

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	2 Total pages filed: 68
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Quentin	MI
	NICKNAME	LAST Wiltz	SUFFIX
OFFICE USE ONLY			
Date Received <i>July 20, 2020</i>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 11601 Shadow Creek Pwy, 111-532		ZIP CODE
	Pearland, TX 77584		Date Hand-delivered or Date Postmarked <i>July 20, 2020</i>
	Receipt #	Amount	
	Date Processed		
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	AREA CODE PHONE NUMBER EXTENSION		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	8 REPORT TYPE <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 checked="" 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)		
9 PERIOD COVERED	Month Day Year		Month Day Year
	01/01/2020		THROUGH 06/30/2020
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
	11/03/2020		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

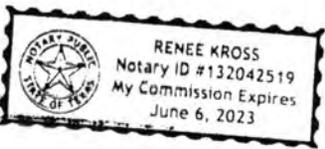
2 of 68

13 C / OH NAME Wiltz, Quentin	14 Filer ID
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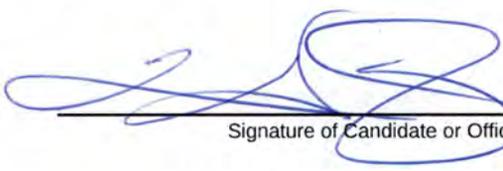
15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.							
<table border="1" style="width:100%"> <tr> <td style="width:20%">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td></td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL		<input type="checkbox"/> SPECIFIC		COMMITTEE ADDRESS	
	COMMITTEE TYPE	COMMITTEE NAME						
	<input type="checkbox"/> GENERAL							
	<input type="checkbox"/> SPECIFIC							
COMMITTEE CAMPAIGN TREASURER NAME								
COMMITTEE CAMPAIGN TREASURER ADDRESS								

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 320.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 29,720.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 23,111.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 11,550.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT



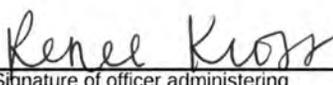
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Quentin Wiltz, this the 20 day of July, 2020, to certify which, witness my hand and seal of office.



 Signature of officer administering

Renee Kross

 Printed name of officer administering

Records manager

 Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Wiltz, Quentin	19 Filer ID
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 29,720.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 21,616.69
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,494.69
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES 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: Sch: 1/25 Rpt: 4/68
2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 02/10/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALAM, MOHAMMAD	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code 1504 LAUREL LEAF LANE Pearland, TX 77584	
8 Principal occupation / Job title (See Instructions) ENGINEER		9 Employer (See Instructions) VALERO
Date 03/26/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALIMEKE, JOHN	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 14519 CULLEN BLVD H HOUSTON, TX 77047	
Principal occupation / Job title (See Instructions) SELF EMPLOYED		Employer (See Instructions) PREFERRED HOME TECHNOLOGIES INC.
Date 06/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALLEN, LAURA	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 7827 TWIN HILLS DRIVE HOUSTON, TX 77071	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 01/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALVAREZ, MICHAEL	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code 2207 NEMES LANE PEARLAND, TX 77581	
Principal occupation / Job title (See Instructions) SUPPLY CHAIN ASSOCIATE		Employer (See Instructions) ANDON SPECIALTIES
Date 03/26/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDERSON, DEBORAH	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 3314 SEQUOIA LAKE TRAIL PEARLAND, TX 77581	
Principal occupation / Job title (See Instructions) CONTRACTOR		Employer (See Instructions) BOYS & GIRLS CLUB OF BRAZORIA COUNTY

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/25 Rpt: 5/68
2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 03/09/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANW TRANSPORTATION INC	7 Amount of Contribution (\$) \$5,000.00
6 Contributor address; City; State; Zip Code 2622 CRYSTAL FALLS DRIVE PEARLAND, TX 77584		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARRINGTON, MONICA	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 2826 MEADOWGRASS LN HOUSTON, TX 77082		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 03/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAGGETT, ANTRECE	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 3615 CANTON DRIVE PEARLAND, TX 77584		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BASILE, LINDA	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 10802 O'MALLY DRIVE HOUSTON, TX 77067		
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions) UNEMPLOYED
Date 06/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEASLEY, CHRYSTALL L.	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2201 ALABAMA STREET HOUSTON, TX 77004		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/25 Rpt: 6/68
2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 03/18/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BERRY, SHIREE	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 8602 CYPRESSWOOD DRIVE SPRING, TX 77379		
8 Principal occupation / Job title (See Instructions) PHYSICIAN		9 Employer (See Instructions) ENVISION PHYSICIAN SERVICES
Date 04/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BETHLEY, ARTHUR	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 11304 SUNLIT BAY DRIVE PEARLAND, TX 77584		
Principal occupation / Job title (See Instructions) IT ANALYST		Employer (See Instructions) SELF EMPLOYED
Date 06/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLAKES, EDWARD	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 5425 McCULLOC CIRCLE HOUSTON, TX 77056		
Principal occupation / Job title (See Instructions) SOFTWARE DEVELOPER		Employer (See Instructions) ENTERPRISE PRODUCTS PARTNER
Date 06/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLAKES, EDWARD	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 5425 McCULLOC CIRCLE HOUSTON, TX 77056		
Principal occupation / Job title (See Instructions) SOFTWARE DEVELOPER		Employer (See Instructions) ENTERPRISE PRODUCTS PARTNER
Date 02/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLAKES, STEPANIE	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 5425 McMULLOCH CIRCLE HOUSTON, TX 77056		
Principal occupation / Job title (See Instructions) PLANNER		Employer (See Instructions) SEREN WEALTH

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/25 Rpt: 7/68
2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 02/07/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLATT, DOUGLAS <hr/> 6 Contributor address; City; State; Zip Code 3701 INLAND DRIVE PEARLAND, TX 77584	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) SOFTWARE DEVELOPER		9 Employer (See Instructions) RICE UNIVERCITY
Date 02/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BREMOND, LUCY <hr/> Contributor address; City; State; Zip Code 1615 SOUTH YEGUA RIVER CIRCLE SUGARLAND, TX 77478	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) EDUCATOR		Employer (See Instructions) EMANCIPATION PARK CONCERVANCY
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, JAMES <hr/> Contributor address; City; State; Zip Code 12203 ROSEMONT LANE PEARLAND, TX 77584	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BURGESS, YUSEF <hr/> Contributor address; City; State; Zip Code 5406 MEADOW SPRING COURT ROSHARON, TX 77583	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) INSURANCE ADVISOR		Employer (See Instructions) MARSH McLENNAN AGENCY
Date 03/26/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLIN, BARBARA <hr/> Contributor address; City; State; Zip Code 3839 PAIGEWOOD DRIVE PEARLAND, TX 77584	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) PROFESSOR		Employer (See Instructions) UNIVERSITY OF HOUSTON

