

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: 24pt; font-weight: bold;">12</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 24pt; font-weight: bold;">MR JOE L</div> <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 24pt; font-weight: bold;">LEMOINE WRIGHT</div>	OFFICE USE ONLY Date Received <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED APR 04 2019 City Secretary's Office </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 24pt; font-weight: bold;">213 E. COLLEGE ST., GRAPEVINE, TX 76051</div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 24pt; font-weight: bold;">(817) 329-7089</div>		Date Hand-delivered or Date Postmarked <div style="text-align: center; font-size: 24pt; font-weight: bold;">9:07am SCB</div>								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 24pt; font-weight: bold;">MRS KINDAL A</div> <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 24pt; font-weight: bold;">KREAMER</div>	Receipt # Amount \$	Date Processed Date Imaged								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 24pt; font-weight: bold;">601 W. WALL ST., GRAPEVINE, TX 76051</div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 24pt; font-weight: bold;">(817) 329-7083</div>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td style="width:25%;"><input type="checkbox"/> January 15</td> <td style="width:25%;"><input checked="" type="checkbox"/> 30th day before election</td> <td style="width:25%;"><input type="checkbox"/> Runoff</td> <td style="width:25%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)
<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 THROUGH Month Day Year <div style="text-align: center; font-size: 24pt; font-weight: bold;">01 / 17 / 2019 03 / 25 / 2019</div>										
11 ELECTION	ELECTION DATE Month Day Year <div style="text-align: center; font-size: 24pt; font-weight: bold;">05 / 04 / 2019</div>	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 OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 24pt; font-weight: bold;">Grapevine City Council - Place 3</div>										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME
JOE LEMOINE WRIGHT

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

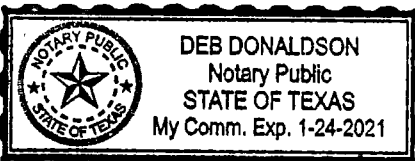
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,094.32
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,160.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,889.30
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 20,000.00

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 of Candidate or Officeholder: [Signature]

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lemoine Wright, this the 4th day of April, 2019, to certify which, witness my hand and seal of office.

Deb Donaldson Signature of officer administering oath
Deb Donaldson Printed name of officer administering oath
Notary Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME JOE LEMOINE WRIGHT		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 10,050.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 44.32
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 20,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$19,160.70
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: 3
2 FILER NAME JOE LEMOINE WRIGHT		3 Filer ID (Ethics Commission Filers)
4 Date 1/28/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Lease 6 Contributor address; City; State; Zip Code 314 Drexel Dr., Grapevine, TX 76051	7 Amount of contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Structures and Interiors, Inc.
Date 2/5/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dustin + Alicia Parker Contributor address; City; State; Zip Code 3500 Heritage Ave., Grapevine, TX 76051	Amount of contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Box Insurance
Date 2/5/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth + Clydene Johnson Contributor address; City; State; Zip Code 812 W. Sunset St., Grapevine, TX 76051	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/20/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron Stacy Contributor address; City; State; Zip Code 331 Pebblebrook Dr., Grapevine, TX 76051	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Stacy Furniture

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
2 FILER NAME JOE LEMOINE WRIGHT		3 Filer ID (Ethics Commission Filers)
4 Date 2/20/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simeon Myers 6 Contributor address; City; State; Zip Code 74 Sampsell Rd, Montgomery, PA 17752	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Arise
Date 2/21/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melva Stanfield Contributor address; City; State; Zip Code 318 Pebblebrook Dr., Grapevine, TX 76051	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/21/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balla Wright Contributor address; City; State; Zip Code 601 W. Wall St., Grapevine, TX 76051	Amount of contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Wright Construction Co., Inc.
Date 2/21/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phil R. Parker Contributor address; City; State; Zip Code 326 Pebblebrook Dr., Grapevine, TX 76051	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Willhoite's
<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: **3**

