

# 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: right; font-size: 1.2em;">17</div>																
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="font-size: 1.2em;">MR. ROBERT LEE</div>		OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Date Received <div style="font-size: 1.5em;">4/24/24</div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Receipt # Amount \$</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Date Imaged</div>																
	NICKNAME LAST SUFFIX <div style="font-size: 1.2em;">BOB NOHRN</div>																		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <div style="font-size: 0.8em;">Change of Address <input type="checkbox"/></div>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">443 OAKBROOK DA NEW BROWNS TX 78132</div>																		
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(830) 625 8729</div>																		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="font-size: 1.2em;">MR. PAT PENKE</div>																		
	NICKNAME LAST SUFFIX																		
7 CAMPAIGN TREASURER ADDRESS <div style="font-size: 0.8em;">(Residence or Business)</div>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">17 PRESTON WOOD NEW BROWNS TX 78130</div>																	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(830) 237 8686</div>																	
9 REPORT TYPE		<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 15th 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 checked="" type="checkbox"/> Final Report (Attach C/OH - FR)																	
10 PERIOD COVERED		<div style="font-size: 1.2em;">10/01/2023</div> <div style="font-size: 1.2em;">3 / 24 / 2024</div> <div style="font-size: 1.2em;">THROUGH</div> <div style="font-size: 1.2em;">2 /</div>																	
11 ELECTION		ELECTION DATE    ELECTION TYPE Month <div style="font-size: 1.2em;">5</div> Day <div style="font-size: 1.2em;">4</div> Year <div style="font-size: 1.2em;">2024</div> <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="font-size: 1.2em;">NONE</div> <div style="font-size: 1.2em;">COUNCILMAN PCF 3</div>																	
14 NOTICE FROM POLITICAL COMMITTEE(S) <div style="font-size: 0.8em;">Additional Pages <input type="checkbox"/></div>		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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;"><div style="font-size: 1.2em;">NONE</div></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><div style="font-size: 1.2em;">NONE</div></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><div style="font-size: 1.2em;">NONE</div></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><div style="font-size: 1.2em;">NONE</div></td> </tr> </table>		COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	<div style="font-size: 1.2em;">NONE</div>	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		<div style="font-size: 1.2em;">NONE</div>		COMMITTEE CAMPAIGN TREASURER NAME		<div style="font-size: 1.2em;">NONE</div>		COMMITTEE CAMPAIGN TREASURER ADDRESS		<div style="font-size: 1.2em;">NONE</div>
COMMITTEE TYPE	COMMITTEE NAME																		
<input type="checkbox"/> GENERAL	<div style="font-size: 1.2em;">NONE</div>																		
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS																		
	<div style="font-size: 1.2em;">NONE</div>																		
	COMMITTEE CAMPAIGN TREASURER NAME																		
	<div style="font-size: 1.2em;">NONE</div>																		
	COMMITTEE CAMPAIGN TREASURER ADDRESS																		
	<div style="font-size: 1.2em;">NONE</div>																		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

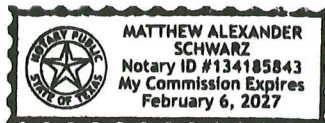
15 C/OH NAME <u>ROBERT LEE NOHRN</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>3275<sup>00</sup></u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3275<sup>00</sup></u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 SIGNATURE 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.

Robert Lee Nohrn  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Robert Nohrn this the 24<sup>th</sup> day of April, 2024, to certify which, witness my hand and seal of office.

Matthew Schwarz · Matthew Schwarz Assistant City Secretary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

ROBERT L. NOURN

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$	0
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	3275 <sup>48</sup>
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	30 <sup>00</sup>
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME <b>Robert Norton</b>		3 Filer ID (Ethics Commission Filers) 0
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>NONE</b>	7 Amount of contribution (\$) 0
	6 Contributor address; City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>NONE</b>	Amount of contribution (\$) 0
	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#: _____) <b>NONE</b>	Amount of contribution (\$) 0
	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#: _____) <b>NONE</b>	Amount of contribution (\$) 0
	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.

## SCHEDULE A2

**The Instruction Guide explains how to complete this form.**

1

Robert MATHW



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☐ Check if travel outside of Texas. Complete Schedule T.

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(FOR NON-JUDICIAL)  
NONE



NO NO



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none

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1	
2 FILER NAME ROBERT NUGEN		3 Filer ID (Ethics Commission Filers) 1	
4 TOTAL OF UNITEMIZED PLEDGES		\$	

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) NONE	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; _____ City; _____ State; _____ Zip Code	0	0
<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#: _____) NONE	Amount of Pledge \$	In-kind contribution description
	Pledgor address; _____ City; _____ State; _____ Zip Code	0	0
<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#: _____) NONE	Amount of Pledge \$	In-kind contribution description
	Pledgor address; _____ City; _____ State; _____ Zip Code	0	0
<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#: _____) NONE	Amount of Pledge \$	In-kind contribution description
	Pledgor address; _____ City; _____ State; _____ Zip Code	0	0
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Robert Notman		3 Filer ID (Ethics Commission Filers) 1
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: ) None	9 Loan Amount (\$) 0
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate 0
		11 Maturity date 0
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions) None 0
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 None	19 Amount Guaranteed (\$) 0
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions) 0
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: ) None	Loan Amount (\$) 0
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate 0
		Maturity date 0
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) 0
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 None	Amount Guaranteed (\$) 0
	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**

If the requested information is not applicable, **DO NOT** include this page in the report.

## 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.

<b>1</b> Total pages Schedule F1: 1		<b>2</b> FILER NAME <i>ROBERT NOTAR</i>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>4/24/24</i>		<b>5</b> Payee name <i>NOVA</i>			
<b>6</b> Amount (\$)		<b>7</b> Payee address; City; State; Zip Code <i>NA NEWS PAPER</i>			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>NA</i>		<b>(b)</b> Description <i>L</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name <i>NOVA</i>			
Amount (\$)		Payee address; City; State; Zip Code <i>NA</i>			
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 <i>163275</i>		
	<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



# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

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 F2:	2 FILER NAME <i>Robert Nodan</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ <i>0 (3175<sup>00</sup>)</i>

5 Date	6 Payee name <i>NA INCLUDED</i>		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political	<i>11</i>
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>11</i>	(b) Description <i>X 11</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 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 <i>HEARST</i>
Amount (\$)	Payee address; City; State; Zip Code <i>LAWBA ST</i>

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political	<i>11</i>
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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	

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

**PURCHASE OF INVESTMENTS MADE  
FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F3**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3: <u>7</u>
2 FILER NAME <u>Robert Nozawa</u>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased <u>NA</u>	
	6 Address of person from whom investment is purchased; City; State; Zip Code <u>NA</u>	
	7 Description of investment <u>NA</u>	
	8 Amount of investment (\$) <u>NA</u>	
Date	Name of person from whom investment is purchased <u>NA</u>	
	Address of person from whom investment is purchased; City; State; Zip Code <u>NA</u>	
	Description of investment <u>NA</u>	
	Amount of investment (\$) <u>NA</u>	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME <b>ROBERT NUNN</b>	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ <b>3275<sup>00</sup></b>	
5 CREDIT CARD ISSUER	Name of financial institution <b>CHASE BANK</b>	
6 PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged <b>ATTACHED</b>
7 PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code <b>YELLOW PAGES</b>
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description <b>PAGE</b>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description <b>11</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code <b>11</b>
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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 G:	2 FILER NAME <b>ROBERT NOHAN</b>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name <b>" "</b>	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>" "</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <b>ATTACHED</b>
	(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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>NA</b>	
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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>NA</b>	
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		

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

## SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME <i>Robert Nathan</i>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date	<b>5</b> Business name <i>NEWS</i>				
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code <i>NA</i>				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>NA</i>	<b>(b)</b> Description <i>O</i>			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%;"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date	Business name <i>NA</i>				
Amount (\$)	Business address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	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 <table style="width: 100%;"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date	Business name <i>NA</i>				
Amount (\$)	Business address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <i>O</i>			
	<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 <table style="width: 100%;"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME <b>ROBERT NOHAN</b>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address;	City State Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name <b>NONE</b>	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code <b>NONE</b>
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code <b>NONE</b>
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME <b>ROBERT NOHAN</b>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received <b>Attorney</b>	8 Amount (\$) <b>0</b>
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received <b>ATT</b>	Amount (\$) <b>0</b>
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received <b>ATT</b>	Amount (\$) <b>0</b>
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received <b>ATT</b>	Amount (\$) <b>0</b>
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME <u>ROBERT NOLAN</u>		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input checked="" type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input checked="" type="checkbox"/> Schedule F2 <input checked="" type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS <u>ATTACHED</u>		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location <u>NA</u>	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling <u>NA</u>	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input checked="" type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling <u>NA</u>	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

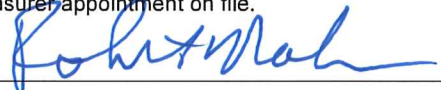
1 C/OH NAME

Robert Nuharn

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

## A. CAMPAIGN FUNDS

Check only one:

☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

## B. ASSETS

Check only one:

☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

  
Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder



# Campaign Expenses

(Chase cc card)

3-18 NB Conserve 250.<sup>00</sup>

3-18 " 120.<sup>00</sup>

3-19 NB H. Zeitung 1280.81

4-5 Chalk Line 986.50

Signs

150.<sup>00</sup>

(appr.) NB HZ ad

487.<sup>00</sup>

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3275.<sup>00</sup>