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/25 Rpt: 8/68
2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 06/17/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, JACQUELINE	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 22407 WILLOW CREEK BRIDGE LANE TOMBALL, TX 77375		
8 Principal occupation / Job title (See Instructions) DIRECTOR		9 Employer (See Instructions) HARRIS COUNTY SHERIFF OFFICE
Date 02/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASSEY, ANGELA	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 8706 BEACON BEND LANE PEARLAND, TX 77584		
Principal occupation / Job title (See Instructions) PHARMACIST		Employer (See Instructions) BEDSIDE MANOR PHARMACY
Date 06/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHATMAN, DWONDLYN	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 3418 ENGLEWOOD DRIVE PEARLAND, TX 77584		
Principal occupation / Job title (See Instructions) AUDITOR		Employer (See Instructions) COMPTROLERS OFFICE
Date 06/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COOPER, JEFFERSON	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 11308 SOFTBREEZE CT PEARLAND, TX 77584		
Principal occupation / Job title (See Instructions) THERAPIST		Employer (See Instructions) SELF EMPLOYED
Date 05/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COWART, CHRIS	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 4605 SEBASTOPOL DRIVE PEARLAND, TX 77584		
Principal occupation / Job title (See Instructions) ADMINISTRATOR		Employer (See Instructions) HOME CARE OPTIONS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/25 Rpt: 9/68
2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 03/11/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CSRS, INC	7 Amount of Contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code 6767 PERKINS ROAD BATON ROUGE, LA 70506		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CURRY, MICHAEL	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 5205 BROADWAY ST #136 PEARLAND, TX 77581		
Principal occupation / Job title (See Instructions) ASSOCIATE		Employer (See Instructions) H E B
Date 02/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIDSON JR., JAMES	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 3110 PRESLE JANE CT MISSOURI CITY, TX 77459		
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) AIG
Date 06/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS, GLORIA	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 13202 SAGE MEADOW LANE PEARLAND, TX 77584		
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions) UNEMPLOYED
Date 02/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAWSON, SARA	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2503 STILL BAY STREET PEARLAND, TX 77584		
Principal occupation / Job title (See Instructions) LEGAL EDITOR		Employer (See Instructions) O'CONNOR'S

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/25 Rpt: 10/68
2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 05/07/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOTIE, YVONNE <hr/> 6 Contributor address; City; State; Zip Code 2020 BUSINESS CENTER DRIVE PEARLAND, TX 77584	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) ADMINISTRATOR		9 Employer (See Instructions) BAKER RIPLEY
Date 06/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUNLAP, ROBERT <hr/> Contributor address; City; State; Zip Code 3212 ORCHARD MILL LANE PEARLAND, TX 77584	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) ASSISTANT DIRECTOR		Employer (See Instructions) INROADS
Date 06/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELLIOTT, JOSEPH <hr/> Contributor address; City; State; Zip Code 4810 MERIDIAN PARK DR PEARLAND, TX 77584	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) INSURANCE BROKER		Employer (See Instructions) NASB
Date 01/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ESCOBAR, DAVID <hr/> Contributor address; City; State; Zip Code 11814 SEA SHADOW BEND PEARLAND, TX 77584	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) LORANCE & THOMPSON
Date 06/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FISHER, SARAH <hr/> Contributor address; City; State; Zip Code 2601 RAVENLAKE CT PEARLAND, TX 77584	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) IT PROFESSIONAL		Employer (See Instructions) VISON & ELKINS LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/25 Rpt: 11/68
2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 05/08/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FORBIS, DYLAN	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code 5626 COTTONWOOD STREET PEARLAND, TX 77584		
8 Principal occupation / Job title (See Instructions) FIELD ORGANZER		9 Employer (See Instructions) SELF EMPLOYED
Date 06/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GAFFORD, GABARIELLE	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 3507 ROSS LANE MANVEL, TX 77578		
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions) UNEMPLOYED
Date 06/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARRICK, CECIL	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 4906 PEPPERMILL LANE ROSHARON, TX 77583		
Principal occupation / Job title (See Instructions) ACCOUNTANT		Employer (See Instructions) M&K CPA's PLLC
Date 06/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GAUTIER, BYRON	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2606 ATLAS DR MISSOURI CITY, TX 77459		
Principal occupation / Job title (See Instructions) TRAINER		Employer (See Instructions) ASPENTECH
Date 06/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GITE, LLOYD	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 2024 ALABAMA STREET HOUSTON, TX 77004		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/25 Rpt: 12/68
2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 06/17/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOODEN, CHERRY	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code 11815 GATLINBURGE DRIVE HOUSTON, TX 77031	
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions) NOT EMPLOYED
Date 01/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOURRIER, STEVEN	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 1516 TYLER POINT LANE HOUSTON, TX 77089	
Principal occupation / Job title (See Instructions) ADMINISTRATOR		Employer (See Instructions) HOUSTON ISD
Date 03/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREEN, RONALD	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 3757 PARKWOOD HOUSTON, TX 77021	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) GREENBERG TRAURIG, LLP
Date 02/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRIMMETT, JOHN	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 2417 CHELMSFORD CT Pearland, TX 77584	
Principal occupation / Job title (See Instructions) EDUCATOR		Employer (See Instructions) PEARLAND ISD
Date 05/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GROVES, MARY	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code P O BOX 841297 PEARLAND, TX 77584	
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/25 Rpt: 13/68
2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 06/16/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRIS, BEVERLY	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 3406 ST EMANUEL STREET HOUSTON, TX 77004		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRISON, OPAL	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2027 VERMILLION OAK STREET FRESNO, TX 77545		
Principal occupation / Job title (See Instructions) EDUCATOR		Employer (See Instructions) HOUSTON ISD
Date 06/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRISON, OPAL	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2027 VERMILLION OAK STREET FRESNO, TX 77545		
Principal occupation / Job title (See Instructions) EDUCATOR		Employer (See Instructions) HOUSTON ISD
Date 06/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENDERSON, JOHNNIA	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 602 CYPRESSWOOD TRACE SPRING, TX 77273		
Principal occupation / Job title (See Instructions) PS		Employer (See Instructions) DEPT OF COMMERCE
Date 06/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HICKS, I	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 8215 SUMMITT PLACE HOUSTON, TX 77071		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/25 Rpt: 14/68
2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 03/03/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HLAVINKA, BRIAN	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 4710 BRIAN HAVEN DRIVE HOUSTON, TX 77018		
8 Principal occupation / Job title (See Instructions) DIRECTOR BUSINESS DEVELOPMENT		9 Employer (See Instructions) WILLIAMS
Date 03/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Carl A.	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2706 Field Hollow Drive Pearland, TX 77584		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, MARGARITA R	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 2113 LIMRICK DR PEARLAND, TX 77581		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, NORMA	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 11405 GLADWATER DR PEARLAND, TX 77584		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JR THOMAS GROUP INC	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code P O BOX 5414 HOUSTON, TX 77258		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/25 Rpt: 15/68
2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 01/17/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KASINGA, CHARLES	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 2923 S CEDAR HOLLOW DR PEARLAND, TX 77584		
8 Principal occupation / Job title (See Instructions) GENERAL MANAGER		9 Employer (See Instructions) TOKENYA COM INC
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KASINGA, CHARLES	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2923 S CEDAR HOLLOW DR PEARLAND, TX 77584		
Principal occupation / Job title (See Instructions) GENERAL MANAGER		Employer (See Instructions) TOKENYA COM INC
Date 02/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KASINGA, CHARLES	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2923 S CEDAR HOLLOW DR PEARLAND, TX 77584		
Principal occupation / Job title (See Instructions) GENERAL MANAGER		Employer (See Instructions) TOKENYA COM INC
Date 02/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KASSEB, DALIA	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 12308 SIGNAL HILL CT Pearland, TX 77584		
Principal occupation / Job title (See Instructions) PHARMACIST		Employer (See Instructions) SELF EMPLOYED
Date 06/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOLENDA, MINH	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4610 PECAN GROVE Pearland, TX 77584		
Principal occupation / Job title (See Instructions) POST CLOSER		Employer (See Instructions) INTERLINC MORTGAGE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/25 Rpt: 16/68
2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 05/20/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAND, LAURA	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 5001 W. WADLEY AVE APT M313 MIDLAND, TX 79707		
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions) NOT EMPLOYED
Date 01/31/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LANDRY, ANN	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 679 E. COUNTRY GROVE CIR PEARLAND, TX 77584		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 01/31/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LANDRY, ANN	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 679 E. COUNTRY GROVE CIR PEARLAND, TX 77584		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 06/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LANDRY, ANN	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 679 E. COUNTRY GROVE CIR PEARLAND, TX 77584		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 06/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LANDRY, EARL	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 679 E. COUNTRY GROVE CIR PEARLAND, TX 77584		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/25 Rpt: 17/68
2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 06/24/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LANGHANS, KIMBERLY	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code 3611 CHATWOOD LANE PEARLAND, TX 77584	
8 Principal occupation / Job title (See Instructions) PROPOSAL SPECIALIST		9 Employer (See Instructions) SIEMENS ENERGY
Date 06/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAVERGNE, THEOGNE	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 19240 SAINT ALBAN HILLS DR WILDWOOD, MO 63038	
Principal occupation / Job title (See Instructions) ELECTRICAL ENGINEER		Employer (See Instructions) GENERAL MOTORS
Date 03/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LIBERATORE, JIM	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 2706 PEBBLE CREEK DRIVE PEARLAND, TX 77581	
Principal occupation / Job title (See Instructions) PRIEST		Employer (See Instructions) ST. ANDREWS
Date 06/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LLOYD GITE ENTERPRISES INC	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code 2024 ALABAMA HOUSTON, TX 77004	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LLOYD, ROSALIND	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code P O BOX 75338 HOUSTON, TX 77234	
Principal occupation / Job title (See Instructions) REHABILITATION COUNSELOR		Employer (See Instructions) SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/25 Rpt: 18/68
2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 06/05/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOVE, FRANCES	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 4817 CHAPEREL DRIVE PEARLAND, TX 77584		
8 Principal occupation / Job title (See Instructions) ADMINISTRATOR		9 Employer (See Instructions) HOUSTON METHODIST
Date 05/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeBLANC, STEPHANIE	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 3111 AMERSON DRIVE PEARLAND, TX 77584		
Principal occupation / Job title (See Instructions) INSTRUCTIONAL DESIGNER		Employer (See Instructions) HARRIS HEALTH SYSTEMS
Date 03/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MABEN, DIANE	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 12078 S. CIRCLE DRIVE HOUSTON, TX 77071		
Principal occupation / Job title (See Instructions) BANKER		Employer (See Instructions) AMEGY BANK
Date 06/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALONE, THERIA	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 4055 VILLAGE DRIVE #305 PEARLAND, TX 77581		
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) ALDINE ISD
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAYS, STEVEN	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2409 LONDONBERRY DRIVE PEARLAND, TX 77581		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/25 Rpt: 19/68
2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 06/22/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, ERIKA	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 2330 ECHO HARBOR DR PEARLAND, TX 77584		
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions) NOT EMPLOYED
Date 05/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOORE, MILTON	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2603 LAKECREST DRIVE PEARLAND, TX 77584		
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) MOORE UNIQUE DERM
Date 06/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORGAN, CHARLES	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code 2301 SHADY COVE COURT PEARLAND, TX 77584		
Principal occupation / Job title (See Instructions) INFORMATIION TECH		Employer (See Instructions) UNIVERSITY OF HOUSTON
Date 03/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORGAN, MONICA	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2301 SHADY COVE COURT Pearland, TX 77584		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) RODRIGUEZ & MORGAN LAW OFFICE
Date 06/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORGAN, MONICA	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2301 SHADY COVE COURT Pearland, TX 77584		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) RODRIGUEZ & MORGAN LAW OFFICE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/25 Rpt: 20/68
2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 03/19/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McELROY-DAVIS, DANNETTE <hr/> 6 Contributor address; City; State; Zip Code 1417 LAUREL LEAF LN Pearland, TX 77584	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGARVEY, KRISTEN <hr/> Contributor address; City; State; Zip Code 55 PIN OAK CT LAKE JACKSON, TX 77566	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) TECHNOLOGY LEADER		Employer (See Instructions) DOW CHEMICAL
Date 02/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKEE, KENNETH <hr/> Contributor address; City; State; Zip Code 13405 HARBOR CHASE COURT PEARLAND, TX 77584	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 06/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NELLUMS, EDWARD <hr/> Contributor address; City; State; Zip Code 3314 BEACON VIEW CT PEARLAND, TX 77584	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) VIRTUOUS HAIR SALON		Employer (See Instructions) SELF EMPLOYED
Date 02/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NORMAN, TERRENCE <hr/> Contributor address; City; State; Zip Code 6069 BROADWAY STREET PEARLAND, TX 77581	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) THE NORMAN LAW GROUP, P.C.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/25 Rpt: 21/68
2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 06/10/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NORWOOD, WILL	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 5408 TARA OAKS CT ROSARON , TX 77583	
8 Principal occupation / Job title (See Instructions) MANAGER		9 Employer (See Instructions) CITY OF HOUSTON
Date 03/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OGLETREE, DR. MONIQUE	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 3106 GLEN CULLEN LANE PEARLAND, TX 77584	
Principal occupation / Job title (See Instructions) DOCTOR		Employer (See Instructions) SELF EMPLOYED
Date 02/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OWEN, DAN	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 5101 W ORANGE PEARLAND, TX 77581	
Principal occupation / Job title (See Instructions) NETWORK ENGR		Employer (See Instructions) AT & T
Date 06/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAYNE, JOHNATHAN	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 24702 NORTHCREST DRIVE SPRING, TX 77389	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 06/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PERERA, MANOJ	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 2618 MONTVIEW PEARLAND, TX 77584	
Principal occupation / Job title (See Instructions) PROJECT CONT		Employer (See Instructions) JACIBS ENGINEERING

