

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: 27
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Bob	MI
	NICKNAME	LAST Cornelius	SUFFIX
OFFICE USE ONLY			
Date Received JUL 15 2020 4:42 PM <i>LMU</i>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	PO Box 1598		
	Cedar Park, TX 78630		
	Date Hand-delivered or Date Postmarked <i>Hand Delivered</i>		
Receipt #		Amount	
Date Processed <i>7.15.20</i>			
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR.	FIRST <i>Paul</i>	MI
	NICKNAME	LAST <i>Matthews</i>	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CITY; STATE; ZIP CODE
	<i>6626 East Hill Drive</i>		<i>Austin TX 78731</i>
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<i>512-484-1259</i>		
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
	02	10	2020
THROUGH		Month	Day
		06	30
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		11	03
		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Cedar Park City Council - Place 2

GO TO PAGE 2

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

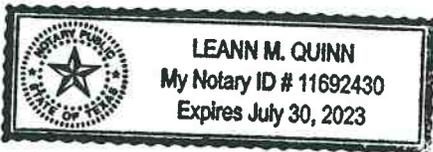
**FORM C/OH
COVER SHEET PG 2**
2 of 27

13 C / OH NAME Cornelius, Bob	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 style="width:100%"> <tr> <td style="width:30%">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td rowspan="2">COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS			
	COMMITTEE TYPE	COMMITTEE NAME									
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS									
	<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	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	56,266.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	4,545.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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 Bob Cornelius, this the 15th day of July, 2020, to certify which, witness my hand and seal of office.



 Signature of officer administering

LeAnn M. Quinn

 Printed name of officer administering

City SC

 Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Cornelius, Bob	19 Filer ID
20 SCHEDULE SUBTOTALS	
NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,566.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 37,700.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 4,545.35
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 1.64

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/7 Rpt: 4/27
2 FILER NAME Cornelius, Bob		3 Filer ID
4 Date 06/30/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbott, Stephen 6 Contributor address; City; State; Zip Code 12600 Avery Ranch Blvd Cedar Park, TX 78613	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Public Relations Consultant		9 Employer (See Instructions) Abbott Media Group
Date 03/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abraham, Rick Contributor address; City; State; Zip Code 1721 E. Frankford Rd #2322 Carrollton, TX 75007	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Senior Technical Specialist		Employer (See Instructions) Apollo Blue
Date 06/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bofferding, Mark Contributor address; City; State; Zip Code 2601 Saddle Blanket Place Leander, TX 78641	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campanella, James Contributor address; City; State; Zip Code PO Box 644 Angel Fire, NM 87710	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campanella, Sara Contributor address; City; State; Zip Code PO Box 644 Angel Fire, NM 87710	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Hospitality		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: 2/7 Rpt: 5/27
2 FILER NAME Cornelius, Bob		3 Filer ID
4 Date 03/05/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Churchill, Darlyne 6 Contributor address; City; State; Zip Code 863 Pleasant Acres Drive Seguin, TX 78155	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 06/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornelius, Bob Contributor address; City; State; Zip Code 12600 Avery Ranch Blvd #737 Cedar Park, TX 78613	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) 90 Degrees Agency, LLC
Date 02/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornelius, Bob Contributor address; City; State; Zip Code 12600 Avery Ranch Blvd #737 Cedar Park, TX 78613	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) 90 Degrees Agency, LLC
Date 02/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornelius, Bob Contributor address; City; State; Zip Code 12600 Avery Ranch Blvd #737 Cedar Park, TX 78613	Amount of Contribution (\$) \$900.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) 90 Degrees Agency, LLC
Date 06/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornelius, Bob Contributor address; City; State; Zip Code 12600 Avery Ranch Blvd #737 Cedar Park, TX 78613	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) 90 Degrees Agency, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/27
2 FILER NAME Cornelius, Bob		3 Filer ID
4 Date 02/10/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornelius, Bob 6 Contributor address; City; State; Zip Code 12600 Avery Ranch Blvd #737 Cedar Park, TX 78613	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) 90 Degrees Agency, LLC
Date 06/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornelius-Lincoln, Amanda Contributor address; City; State; Zip Code 412 Ruby Lane Jarrell, TX 76537	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Independent Consultant		Employer (See Instructions) Scentsy
Date 02/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuomo, Stephen Contributor address; City; State; Zip Code 9519 Admiral Nimitz Avenue NE Albuquerque, NM 87111	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Driver		Employer (See Instructions) UBER
Date 06/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dziuk, Tina Contributor address; City; State; Zip Code 507 East 16th Street Portales, NM 88130	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Aggregate Processing		Employer (See Instructions) White Rock Crushing
Date 06/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estill, Laurence Contributor address; City; State; Zip Code 1205 Rambling Trail Cedar Park, TX 78613	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Controller		Employer (See Instructions) Family Emergency Room

