

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: 10																		
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%;">Mr.</td> <td style="width:20%; font-size: small;">FIRST</td> <td style="width:20%;">Anthony</td> <td style="width:10%; font-size: small;">MI</td> <td style="width:10%;">C.</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td>Tony</td> <td style="font-size: small;">LAST</td> <td>Grimes</td> <td style="font-size: small;">SUFFIX</td> <td></td> </tr> </table>	MS / MRS / MR	Mr.	FIRST	Anthony	MI	C.	NICKNAME	Tony	LAST	Grimes	SUFFIX		<p style="text-align: center;">OFFICE USE ONLY</p> <p style="font-size: small;">Date Received</p> <p style="text-align: center;">Office of Legal Services Irving ISD</p> <p style="font-size: x-large; color: blue; text-align: center;">APR 26 2019</p> <p style="font-size: large; color: blue; text-align: center;">RECEIVED</p> <p style="color: red; font-style: italic; text-align: right;">12:10pm AHZ</p> <p style="font-size: small;">Date Hand-delivered or Date Postmarked</p>							
MS / MRS / MR	Mr.	FIRST	Anthony	MI	C.																
NICKNAME	Tony	LAST	Grimes	SUFFIX																	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width:15%; font-size: small;">APT / SUITE #;</td> <td style="width:15%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:30%; font-size: small;">ZIP CODE</td> </tr> <tr> <td>P. O. Box 166176</td> <td></td> <td>Irving</td> <td>TX</td> <td>75016</td> </tr> </table>			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	P. O. Box 166176		Irving	TX	75016								
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																	
P. O. Box 166176		Irving	TX	75016																	
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">AREA CODE</td> <td style="width:30%; font-size: small;">PHONE NUMBER</td> <td style="width:50%; font-size: small;">EXTENSION</td> </tr> <tr> <td>(214)</td> <td>315-3151</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(214)	315-3151													
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6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%;">Ms.</td> <td style="width:20%; font-size: small;">FIRST</td> <td style="width:20%;">Jearlene</td> <td style="width:10%; font-size: small;">MI</td> <td style="width:10%;"></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td></td> <td style="font-size: small;">LAST</td> <td>Miller</td> <td style="font-size: small;">SUFFIX</td> <td></td> </tr> </table>	MS / MRS / MR	Ms.	FIRST	Jearlene	MI		NICKNAME		LAST	Miller	SUFFIX		Receipt #	Amount \$						
MS / MRS / MR	Ms.	FIRST	Jearlene	MI																	
NICKNAME		LAST	Miller	SUFFIX																	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%; font-size: small;">APT / SUITE #;</td> <td style="width:10%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:25%; font-size: small;">ZIP CODE</td> </tr> <tr> <td>2801 N. Britain Road</td> <td></td> <td>Irving</td> <td>TX</td> <td>75062-8936</td> </tr> </table>		STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	2801 N. Britain Road		Irving	TX	75062-8936								
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(214)	732-6707																				
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 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 \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input 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 checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)										
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">Month</td> <td style="width:10%; font-size: small;">Day</td> <td style="width:15%; font-size: small;">Year</td> <td style="width:10%;"></td> <td style="width:10%; font-size: small;">Month</td> <td style="width:10%; font-size: small;">Day</td> <td style="width:15%; font-size: small;">Year</td> </tr> <tr> <td>03 /</td> <td>26 /</td> <td>2019</td> <td style="text-align: center;">THROUGH</td> <td>04 /</td> <td>25 /</td> <td>2019</td> </tr> </table>			Month	Day	Year		Month	Day	Year	03 /	26 /	2019	THROUGH	04 /	25 /	2019				
Month	Day	Year		Month	Day	Year															
03 /	26 /	2019	THROUGH	04 /	25 /	2019															
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: small;">ELECTION DATE</td> <td colspan="3" style="font-size: small;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input checked="" type="checkbox"/> Other Description</td> </tr> <tr> <td>05 /</td> <td>04 /</td> <td>2019</td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td style="text-align: center; border-bottom: 1px solid black;">School Board</td> </tr> </table>	ELECTION DATE			ELECTION TYPE			Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> Other Description	05 /	04 /	2019	<input type="checkbox"/> General	<input type="checkbox"/> Special	School Board		
ELECTION DATE			ELECTION TYPE																		
Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> Other Description																
05 /	04 /	2019	<input type="checkbox"/> General	<input type="checkbox"/> Special	School Board																
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Irving ISD Board Trustee District 6																			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **Anthony C. Grimes** 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	\$ 25.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1425.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1381.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1675.26
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.