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/25 Rpt: 22/68
2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 02/07/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PERRY, EDWARD <hr/> 6 Contributor address; City; State; Zip Code 22 LEISURE SHORE CT MANVEL, TX 77578	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) OUTREACH COORDINATOR		9 Employer (See Instructions) US DEPT OF VA
Date 06/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RABE, YEN <hr/> Contributor address; City; State; Zip Code 9602 SAGEDECK LANE HOUSTON, TX 77089	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) HISD
Date 01/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHAUER, JOAN <hr/> Contributor address; City; State; Zip Code 4119 N NOLAN PLACE Pearland, TX 77584	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 01/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHELDEN, CONNIE <hr/> Contributor address; City; State; Zip Code 34 N. RUSHWING CIR THE WOODLANDS, TX 77381	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) EDUCATOR		Employer (See Instructions) LONE STAR COLLEGE
Date 04/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHELTON, VICTORIA <hr/> Contributor address; City; State; Zip Code 3260 DODSON DR ATLANTA, GA 30344	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) SALES MANAGER		Employer (See Instructions) ALTRIA

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/25 Rpt: 23/68
2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 06/16/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHERRILL, ANTOINETTE <hr/> 6 Contributor address; City; State; Zip Code 3331 SUMMERWOOD LANE PEARLAND, TX 77584	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) NURSE PRACTITIONER		9 Employer (See Instructions) EMCARE
Date 06/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIMMONS, SHAWN <hr/> Contributor address; City; State; Zip Code 1355 DU BARRY LANE HOUSTON, TX 77018	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) EXXON MOBIL
Date 02/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SKANNAL, GREGORY <hr/> Contributor address; City; State; Zip Code 4878 WILD DOVE LANE SARATOGA, FL 34232	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 03/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, FORREST <hr/> Contributor address; City; State; Zip Code 13012 FERRY COVE LANE Pearland, TX 77584	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) DIRECTOR		Employer (See Instructions) PRAIRIE VIEW COLLEGE OF NURSING
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, LESLIE <hr/> Contributor address; City; State; Zip Code 505 BASTROP #408 HOUSTON, TX 77003	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) CHANGES HAPPENS

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/25 Rpt: 24/68
2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 05/12/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SOLOININKA, MARK	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 509 SEABOROUGH LANE LEAGUE CITY, TX 77573		
8 Principal occupation / Job title (See Instructions) UNEMPLOYED		9 Employer (See Instructions) UNEMPLOYED
Date 02/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEELE, ERIN	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 2424 GOLFCREST DRIVE PEARLAND, TX 77581		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEWART, SAMUEL	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 13410 INDIGO SANDS DR PEARLAND, TX 77584		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STOTLER, BRYAN	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 11726 HEIGHTS TRAIL LANE Pearland, TX 77584		
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) TMK IPSCO
Date 06/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STOTLER, BRYAN	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 11726 HEIGHTS TRAIL LANE Pearland, TX 77584		
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) TMK IPSCO

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/25 Rpt: 25/68
2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 03/01/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Stephen	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 7033 Robin Meadows Street Pearland, TX 77581		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAMEEZ, MUSTAFA	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 1518 CRYSTAL HILLS DR. HOUSTON, TX 77077		
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) OUTREACH STRATEGISTS
Date 02/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEZENO, JERMAIN	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 3717 SHADY MAPLE DRIVE LITHONIA, GA 30038		
Principal occupation / Job title (See Instructions) DPT		Employer (See Instructions) THE GENESIS GROUP
Date 02/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOMPKINS, NANCY	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4615 BROOKREN CT Pearland, TX 77584		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 06/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TORRES, CLAUDETTE	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2006 ORCHARD FROST DR PEARLAND, TX 77581		
Principal occupation / Job title (See Instructions) HOUSEWIFE		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/25 Rpt: 26/68
2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 03/18/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UDOEWA, JANE	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 2315 LOST BRIDGE LANE PEARLAND, TX 77584		
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) SELF EMPLOYED
Date 06/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALKER, SHERMAN	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code 11615 JUTLAND HOUSTON, TX 77048		
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions)
Date 06/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WARREN-PHILLIPS, TENNILLE	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 12104 AUBURN SHORES COURT PEARLAND, TX 77584		
Principal occupation / Job title (See Instructions) FORENSIC PSYCHOLOGIST		Employer (See Instructions) BOP
Date 06/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WASHINGTON, LISA	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 13512 BORGATA LANE OKLAHOMA CITY, OK 73170		
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) BOEING
Date 06/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITE, COURTNEY	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 3215 CONTINENTAL DRIVE MISSOURI CITY, TX 77459		
Principal occupation / Job title (See Instructions) SENIOR COUNSEL		Employer (See Instructions) JACKSON WALKER LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/25 Rpt: 27/68
2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 03/09/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, GERARD	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 1604 BENTLAKE LANE PEARLAND, TX 77581		
8 Principal occupation / Job title (See Instructions) MANAGER		9 Employer (See Instructions) LLYONDELL BASELL
Date 01/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, KAROLYN	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 16 OLD PRESIDIO MANVEL, TX 77578		
Principal occupation / Job title (See Instructions) SELF EMPLOYED		Employer (See Instructions) SELF EMPLOYED
Date 06/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, KELLY	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 2923 BURGESS HILL CT PEARLAND, TX 77584		
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions) UNEMPLOYED
Date 01/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, MELISSA	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 9307 MOUNT LOGAN MISSOURI CITY, TX 77459		
Principal occupation / Job title (See Instructions) REAL ESTATE BROKER		Employer (See Instructions) MELISSA M WILSON & ASSO
Date 06/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, ORVIN	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code 2408 SAIL PORT PEARLAND, TX 77584		
Principal occupation / Job title (See Instructions) COMMERICAL DRIVE		Employer (See Instructions) FASTENAL

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/25 Rpt: 28/68
2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 06/17/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, VANIECIA <hr/> 6 Contributor address; City; State; Zip Code 11810 S PERRY AVENUE HOUSTON, TX 77071	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) TEACHER		9 Employer (See Instructions) HISD
Date 06/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WRIGHT, YOLANDA <hr/> Contributor address; City; State; Zip Code 25622 BUCKLEY BLUFF LANE KATY, TX 77494	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) LOGISTICS ANALYST		Employer (See Instructions) NASA
Date 01/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WYATT, THERESE <hr/> Contributor address; City; State; Zip Code 3135 NOEL COURT PEARLAND, TX 77584	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) SR IT SUPPLIER RELATIONS ANALYST		Employer (See Instructions) MD ANDERSON CANCER CENTER
Date 06/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WYATT, THERESE <hr/> Contributor address; City; State; Zip Code 3135 NOEL COURT PEARLAND, TX 77584	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) SR IT SUPPLIER RELATIONS ANALYST		Employer (See Instructions) MD ANDERSON CANCER CENTER

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 29/68
2 FILER NAME Wiltz, Quentin		3 Filer ID
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None	15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES 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: Sch: 1/37 Rpt: 30/68	2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 03/11/2020	5 Payee name A. PHILLIP RANDOLPH INSTITUTE		
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 815 16 ST., N. W. 4TH FLOOR WASHINGTON, DC 20006		
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 CAMPAIGN ADVERTISE	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 02/20/2020	Payee name ACTBLUE		
Amount (\$) \$288.42	Payee address; City; State; Zip Code P. O. BOX 441146 SOMMERVILLE, ME 02144		
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 FEES	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 05/04/2020	Payee name ACTBLUE		
Amount (\$) \$12.36	Payee address; City; State; Zip Code P. O. BOX 441146 SOMMERVILLE, ME 02144		
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 FEES	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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: Sch: 2/37 Rpt: 31/68	2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 06/03/2020	5 Payee name ACTBLUE		
6 Amount (\$) \$10.28	7 Payee address; City; State; Zip Code P. O. BOX 441146 SOMMERVILLE, ME 02144		
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 FEES	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 06/08/2020	Payee name ACTBLUE		
Amount (\$) \$16.17	Payee address; City; State; Zip Code P. O. BOX 441146 SOMMERVILLE, ME 02144		
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 FEES	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 03/02/2020	Payee name ACTION NETWORK TOOLSET		
Amount (\$) \$10.00	Payee address; City; State; Zip Code 7705 SOUTH POST OAK LANE #105 HOUSTON, TX 77056		
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 EMAIL SUBSCRIPTION SERVICES	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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: Sch: 3/37 Rpt: 32/68	2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 03/30/2020	5 Payee name ACTION NETWORK TOOLSET		
6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 7705 SOUTH POST OAK LANE #105 HOUSTON, TX 77056		
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 CONSULTING	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 04/29/2020	Payee name ACTION NETWORK TOOLSET		
Amount (\$) \$10.00	Payee address; City; State; Zip Code 7705 SOUTH POST OAK LANE #105 HOUSTON, TX 77056		
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 EMAIL SUBSCRIPTION SERVICES	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 05/29/2020	Payee name ACTION NETWORK TOOLSET		
Amount (\$) \$10.00	Payee address; City; State; Zip Code 7705 SOUTH POST OAK LANE #105 HOUSTON, TX 77056		
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 CONSULTING	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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: Sch: 4/37 Rpt: 33/68	2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 06/29/2020	5 Payee name ACTION NETWORK TOOLSET		
6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 7705 SOUTH POST OAK LANE #105 HOUSTON, TX 77056		
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 EMAIL SUBSCRIPTION SERVICES	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 06/30/2020	Payee name AMAZON.COM INC		
Amount (\$) \$32.41	Payee address; City; State; Zip Code 4440 TERRY AVENUE SEATTLE, WA 98109		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 SUPPLIES	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 03/19/2020	Payee name BITLY, INC.		
Amount (\$) \$37.31	Payee address; City; State; Zip Code 139 5TH AVENUE, FLOOR 5 NEW YORK, NY 10010		
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 DIGITAL SERVICES	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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: Sch: 5/37 Rpt: 34/68		2 FILER NAME Wiltz, Quentin		3 Filer ID	
4 Date 04/22/2020		5 Payee name BITLY, INC.			
6 Amount (\$) \$37.31		7 Payee address; City; State; Zip Code 139 5TH AVENUE, FLOOR 5 NEW YORK, NY 10010			
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 DIGITAL SERVICES	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 05/20/2020		Payee name BITLY, INC.			
Amount (\$) \$37.31		Payee address; City; State; Zip Code 139 5TH AVENUE, FLOOR 5 NEW YORK, NY 10010			
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 DIGITAL SERVICES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/22/2020		Payee name BITLY, INC.			
Amount (\$) \$37.31		Payee address; City; State; Zip Code 139 5TH AVENUE, FLOOR 5 NEW YORK, NY 10010			
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 DIGITAL SERVICES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES 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: Sch: 6/37 Rpt: 35/68	2 FILER NAME Wiltz, Quentin	3 Filer ID
4 Date 01/24/2020	5 Payee name BRAZORIA COUNTY CLERK	
6 Amount (\$) \$15.50	7 Payee address; City; State; Zip Code 11524 MULBERRY STREET ANGLETON, TX 77515	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 INFORMATION REQUEST
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/21/2020	Payee name BRAZORIA COUNTY DEMOCRATIC PARTY	
Amount (\$) \$125.00	Payee address; City; State; Zip Code 3215 Amerson Dr. Pearland, TX 77584	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 BANQUET
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/09/2020	Payee name CUBE DEZIGN	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 19519 BRIGHTON BROOK LANE RICHMOND, TX 77407	
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 WEB DESIGN
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 7/37 Rpt: 36/68	2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 06/23/2020	5 Payee name CUBE DEZIGN		
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 19519 BRIGHTON BROOK LANE RICHMOND, TX 77407		
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 WEB DESIGN	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 01/30/2020	Payee name DROP BOX		
Amount (\$) \$215.44	Payee address; City; State; Zip Code 1800 OWENS STREET SAN FRANCISCO, CA 94158		
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 DIGITAL MARKETING	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 03/03/2020	Payee name DROP BOX		
Amount (\$) \$38.34	Payee address; City; State; Zip Code 1800 OWENS STREET SAN FRANCISCO, CA 94158		
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 DIGITAL MARKETING	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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: Sch: 8/37 Rpt: 37/68	2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 04/03/2020	5 Payee name DROP BOX		
6 Amount (\$) \$12.78	7 Payee address; City; State; Zip Code 1800 OWENS STREET SAN FRANCISCO, CA 94158		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 SUPPLIES	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 05/04/2020	Payee name DROP BOX		
Amount (\$) \$12.78	Payee address; City; State; Zip Code 1800 OWENS STREET SAN FRANCISCO, CA 94158		
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 DIGITAL MARKETING	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 06/04/2020	Payee name DROP BOX		
Amount (\$) \$12.78	Payee address; City; State; Zip Code 1800 OWENS STREET SAN FRANCISCO, CA 94158		
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 DIGITAL MARKETING	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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: Sch: 9/37 Rpt: 38/68	2 FILER NAME Wiltz, Quentin	3 Filer ID
4 Date 03/02/2020	5 Payee name FACEBOOK	
6 Amount (\$) \$86.68	7 Payee address; City; State; Zip Code 1601 WILLOW ROAD MENLO PARK, CA 94025	
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 MARKETING CONSULTANT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/30/2020	Payee name FACEBOOK	
Amount (\$) \$43.68	Payee address; City; State; Zip Code 1601 WILLOW ROAD MENLO PARK, CA 94025	
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 MARKETING CONSULTANT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/03/2020	Payee name FACEBOOK	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 1601 WILLOW ROAD MENLO PARK, CA 94025	
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 MARKETING CONSULTANT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 10/37 Rpt: 39/68		2 FILER NAME Wiltz, Quentin		3 Filer ID	
4 Date 04/29/2020		5 Payee name FACEBOOK			
6 Amount (\$) \$10.96		7 Payee address; City; State; Zip Code 1601 WILLOW ROAD MENLO PARK, CA 94025			