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/7 Rpt: 7/27
2 FILER NAME Cornelius, Bob		3 Filer ID
4 Date 03/05/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gess, Teel 6 Contributor address; City; State; Zip Code 603 Grapevine Drive Cedar Park, TX 78613	7 Amount of Contribution (\$)
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 02/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Anna Contributor address; City; State; Zip Code 2100 East Gann Hill Drive Cedar Park, TX 78613	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Salaried Professional		Employer (See Instructions) Robert Half International
Date 06/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Sheena Contributor address; City; State; Zip Code 6260 Nardos Road NW Albuquerque, NM 87114	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Larry Contributor address; City; State; Zip Code 3809 South General Bruce Drive #103 Temple, TX 76502	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Elephant In The Room Strategies
Date 06/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Willis Contributor address; City; State; Zip Code 135 Jupiter Street Holts Summit, MO 65043	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Capitol City Research

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/27
2 FILER NAME Cornelius, Bob		3 Filer ID
4 Date 02/27/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Tim 6 Contributor address; City; State; Zip Code 1727 Warwick Way Cedar Park, TX 78613	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Customer Service Rep		9 Employer (See Instructions) Dept. of Transportation
Date 06/26/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keyvan, Abraham Contributor address; City; State; Zip Code 201 3rd Street NW #500 Albuquerque, NM 87102	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Tax Accountant		Employer (See Instructions) NMTRD
Date 06/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Paul Contributor address; City; State; Zip Code 6626 East Hill Drive Austin, TX 78731	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Finance Director		Employer (See Instructions) Travis County
Date 04/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBryan, Kandis Contributor address; City; State; Zip Code 260 East Haines Boulevard Lake Alfred, FL 33850	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Taylor Morrison
Date 04/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merrick, Susan Contributor address; City; State; Zip Code 1715 Cattle Drive Cedar Park, TX 78613	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/27
2 FILER NAME Cornelius, Bob		3 Filer ID
4 Date 06/16/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miley, Robert 6 Contributor address; City; State; Zip Code 15809 Rustic Lane Austin, TX 78717	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Program Manager		9 Employer (See Instructions) AIS
Date 06/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Felipe Contributor address; City; State; Zip Code 857 East Fountain Street Mesa, AZ 85203	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Film Maker		Employer (See Instructions) Self Employed
Date 02/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitts, Andy Contributor address; City; State; Zip Code 1754 Bagdad Road Suite 100A Cedar Park, TX 78613	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) MLS Direct Network
Date 06/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Jerry Contributor address; City; State; Zip Code 2701 Penny Lane #104 Austin, TX 78757	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Mortgage Lender		Employer (See Instructions) Supreme Lending
Date 06/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saffold, Elizabeth Contributor address; City; State; Zip Code 624 Galisteo Street #32 Santa Fe, NM 87505	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Realtor		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: 7/7 Rpt: 10/27
2 FILER NAME Cornelius, Bob		3 Filer ID
4 Date 02/28/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shoemake, Chad	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 302 Tracy Lane Victoria, TX 77904		
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) 3 Moo, LLC
Date 06/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skaggs-Ingles, Debbie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 3546 Sycamore Street Baton Rouge, LA 70805		
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#: _____) Strickler, Sue	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 3416 Southgrove Avenue Modesto, CA 95355		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wind, Karen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1509 Main Street Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/5 Rpt: 11/27	
2 FILER NAME Cornelius, Bob		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/10/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 90 Degrees Agency, LLC	8 Amount of contribution (\$) \$3,000.00	9 In-kind contribution description Campaign Consulting/Strategy
