

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>5</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		<b>Royce D Sullivan</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	203 Cardiff Ave San Antonio, TX 78220		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(409)	338-0100	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		<b>Ms. Latelia J Todd</b>	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	4306 Vicksburg St San Antonio, TX 78220		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(210)	313-3591	
9 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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month    Day    Year		
	03 / 26 / 2019    THROUGH    04 / 24 / 2019		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month    Day    Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
		05 / 04 / 2019	
12 OFFICE	OFFICE HELD (if any)		
	13 OFFICE SOUGHT (if known)		
		Trustee, Dist-2 -SAFSD	

OFFICE USE ONLY	
Date Received	
04-29-19P03:00 RCV	
Date Hand-delivered or Date Postmarked	4/29/19
Receipt #	Amount \$
Date Processed	4/29/19
Date Imaged	

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# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Boyce Sullivan</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>550</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>600</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER.	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Royce Sullivan

3 Filer ID (Ethics Commission Filers)

4 Date

4/3/19

5 Full name of contributor

Byron Miller

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$250

6 Contributor address;

City; State; Zip Code

6306 Port Royal SA TX 78244

8 Principal occupation / Job title (See Instructions)

self

9 Employer (See Instructions)

Date

4/5/19

Full name of contributor

James Howard

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

2230 E. Houston SA, TX 78202

Principal occupation / Job title (See Instructions)

Trustee Dist 2

Employer (See Instructions)

Date

4/15/19

Full name of contributor

Hanna Kelly

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$200

Contributor address;

City; State; Zip Code

223 Cardiff SA TX 78220

Principal occupation / Job title (See Instructions)

Housewife

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Royce Sullivan</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/15/19</b>		5 Payee name <b>Campion Media</b>			
6 Amount (\$) <b>300</b>		7 Payee address; City; State; Zip Code <b>online</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>shirts</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Royce Sullivan</b>		Office sought <b>Trustee D2-SARSD</b>	
Date <b>4/20/19</b>		Payee name <b>24 hour yard signs</b>			
Amount (\$) <b>250</b>		Payee address; City; State; Zip Code <b>2151 Denton Ave Cookeville, TN 38506</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Yard Signs</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Royce Sullivan</b>		Office sought <b>Trustee D2-SARSD</b>	
Date <b>4/1/19</b>		Payee name <b>Campion Media</b>			
Amount (\$) <b>50</b>		Payee address; City; State; Zip Code <b>online</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Business Cards</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Royce Sullivan</b>		Office sought <b>Trustee D2-SARSD</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED