		11	3	2020	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: x-small;">ELECTION TYPE</td> </tr> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>	ELECTION TYPE			<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">ELECTION DATE</td> <td style="font-size: x-small;">Month</td> <td style="font-size: x-small;">Day</td> <td style="font-size: x-small;">Year</td> </tr> <tr> <td></td> <td style="text-align: center;">11</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2020</td> </tr> </table>	ELECTION DATE	Month	Day	Year		11	3	2020	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: x-small;">ELECTION TYPE</td> </tr> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>	ELECTION TYPE			<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special					
ELECTION DATE	Month	Day	Year																			
	11	3	2020																			
ELECTION TYPE																						
<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description																				
<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special																					
12 OFFICE		13 OFFICE SOUGHT (if known)																				
OFFICE HELD (if any)		Town Council, Place 1																				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

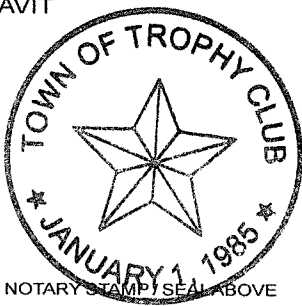
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
--------------	--

16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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

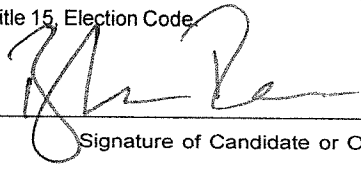
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 475
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 212.81
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 159.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



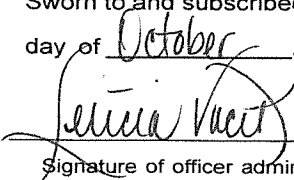
AFFIX NOTARY STAMP SEAL ABOVE

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 Candidate or Officeholder

Sworn to and subscribed before me, by the said Rhylan Rowe, this the 26th day of October, 2020, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Leticia Vacek
Printed name of officer administering oath

Town Secretary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 100
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 375
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	\$ 212.81
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:
1

2 FILER NAME **Rhylan Rowe** 3 Filer ID (Ethics Commission Filers)

4 Date 10/22/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Moore	7 Amount of contribution (\$) 100
	6 Contributor address; City; State; Zip Code 2534 Morgan Ln Trophy Club, TX 76262	

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

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)

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: 1	
2 FILER NAME <p style="text-align: center;">Rhylan Rowe</p>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date <p style="text-align: center;">10/7/20</p>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Mike Lewis</p>	8 Amount of Contribution \$ <p style="text-align: center;">125</p>	9 In-kind contribution description <p style="text-align: center;">yard signs</p>
7 Contributor address; City; State; Zip Code <p style="text-align: center;">2220 McLean Ave., Trophy Club, TX 76262</p>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
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 <p style="text-align: center;">10/7/20</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Byron Waldrip</p>	Amount of Contribution \$ <p style="text-align: center;">250</p>	In-kind contribution description <p style="text-align: center;">video production</p>
Contributor address; City; State; Zip Code <p style="text-align: center;">2012 Churchill Downs Ln., Trophy Club, TX 76262</p>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		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 THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

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

2 FILER NAME 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If lender 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: 2	2 FILER NAME Rhylan Rowe	3 Filer ID (Ethics Commission Filers)
--	------------------------------------	--

4 Date 10/8/2020	5 Payee name Facebook
----------------------------	---------------------------------

6 Amount (\$) 50.00	7 Payee address; 1 Hacker Way, Menlo Park, CA 94025 City; State; Zip Code
-------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Facebook Promotion
	(c) <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 10/16/2020	Payee name Facebook
--------------------	------------------------

Amount (\$) 75.00	Payee address; 1 Hacker Way, Menlo Park, CA 94025 City; State; Zip Code
----------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Facebook Promotion
	<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 10/23/2020	Payee name Facebook
--------------------	------------------------

Amount (\$) 75.00	Payee address; 1 Hacker Way, Menlo Park, CA 94025 City; State; Zip Code
----------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Facebook Promotion
	<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

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: 2	2 FILER NAME Rhylan Rowe	3 Filer ID (Ethics Commission Filers)
4 Date 10/26/2020	5 Payee name Facebook	
6 Amount (\$) 12.81	7 Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Facebook Promotion
	(c) <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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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 <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	
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 <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