	7 Contributor address; City; State; Zip Code 600 Congress Avenue 14th Floor Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 03/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 90 Degrees Agency, LLC	Amount of contribution (\$) \$4,000.00	In-kind contribution description Campaign Consulting/Strategy
	Contributor address; City; State; Zip Code 600 Congress Avenue 14th Floor Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 90 Degrees Agency, LLC	Amount of contribution (\$) \$4,000.00	In-kind contribution description Campaign Consulting/Strategy
	Contributor address; City; State; Zip Code 600 Congress Avenue 14th Floor Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/5 Rpt: 12/27	
2 FILER NAME Cornelius, Bob		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 05/01/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 90 Degrees Agency, LLC	8 Amount of contribution (\$) \$4,000.00	9 In-kind contribution description Campaign Consulting/Strategy
	7 Contributor address; City; State; Zip Code 600 Congress Avenue 14th Floor Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 06/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 90 Degrees Agency, LLC	Amount of contribution (\$) \$4,000.00	In-kind contribution description Campaign Consulting/Strategy
	Contributor address; City; State; Zip Code 600 Congress Avenue 14th Floor Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbott Media Group	Amount of contribution (\$) \$2,500.00	In-kind contribution description Communications Consulting
	Contributor address; City; State; Zip Code 339 Avenue L NE Winter Haven, FL 33881	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 3/5 Rpt: 13/27	
2 FILER NAME Cornelius, Bob		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/18/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbott Media Group	8 Amount of contribution (\$) \$2,500.00	9 In-kind contribution description Communications Consulting
7 Contributor address; City; State; Zip Code 339 Avenue L NE Winter Haven, FL 33881		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbott Media Group	Amount of contribution (\$) \$2,500.00	In-kind contribution description Communications Consulting
Contributor address; City; State; Zip Code 339 Avenue L NE Winter Haven, FL 33881		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 05/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbott Media Group	Amount of contribution (\$) \$2,500.00	In-kind contribution description
Contributor address; City; State; Zip Code 339 Avenue L NE Winter Haven, FL 33881		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 4/5 Rpt: 14/27	
2 FILER NAME Cornelius, Bob		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 06/18/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbott Media Group	8 Amount of contribution (\$) \$2,500.00	9 In-kind contribution description Communications Consulting
7 Contributor address; City; State; Zip Code 339 Avenue L NE Winter Haven, FL 33881		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 06/26/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abraham, Rick	Amount of contribution (\$) \$3,200.00	In-kind contribution description Voter Data/Voter Outreach
Contributor address; City; State; Zip Code 1323 Jasmine Drive Lewisville, TX 75077		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Senior Technical Specialist		Employer (FOR NON-JUDICIAL) (See instructions) Apollo Blue	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 03/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elephant In The Room Strategies	Amount of contribution (\$) \$1,500.00	In-kind contribution description Fundraising
Contributor address; City; State; Zip Code 3809 South General Bruce Drive #103 Temple, TX 76502		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 5/5 Rpt: 15/27	
2 FILER NAME Cornelius, Bob		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 06/01/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elephant In The Room Strategies	8 Amount of contribution (\$) \$1,500.00	9 In-kind contribution description Fundraising
	7 Contributor address; City; State; Zip Code 3809 South General Bruce Drive #103 Temple, TX 76502	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/11 Rpt: 16/27	2 FILER NAME Cornelius, Bob	3 Filer ID
4 Date 02/28/2020	5 Payee name Anedot Inc	
6 Amount (\$) \$4.30	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
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 Credit Card Processing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 03/01/2020	Payee name Anedot Inc	
Amount (\$) \$5.40	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
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 credit card processing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 03/07/2020	Payee name Anedot Inc	
Amount (\$) \$7.90	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
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 credit card processing