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 CONSULTANT	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 05/21/2020		Payee name FACEBOOK			
Amount (\$) \$35.00		Payee address; City; State; Zip Code 1601 WILLOW ROAD MENLO PARK, CA 94025			
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 MARKETING CONSULTANT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 05/20/2020		Payee name FACEBOOK			
Amount (\$) \$35.00		Payee address; City; State; Zip Code 1601 WILLOW ROAD MENLO PARK, CA 94025			
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 MARKETING CONSULTANT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES 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: Sch: 11/37 Rpt: 40/68	2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 06/01/2020	5 Payee name FACEBOOK		
6 Amount (\$) \$29.99	7 Payee address; City; State; Zip Code 1601 WILLOW ROAD MENLO PARK, CA 94025		
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 MARKETING CONSULTANT	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 06/08/2020	Payee name FACEBOOK		
Amount (\$) \$50.00	Payee address; City; State; Zip Code 1601 WILLOW ROAD MENLO PARK, CA 94025		
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 WEBSITE	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 06/30/2020	Payee name FACEBOOK		
Amount (\$) \$34.41	Payee address; City; State; Zip Code 1601 WILLOW ROAD MENLO PARK, CA 94025		
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 MARKETING CONSULTANT	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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: Sch: 12/37 Rpt: 41/68		2 FILER NAME Wiltz, Quentin		3 Filer ID	
4 Date 03/09/2020		5 Payee name FIELD WINS			
6 Amount (\$) \$1,000.00		7 Payee address; City; State; Zip Code 2611 BELL STREET HOUSTON, TX 77003			
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 CONSULTANT	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 03/26/2020		Payee name FIELD WINS			
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 2611 BELL STREET HOUSTON, TX 77003			
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 CONSULTANT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 05/05/2020		Payee name FIELD WINS			
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 2611 BELL STREET HOUSTON, TX 77003			
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 CONSULTANT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES 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: Sch: 13/37 Rpt: 42/68	2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 02/20/2020	5 Payee name FROST BANK		
6 Amount (\$) \$94.90	7 Payee address; City; State; Zip Code 5208 BROADWAY Pearland, TX 77584		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTEREST ON LOAN	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 03/30/2020	Payee name FROST BANK		
Amount (\$) \$14.00	Payee address; City; State; Zip Code 5208 BROADWAY Pearland, TX 77584		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 BANK CHARGES	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 04/30/2020	Payee name FROST BANK		
Amount (\$) \$5.00	Payee address; City; State; Zip Code 5208 BROADWAY Pearland, TX 77584		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 BANK CHARGES	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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: Sch: 14/37 Rpt: 43/68	2 FILER NAME Wiltz, Quentin	3 Filer ID
4 Date 05/29/2020	5 Payee name FROST BANK	
6 Amount (\$) \$5.00	7 Payee address; City; State; Zip Code 5208 BROADWAY Pearland, TX 77584	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 BANK CHARGES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/30/2020	Candidate/Officeholder name Office sought Office held	
Payee name FROST BANK		
Amount (\$) \$5.00	Payee address; City; State; Zip Code 5208 BROADWAY Pearland, TX 77584	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 BANK CHARGES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/03/2020	Candidate/Officeholder name Office sought Office held	
Payee name GOOGLE LLC		
Amount (\$) \$9.79	Payee address; City; State; Zip Code 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES 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: Sch: 15/37 Rpt: 44/68	2 FILER NAME Wiltz, Quentin	3 Filer ID
4 Date 03/02/2020	5 Payee name GOOGLE LLC	
6 Amount (\$) \$75.89	7 Payee address; City; State; Zip Code 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043	
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 WEB HOSTING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 04/03/2020	Payee name GOOGLE LLC	
Amount (\$) \$75.89	Payee address; City; State; Zip Code 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043	
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 CONSULTANT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 05/01/2020	Payee name GOOGLE LLC	
Amount (\$) \$75.89	Payee address; City; State; Zip Code 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 16/37 Rpt: 45/68	2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 06/02/2020	5 Payee name GOOGLE LLC		
6 Amount (\$) \$75.89	7 Payee address; City; State; Zip Code 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043		
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 WEB HOSTING	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 06/12/2020	Payee name HEB PLUS		
Amount (\$) \$45.00	Payee address; City; State; Zip Code 2805 BUSINESS CENTER PEARLAND, TX 77584		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 SUPPLIES	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 03/16/2020	Payee name HOME DEPOT		
Amount (\$) \$84.63	Payee address; City; State; Zip Code 10111 BROADWAY PEARLAND, TX 77584		
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 SIGN POSTS	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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: Sch: 17/37 Rpt: 46/68		2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 03/09/2020		5 Payee name HOME DEPOT		
6 Amount (\$) \$145.49		7 Payee address; City; State; Zip Code 10111 BROADWAY PEARLAND, TX 77584		
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 SIGN POSTS	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 05/07/2020		Payee name HOME DEPOT		
Amount (\$) \$11.95		Payee address; City; State; Zip Code 10111 BROADWAY PEARLAND, TX 77584		
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 PLASTIC STRAPS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 05/18/2020		Payee name HOME DEPOT		
Amount (\$) \$6.51		Payee address; City; State; Zip Code 10111 BROADWAY PEARLAND, TX 77584		
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 SIGN POSTS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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: Sch: 18/37 Rpt: 47/68	2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 05/18/2020	5 Payee name HOME DEPOT		
6 Amount (\$) \$35.85	7 Payee address; City; State; Zip Code 10111 BROADWAY PEARLAND, TX 77584		
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 SIGN POSTS	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 05/18/2020	Payee name HOME DEPOT		
Amount (\$) \$55.30	Payee address; City; State; Zip Code 10111 BROADWAY PEARLAND, TX 77584		
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 SIGN POSTS	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 01/03/2020	Payee name JEFF CHAMBERS IMAGING & PRODUCTION		
Amount (\$) \$200.00	Payee address; City; State; Zip Code 12411 SKYVIEW STAR CT HOUSTON, TX 77047		
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 DIGITAL MARKETING	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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: Sch: 19/37 Rpt: 48/68		2 FILER NAME Wiltz, Quentin		3 Filer ID	
4 Date 02/03/2020		5 Payee name MEN'S WEARHOUS #1125			
6 Amount (\$) \$207.83		7 Payee address; City; State; Zip Code 2813 BUSINESS CENTER DRIVE PEARLAND, TX 77584			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 CLOTHING RENTAL	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 06/05/2020		Payee name MICHAEL, HANNAH			
Amount (\$) \$42.75		Payee address; City; State; Zip Code 3810 CANTON DRIVE PEARLAND, TX 77584			
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 DIGITAL CONSULTANT	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office held	
Date 06/22/2020		Payee name MICHAEL, HANNAH			
Amount (\$) \$99.00		Payee address; City; State; Zip Code 3810 CANTON DRIVE PEARLAND, TX 77584			
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 CONSULTANT	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office held	