2 FILER NAME
JOE LEMOINE WRIGHT

3 Filer ID (Ethics Commission Filers)

4 Date
2/21/19

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

Jeannette Parker
6 Contributor address; City; State; Zip Code

326 Pebblebrook Dr., Grapevine, TX 76051

7 Amount of contribution (\$)
\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
2/21/19

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

Eric Parker
Contributor address; City; State; Zip Code

560 Dove Creek Place, Grapevine, TX 76051

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/25/19

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

Mark & Sue Wykes
Contributor address; City; State; Zip Code

525 E. Worth St., Grapevine, TX 76051

Amount of contribution (\$)
\$1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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 JOE LEMOINE WRIGHT		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 1/18/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kindal Ann Kreamer	8 Amount of Contribution \$ \$44.32	9 In-kind contribution description website domain registration
7 Contributor address; City; State; Zip Code 205 E. College St., Grapevine, TX 76051		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) General Counsel		11 Employer (FOR NON-JUDICIAL) (See Instructions) Wright Construction Co, Inc.	
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME JOE LEMOINE WRIGHT		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 2/20/19	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemoine Wright	9 Loan Amount (\$) \$10,000.00
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 213 E. College St., Grapevine, TX 76051	10 Interest rate N/A
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) President		13 Employer (See Instructions) Wright Construction Co., Inc.
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 3/13/19	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemoine Wright	Loan Amount (\$) \$10,000.00
Is lender a financial institution? Y N	Lender address; City; State; Zip Code 213 E. College St., Grapevine, TX 76051	Interest rate N/A
		Maturity date N/A
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Wright Construction Co., Inc.
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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 | 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: 4	2 FILER NAME JOE LEMOINE WRIGHT	3 Filer ID (Ethics Commission Filers)
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4 Date 2/12/19	5 Payee name Fields Communications LLC
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6 Amount (\$) \$2,250.00	7 Payee address; City; State; Zip Code 5200 Rustle Leaf Drive, Arlington, TX 76017
-------------------------------------------	-----------------------------------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 campaign services
-------------------------------------------	------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/12/19	Payee name Mayes Media Group
------------------------	----------------------------------------

Amount (\$) \$1,850.00	Payee address; City; State; Zip Code 312 Creekwood Dr., Sunnyvale, TX 75182
----------------------------------	---------------------------------------------------------------------------------------

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 Campaign Services
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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 2/22/19	Payee name JG Media/Community Impact
------------------------	------------------------------------------------

Amount (\$) \$1,040.00	Payee address; City; State; Zip Code 3600 E. Palm Valley Blvd. Box #3, Round Rock, TX 78665
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense political advertising
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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 JOE LEMOINE WRIGHT	3 Filer ID (Ethics Commission Filers)
----------------------------------------	-------------------------------------------	----------------------------------------------

4 Date 3/5/19	5 Payee name Mayes Media Group
-------------------------	------------------------------------------

6 Amount (\$) \$1,850.00	7 Payee address; City; State; Zip Code 312 Creekwood Dr., Sunnyvale, TX 75182
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Website Design
-------------------------------------------	------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---------------------------------------------------------------------	-------------------------------	---------------	-------------

Date 3/5/19	Payee name Mayes Media Group
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Amount (\$) \$3,846.69	Payee address; City; State; Zip Code 312 Creekwood Dr., Sunnyvale, TX 75182
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Signs
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
------------------------------------------------------------	-------------------------------	---------------	-------------

Date 3/5/19	Payee name Mayes Media Group
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Amount (\$) \$1,462.13	Payee address; City; State; Zip Code 312 Creekwood Dr., Sunnyvale, TX 75182
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense political advertising design and printing
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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 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: 4	2 FILER NAME JOE LEMOINE WRIGHT	3 Filer ID (Ethics Commission Filers)
----------------------------------------	-------------------------------------------	----------------------------------------------

4 Date 3/5/19	5 Payee name Mayes Media Group
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6 Amount (\$) \$811.88	7 Payee address; City; State; Zip Code 312 Creekwood Dr., Sunnyvale, TX 75182
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Photography
-------------------------------------------	------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---------------------------------------------------------------------	-------------------------------	---------------	-------------

Date 3/5/19	Payee name Mayes Media Group
----------------	---------------------------------

Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 312 Creekwood Dr., Sunnyvale, TX 75182
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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 Campaign Services
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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 3/7/19	Payee name Fields Communications LLC
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Amount (\$) \$2,250.00	Payee address; City; State; Zip Code 5200 Rustle Leaf Dr., Arlington, TX 76017
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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 Campaign Services
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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 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: 4	2 FILER NAME JOE LEMOINE WRIGHT	3 Filer ID (Ethics Commission Filers)
-----------------------------------------------	--------------------------------------------------	----------------------------------------------

4 Date 3/21/19	5 Payee name JG Media / Community Impact
---------------------------------	-----------------------------------------------------------

6 Amount (\$) \$1,800.00	7 Payee address; City; State; Zip Code 3600 E. Palm Valley Blvd. Box #3, Round Rock, TX 78665
-------------------------------------------	----------------------------------------------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 political advertising
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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 <u>ONLY</u> 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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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 <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