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: 2/11 Rpt: 17/27	2 FILER NAME Cornelius, Bob	3 Filer ID
4 Date 04/16/2020	5 Payee name Anedot Inc	
6 Amount (\$) \$10.30	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
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 credit card processing
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 04/30/2020	Payee name Anedot Inc	
Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
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 credit card processing
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 06/07/2020	Payee name Anedot Inc	
Amount (\$) \$1.30	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
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 credit card processing
	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: 3/11 Rpt: 18/27		2 FILER NAME Cornelius, Bob		3 Filer ID	
4 Date 06/09/2020		5 Payee name Anedot Inc			
6 Amount (\$) \$1.30		7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112			
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 credit card processing	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 06/17/2020		Payee name Anedot Inc			
Amount (\$) \$4.30		Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112			
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 credit card processing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 06/19/2020		Payee name Anedot Inc			
Amount (\$) \$15.90		Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112			
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 credit card processing	
Complete <u>ONLY</u> 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: 4/11 Rpt: 19/27		2 FILER NAME Cornelius, Bob		3 Filer ID	
4 Date 06/23/2020		5 Payee name Anedot Inc			
6 Amount (\$) \$1.90		7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112			
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 credit card processing	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 06/30/2020		Payee name Anedot Inc			
Amount (\$) \$2.60		Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112			
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 credit card processing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 06/30/2020		Payee name Anedot Inc			
Amount (\$) \$8.90		Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112			
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 credit card processing	
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: 5/11 Rpt: 20/27	2 FILER NAME Cornelius, Bob		3 Filer ID
4 Date 05/31/2020	5 Payee name BUC-EE's		
6 Amount (\$) \$29.68	7 Payee address; City; State; Zip Code 4155 N General Bruce Drive Temple, TX 76501		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fuel	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 04/23/2020	Payee name Carter, Charles		
Amount (\$) \$1,085.00	Payee address; City; State; Zip Code 234 Olde Oaks Drive Georgetown, TX 78633		
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 Road Sign Placement	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 02/10/2020	Payee name City of Cedar Park		
Amount (\$) \$50.00	Payee address; City; State; Zip Code 450 Cypress Creek Road Cedar Park, TX 78613		
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 Filing Fee	
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: 6/11 Rpt: 21/27	2 FILER NAME Cornelius, Bob	3 Filer ID
4 Date 02/27/2020	5 Payee name Dirt Cheap Signs	
6 Amount (\$) \$748.01	7 Payee address; City; State; Zip Code 6706 Lohman Ford Road Lago Vista, TX 78645	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/02/2020	Payee name Dirt Cheap Signs	
Amount (\$) \$1,203.31	Payee address; City; State; Zip Code 6706 Lohman Ford Road Lago Vista, TX 78645	
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 Road Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/02/2020	Payee name FedEx	
Amount (\$) \$3.00	Payee address; City; State; Zip Code 1335 E Whitestone Blvd H300 Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Copies
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: 7/11 Rpt: 22/27		2 FILER NAME Cornelius, Bob		3 Filer ID	
4 Date 06/14/2020		5 Payee name FedEx			
6 Amount (\$) \$7.33		7 Payee address; City; State; Zip Code 1335 E Whitestone Blvd H300 Cedar Park, TX 78613			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing 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 Copies	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 06/14/2020		Payee name Graphic Connection			
Amount (\$) \$203.78		Payee address; City; State; Zip Code 1500 North Renaissance Blvd Suite A Albuquerque, NM 87107			
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 Face Masks with Logo	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 06/26/2020		Payee name Murphy Express USA			
Amount (\$) \$27.91		Payee address; City; State; Zip Code 1454 East Whitestone Blvd Cedar Park, TX 78613			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fuel		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel	
Complete <u>ONLY</u> 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/11 Rpt: 23/27	2 FILER NAME Cornelius, Bob	3 Filer ID