Anthony C. Grimes
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Anthony C. Grimes, this the 26th day of April, 2019, to certify which, witness my hand and seal of office.

Andrea I. Hernandez
Signature of officer administering oath

Andrea I Hernandez
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 Anthony C. Grimes		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1400.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1381.60
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 413.92
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 301.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Anthony C. Grimes		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Brown	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 2613 Pinto Drive Denton, TX 76210		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/27/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Brown	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2613 Pinto Drive Denton, TX 76210		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Frank Garcia	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 618 W. Jefferson Blvd. Dallas, TX 75208		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/29/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phil Smith	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1802 Puritan Drive Irving, TX 75062		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Tony C. Grimes		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lely White	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 1241 Marlynn Street Irving, TX 75061		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/29/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlene Howell	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 5455 La Sierra Drive, #516 Dallas, TX 75231		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adrian Howard	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 4070 N. Beltline Road Irving, TX 75038-5000		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig Smith	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1717 Main St., Ste. 5001, LB 17 Dallas TX 75201		
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	2 FILER NAME Anthony C. Grimes	3 Filer ID (Ethics Commission Filers)
4 Date 3/27/19	5 Payee name Amazon	
6 Amount (\$) \$ 49.49	7 Payee address; City; State; Zip Code 1516 Second Avenue Seattle, WA 98101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense - Stakes 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held
Date 4/7/19	Payee name Amazon	
Amount (\$) \$47.49	Payee address; City; State; Zip Code 1516 Second Avenue Seattle, WA 98101	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense - Stakes for Signs	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		
Candidate / Officeholder name	Office sought	Office held
Date 4/6/19	Payee name 29 Inc. LP	
Amount (\$) 301.00	Payee address; City; State; Zip Code P. O. Box 166176 Irving, TX 75016	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	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		
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 FILER NAME Anthony C. Grimes	3 Filer ID (Ethics Commission Filers)
4 Date 4/9/19	5 Payee name The Order Desk	
6 Amount (\$) \$ 341.68	7 Payee address; City; State; Zip Code 9840 Monroe Drive, Ste. 104 Dallas, TX 75220	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing & Postage	(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 Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 4/24/19	Payee name Rosewood	
Amount (\$) \$188.95	Payee address; City; State; Zip Code 2101 Cedar Springs Road, Ste. 1600 Dallas, TX 75201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	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 Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 4/19/19	Payee name Sam's Club	
Amount (\$) \$128.99	Payee address; City; State; Zip Code 1213 Market Place Blvd., Irving, TX 75063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	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 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
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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 FILER NAME Anthony C. Grimes	3 Filer ID (Ethics Commission Filers)			
4 Date 4/25/19	5 Payee name Always Distributing Service				
6 Amount (\$) \$ 324.00	7 Payee address; City; State; Zip Code 202 S. Clark Road, Cedar Hill, 75104				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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			
	<table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border: none;">Candidate / Officeholder name</td> <td style="width:20%; border: none;">Office sought</td> <td style="width:20%; border: none;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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			
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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			
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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 PERSONAL FUNDS

SCHEDULE G

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 G: 1	2 FILER NAME Anthony C. Grimes	3 Filer ID (Ethics Commission Filers)
4 Date 4/24/19	5 Payee name Rosewood	
6 Amount (\$) \$188.95	7 Payee address; City; State; Zip Code 2101 Cedar Springs Road, Ste. 1600, Dallas, TX 75201	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(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	Candidate / Officeholder name	Office sought Office held
Date 4/19/19	Payee name Sam's Club	
Amount (\$) \$128.99	Payee address; City; State; Zip Code 1213 Market Place Blvd., Irving, TX 75063	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	(b) 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 4/7/19	Payee name Amazon	
Amount (\$) \$95.98	Payee address; City; State; Zip Code 1516 Second Avenue Seattle, WA 98101	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense - Stakes 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
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

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H: 1	2 FILER NAME Anthony C. Grimes	3 Filer ID (Ethics Commission Filers)
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4 Date 4/24/19	5 Business name 29 Inc. LP
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6 Amount (\$) \$301.00	7 Business address; City; State; Zip Code P. O. Box 166176, Irving, TX 75016
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(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	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
------	---------------

Amount (\$)	Business 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	Business name
------	---------------

Amount (\$)	Business 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