POLITICAL EXPENDITURES 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: Sch: 20/37 Rpt: 49/68	2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 06/16/2020	5 Payee name MICHAEL, HANNAH		
6 Amount (\$) \$90.00	7 Payee address; City; State; Zip Code 3810 CANTON DRIVE PEARLAND, TX 77584		
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 CONSULTANT	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 06/27/2020	Payee name MICHAEL, HANNAH		
Amount (\$) \$90.00	Payee address; City; State; Zip Code 3810 CANTON DRIVE PEARLAND, TX 77584		
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 CONSULTANT	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 01/31/2020	Payee name NMBBAA HOUSTON CHAPTER INC		
Amount (\$) \$106.68	Payee address; City; State; Zip Code P O BOX 56509 HOUSTON, TX 77256		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 SCHOLARHIP BANQUET	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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: Sch: 21/37 Rpt: 50/68	2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 03/09/2020	5 Payee name OLIVIAS DONUT SHOPPE		
6 Amount (\$) \$16.27	7 Payee address; City; State; Zip Code 12810 BROADWAY #120 PEARLAND, TX 77584		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 FOOD	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 05/14/2020	Payee name OLIVIAS DONUT SHOPPE		
Amount (\$) \$47.97	Payee address; City; State; Zip Code 12810 BROADWAY #120 PEARLAND, TX 77584		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 FOOD	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 01/15/2020	Payee name PARTHICUS STUDIOS		
Amount (\$) \$450.00	Payee address; City; State; Zip Code 2915 LONGHORN CIRCLE PEARLAND, TX 77578		
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 VIDEO EITING CONSULTANT	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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: Sch: 22/37 Rpt: 51/68	2 FILER NAME Wiltz, Quentin	3 Filer ID
4 Date 04/24/2020	5 Payee name PARTHICUS STUDIOS	
6 Amount (\$) \$162.38	7 Payee address; City; State; Zip Code 2915 LONGHORN CIRCLE PEARLAND, TX 77578	
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 VIDEO EDITING CONSULTANT
9 Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 02/05/2020	Payee name PEARLAND CHAMBER OF COMMERCE	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 6117 BROADWAY PEARLAND, TX 77584	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 LUNCHEON
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 02/07/2020	Payee name PEARLAND MLK	
Amount (\$) \$120.00	Payee address; City; State; Zip Code 12101 SHADOW CREEK PKWY PEARLAND, TX 77584	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 REGISTRATION FEES
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 23/37 Rpt: 52/68		2 FILER NAME Wiltz, Quentin		3 Filer ID	
4 Date 01/07/2020		5 Payee name PEARLAND MLK			
6 Amount (\$) \$225.00		7 Payee address; City; State; Zip Code 12101 SHADOW CREEK PKWY PEARLAND, TX 77584			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event 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 REGISTRATION FEES	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 01/13/2020		Payee name PHOTOSAE			
Amount (\$) \$600.00		Payee address; City; State; Zip Code 4230 OLD ARBOR WAY HUMBLE, TX 77346			
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 PHOTOGRAPHY CONSULTANT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/18/2020		Payee name PHOTOSAE			
Amount (\$) \$600.00		Payee address; City; State; Zip Code 4230 OLD ARBOR WAY HUMBLE, TX 77346			
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 PHOTOGRAPHY CONSULTANT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES 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: Sch: 24/37 Rpt: 53/68	2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 04/15/2020	5 Payee name PHOTOSAE		
6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 4230 OLD ARBOR WAY HUMBLE, TX 77346		
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 PHOTOGRAPHY CONSULTANT	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 01/21/2020	Payee name PINK & GREEN CHARITABLE FOUNDATION		
Amount (\$) \$80.00	Payee address; City; State; Zip Code P O BOX 841934 PEARLAND, TX 77584		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 SCHOLARSHIP BANQUET	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 03/09/2020	Payee name PIZZA PARLOR LLC		
Amount (\$) \$69.78	Payee address; City; State; Zip Code 2810 BUSINESS CENTER DR #128 PEARLAND, TX 77584		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 FOOD FOR VOLUNTEERS	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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: Sch: 25/37 Rpt: 54/68	2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 01/30/2020	5 Payee name PROVO COUTURE EVENTS		
6 Amount (\$) \$761.00	7 Payee address; City; State; Zip Code 1930 KINGSLEY #7102 PEARLAND, TX 77584		
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 MARKETING CONSULTANT	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 01/24/2020	Payee name RILEY'S DONUTS		
Amount (\$) \$18.00	Payee address; City; State; Zip Code 12002 SHADOW CAREEK PKWY PEARLAND, TX 77584		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 OFFICE SUPPLIES	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 01/31/2020	Payee name SLAMEN, SARAH		
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2611 BELL STREET HOUSTON, TX 77003		
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 CONSULTANT	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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: Sch: 26/37 Rpt: 55/68		2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 02/06/2020		5 Payee name Sprint 2 Print		
6 Amount (\$) \$1,400.00		7 Payee address; City; State; Zip Code 8748 CLAY ROAD SUITE 300 HOUSTON, TX 77080		
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 YARD SIGNS	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 02/18/2020		Payee name Sprint 2 Print		
Amount (\$) \$1,668.89		Payee address; City; State; Zip Code 8748 CLAY ROAD SUITE 300 HOUSTON, TX 77080		
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 YARD SIGNS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 03/02/2020		Payee name Sprint 2 Print		
Amount (\$) \$1,353.13		Payee address; City; State; Zip Code 8748 CLAY ROAD SUITE 300 HOUSTON, TX 77080		
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 CAMPAIGN SIGNS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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: Sch: 27/37 Rpt: 56/68	2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 01/30/2020	5 Payee name TEXAS DEMOCRATIC PARTY		
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code P. O. BOX 116 AUSTIN, TX 78767		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 VAN ACCESS	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 03/22/2020	Payee name TEXAS DEMOCRATIC PARTY		
Amount (\$) \$200.00	Payee address; City; State; Zip Code P. O. BOX 116 AUSTIN, TX 78767		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 VAN ACCESS	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 04/03/2020	Payee name TEXAS DEMOCRATIC PARTY		
Amount (\$) \$20.00	Payee address; City; State; Zip Code P. O. BOX 116 AUSTIN, TX 78767		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 DONATION	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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: Sch: 28/37 Rpt: 57/68	2 FILER NAME Wiltz, Quentin	3 Filer ID
4 Date 02/18/2020	5 Payee name THE POLITICAL GROUP	
6 Amount (\$) \$1,330.92	7 Payee address; City; State; Zip Code P O BOX 40111 SAN ANTONIO, TX 78229	
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 MARKETING CONSULTANT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 01/28/2020	Payee name TURNER, JASMINE	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 7373 Ardmore Street Houston, TX 77054	
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 CONSULTANT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 01/31/2020	Payee name TURNER, JASMINE	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 7373 Ardmore Street Houston, TX 77054	
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 CONSULTANT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 29/37 Rpt: 58/68	2 FILER NAME Wiltz, Quentin	3 Filer ID
4 Date 02/10/2020	5 Payee name TURNER, JASMINE	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 7373 Ardmore Street Houston, TX 77054	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONSULTANT
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 02/19/2020	Payee name TURNER, JASMINE	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 7373 Ardmore Street Houston, TX 77054	
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 CONSULTANT
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 02/25/2020	Payee name TURNER, JASMINE	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 7373 Ardmore Street Houston, TX 77054	
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 CONSULTANT
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES 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: Sch: 30/37 Rpt: 59/68	2 FILER NAME Wiltz, Quentin	3 Filer ID
4 Date 03/01/2020	5 Payee name TURNER, JASMINE	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 7373 Ardmore Street Houston, TX 77054	