4 Date 06/29/2020	5 Payee name Olive Garden	
6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code 12827 Ranch Rd 620 N Austin, TX 78750	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Meeting	(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 Meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2020	Payee name RBFCU	
Amount (\$) \$1.00	Payee address; City; State; Zip Code 3201 East Whitestone Blvd Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/27/2020	Payee name RBFCU	
Amount (\$) \$1.00	Payee address; City; State; Zip Code 3201 East Whitestone Blvd Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check Fee
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: 9/11 Rpt: 24/27		2 FILER NAME Cornelius, Bob		3 Filer ID	
4 Date 03/02/2020		5 Payee name RBFCU			
6 Amount (\$) \$1.00		7 Payee address; City; State; Zip Code 3201 East Whitestone Blvd Cedar Park, TX 78613			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/23/2020		Payee name RBFCU			
Amount (\$) \$3.00		Payee address; City; State; Zip Code 3201 East Whitestone Blvd Cedar Park, TX 78613			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office held	
Date 03/23/2020		Payee name T-Mobile			
Amount (\$) \$110.85		Payee address; City; State; Zip Code 401 E Whitestone Blvd A-105 Cedar Park, TX 78613			
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 Phone Services	
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: 10/11 Rpt: 25/27	2 FILER NAME Cornelius, Bob	3 Filer ID
4 Date 05/01/2020 ,	5 Payee name T-Mobile ,	
6 Amount (\$) \$160.85	7 Payee address; City; State; Zip Code 401 E Whitestone Blvd A-105 Cedar Park, TX 78613	
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 Phone Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/24/2020	Payee name T-Mobile	
Amount (\$) \$207.17	Payee address; City; State; Zip Code 401 E Whitestone Blvd A-105 Cedar Park, TX 78613	
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 Phone Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/21/2020	Payee name T-Mobile	
Amount (\$) \$162.90	Payee address; City; State; Zip Code 401 E Whitestone Blvd A-105 Cedar Park, TX 78613	
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 Phone Services
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: 11/11 Rpt: 26/27		2 FILER NAME Cornelius, Bob		3 Filer ID	
4 Date 06/15/2020		5 Payee name US Postal Service			
6 Amount (\$) \$85.00		7 Payee address; City; State; Zip Code 500 East Whitestone Blvd Cedar Park, TX 78613			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Rental Fee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post Office Box Renewal	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 03/20/2020		Payee name Walmart			
Amount (\$) \$200.00		Payee address; City; State; Zip Code 201 Walton Way Cedar Park, TX 78613			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office 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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/28/2020		Payee name Walmart			
Amount (\$) \$140.16		Payee address; City; State; Zip Code 201 Walton Way Cedar Park, TX 78613			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Supplies		(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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 27/27
2 FILER NAME Cornelius, Bob		3 Filer ID
4 Date 06/30/2020	5 Name of person from whom amount is received RBFCU	8 Amount (\$) \$0.28
	6 Address of person from whom amount is received; City; State; Zip Code 3201 East Whitestone Blvd Cedar Park, TX 78613	
	7 Purpose for which amount is received dividend <input type="checkbox"/> Check if political contribution returned to filer	
Date 05/31/2020	Name of person from whom amount is received RBFCU	Amount (\$) \$0.34
	Address of person from whom amount is received; City; State; Zip Code 3201 East Whitestone Blvd Cedar Park, TX 78613	
	Purpose for which amount is received dividend <input type="checkbox"/> Check if political contribution returned to filer	
Date 04/30/2020	Name of person from whom amount is received RBFCU	Amount (\$) \$0.37
	Address of person from whom amount is received; City; State; Zip Code 3201 East Whitestone Blvd Cedar Park, TX 78613	
	Purpose for which amount is received dividend <input type="checkbox"/> Check if political contribution returned to filer	
Date 03/31/2020	Name of person from whom amount is received RBFCU	Amount (\$) \$0.40
	Address of person from whom amount is received; City; State; Zip Code 3201 East Whitestone Blvd Cedar Park, TX 78613	
	Purpose for which amount is received dividend <input type="checkbox"/> Check if political contribution returned to filer	
Date 02/29/2020	Name of person from whom amount is received RBFCU	Amount (\$) \$0.25
	Address of person from whom amount is received; City; State; Zip Code 3201 East Whitestone Blvd Cedar Park, TX 78613	
	Purpose for which amount is received dividend <input type="checkbox"/> Check if political contribution returned to filer	