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 CONSULTANT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/16/2020	Candidate/Officeholder name Office sought Office held	
Payee name TURNER, JASMINE		
Amount (\$) \$300.00	Payee address; City; State; Zip Code 7373 Ardmore Street Houston, TX 77054	
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 CONSULTANT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/16/2020	Candidate/Officeholder name Office sought Office held	
Payee name TURNER, JASMINE		
Amount (\$) \$300.00	Payee address; City; State; Zip Code 7373 Ardmore Street Houston, TX 77054	
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 CONSULTANT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/16/2020	Candidate/Officeholder name Office sought Office held	
Payee name TURNER, JASMINE		
Amount (\$) \$300.00	Payee address; City; State; Zip Code 7373 Ardmore Street Houston, TX 77054	
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 CONSULTANT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES 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: Sch: 31/37 Rpt: 60/68	2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 03/26/2020	5 Payee name TURNER, JASMINE		
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 7373 Ardmore Street Houston, TX 77054		
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 CONSULTANT	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 03/26/2020	Payee name TURNER, JASMINE		
Amount (\$) \$300.00	Payee address; City; State; Zip Code 7373 Ardmore Street Houston, TX 77054		
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 CONSULTANT	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 05/12/2020	Payee name TURNER, JASMINE		
Amount (\$) \$100.00	Payee address; City; State; Zip Code 7373 Ardmore Street Houston, TX 77054		
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 CONSULTANT	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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: Sch: 32/37 Rpt: 61/68	2 FILER NAME Wiltz, Quentin	3 Filer ID
4 Date 05/26/2020	5 Payee name TURNER, JASMINE	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 7373 Ardmore Street Houston, TX 77054	
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 CONSULTANT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/18/2020	Payee name TURNER, JASMINE	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 7373 Ardmore Street Houston, TX 77054	
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 CONSULTANT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/05/2020	Payee name TURNER, JASMINE	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 7373 Ardmore Street Houston, TX 77054	
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 CONSULTANT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 33/37 Rpt: 62/68	2 FILER NAME Wiltz, Quentin	3 Filer ID
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4 Date 06/01/2020	5 Payee name TURNER, JASMINE
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6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 7373 Ardmore Street Houston, TX 77054
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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 CONSULTANT
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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 06/13/2020	Payee name TURNER, JASMINE
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 7373 Ardmore Street Houston, TX 77054
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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 CONSULTANT
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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 06/19/2020	Payee name TURNER, JASMINE
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 7373 Ardmore Street Houston, TX 77054
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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 CONSULTANT
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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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POLITICAL EXPENDITURES 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: Sch: 34/37 Rpt: 63/68	2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 06/27/2020	5 Payee name TURNER, JASMINE		
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 7373 Ardmore Street Houston, TX 77054		
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 CONSULTANT	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 02/24/2020	Payee name US POSTAL SERVICE		
Amount (\$) \$11.00	Payee address; City; State; Zip Code 2700 CULLENN BLVD PEARLAND, TX 77584		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 POSTAL STAMPS	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 03/26/2020	Payee name US POSTAL SERVICE		
Amount (\$) \$15.10	Payee address; City; State; Zip Code 2700 CULLENN BLVD PEARLAND, TX 77584		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 POSTAGE	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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: Sch: 35/37 Rpt: 64/68	2 FILER NAME Wiltz, Quentin	3 Filer ID
4 Date 04/22/2020	5 Payee name US POSTAL SERVICE	
6 Amount (\$) \$55.00	7 Payee address; City; State; Zip Code 2700 CULLLENN BLVD PEARLAND, TX 77584	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 POSTAGE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/12/2020	Payee name US POSTAL SERVICE	
Amount (\$) \$19.31	Payee address; City; State; Zip Code 2700 CULLLENN BLVD PEARLAND, TX 77584	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 POSTAGE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2020	Payee name US POSTAL SERVICE	
Amount (\$) \$7.75	Payee address; City; State; Zip Code 2700 CULLLENN BLVD PEARLAND, TX 77584	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 SUPPLIES AND POSTAGE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 36/37 Rpt: 65/68		2 FILER NAME Wiltz, Quentin		3 Filer ID
4 Date 03/09/2020	5 Payee name WAL MART			
6 Amount (\$) \$18.21	7 Payee address; City; State; Zip Code 10505 BROADWAY PEARLAND, TX 77584			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 OFFICE SUPPLIES	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 06/15/2020	Payee name WEBB, TAMBREY			
Amount (\$) \$50.00	Payee address; City; State; Zip Code 5611 TYLER STREET PEARLAND, TX 77581			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 BIRTHDAY EVENT SUPPLIES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 01/30/2020	Payee name WLS PEARLAND			
Amount (\$) \$100.00	Payee address; City; State; Zip Code P O BOX 683 PEARLAND, TX 77588			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 SCHOLARSHIP BANQUET	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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: Sch: 37/37 Rpt: 66/68	2 FILER NAME Wiltz, Quentin	3 Filer ID
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4 Date 01/16/2020	5 Payee name ZETA PHI BETA INC.
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6 Amount (\$) \$160.76	7 Payee address; City; State; Zip Code P O BOX 14730 HOUSTON, TX 77221
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 SCHOLARHIP BANQUET
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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 01/21/2020	Payee name ZETA PHI BETA INC.
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Amount (\$) \$160.76	Payee address; City; State; Zip Code P O BOX 14730 HOUSTON, TX 77221
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 SCHOLARHIP BANQUET
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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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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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 F4: Sch: 1/2 Rpt: 67/68	2 FILER NAME Wiltz, Quentin	3 Filer ID
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 04/03/2020	6 Payee name ACADEMY ADVERTISING
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7 Amount (\$) \$678.19	8 Payee address; City; State; Zip Code 4106 FANNIN STREET HOUSTON, TX 77004
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 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 CAMPAIGN SHIRTS
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/03/2020	Payee name PHOTOSAE
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Amount (\$) \$600.00	Payee address; City; State; Zip Code 4230 OLD ARBOR WAY HUMBLE, TX 77346
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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 PHOTOGRAPHY CONSULTANT
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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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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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 F4: Sch: 2/2 Rpt: 68/68		2 FILER NAME Wiltz, Quentin		3 Filer ID	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date 04/03/2020		6 Payee name US POSTAL SERVICE			
7 Amount (\$) \$216.50		8 Payee address; City; State; Zip Code 2700 CULLENN BLVD PEARLAND, TX 77584			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 SUPPLIES AND POSTAGE	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	