

# UNSWORN DECLARATION

FORM UD

Attach this unsworn declaration to the front of any campaign finance report or personal financial statement in lieu of a notarized signature. See Tex. Civil Practice and Remedies Code § 132.001.

### OFFICE USE ONLY

Date Received

7.15.20  
5:43 PM

KMK

Method of Delivery

ELECTRONIC

Date Processed

7.16.20

1 FILER ID:  
(Ethics Commission filers)

2 NAME OF FILER  
(PLEASE TYPE OR PRINT)

JAMES PENNIMAN - MORIN

3 TYPE OF FILER

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> CANDIDATE/OFFICEHOLDER | <input type="checkbox"/> POLITICAL COMMITTEE |
| <input type="checkbox"/> JUDICIAL CANDIDATE/OFFICEHOLDER   | <input type="checkbox"/> POLITICAL PARTY     |
| <input type="checkbox"/> PERSONAL FINANCIAL STATEMENT      | <input type="checkbox"/> STATE/COUNTY CHAIR  |
| <input type="checkbox"/> DIRECT CAMPAIGN EXPENDITURE       |  |

4 TYPE OF REPORT

JULY 15 SEMI-ANNUAL

6 DUE DATE

JULY 15, 2020

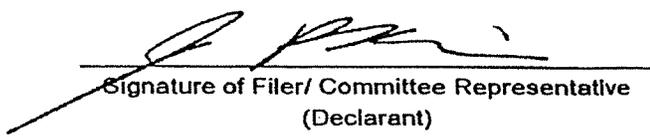
### 6 UNSWORN DECLARATION:

My name is JAMES PENNIMAN-MORIN and my date of birth is \_\_\_\_\_.

My Address is 2810 ZAMBIA DR, CEMA PARK, TX, 78617, USA.  
(street) (city) (state) (zip code) (country)

I swear, or affirm, under penalty of perjury that the information in the attached report is in all things true and correct, and includes all information required to be reported by me under Title 15, Election Code, or Chapter 572, Government Code.

Executed in TRAVIS County, State of Texas, on the 15 day of July, 2020.

  
Signature of Filer/ Committee Representative  
(Declarant)

# 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 23		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b> Date Received 7.15.20 5:43 pm LMW	
		James			
	NICKNAME	LAST	SUFFIX		
		Penniman-Morin			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	Date Hand delivered or Date Postmarked Electronic	
	PO Box 2854			Receipt #	
	Cedar Park, TX 78613			Amount	
				Date Processed 7-16-20	
		Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI		
		JARAH	R.		
	NICKNAME	LAST	SUFFIX		
		PENNIMAN-MORIN			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	
	2810 ZANDA PR			CEMPARK TX 78618	
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	512	965 -	6381		
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	
		01/01/2020	THROUGH	06/30/2020	
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
	11/03/2020			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)	
	None			City Council Place 4 District Cedar Park	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 23

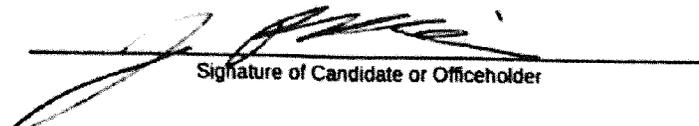
<b>13 C/OH NAME</b> Penniman-Morin, James	<b>14 Filer ID</b>
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
	<b>COMMITTEE ADDRESS</b>	
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	

<b>16 CONTRIBUTION TOTALS</b>	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)	\$	6,926.43
<b>EXPENDITURE TOTALS</b>	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	10,001.55
<b>CONTRIBUTION BALANCE</b>	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,652.76
<b>OUTSTANDING LOAN TOTALS</b>	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 \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which, witness my hand and seal of office.

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Signature of officer administering	Printed name of officer administering	Title of officer administering oath
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**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Penniman-Morin, James		<b>19 Filer ID</b>
<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	<b>NAME OF SCHEDULE</b>	
1	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,926.43
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 FROM POLITICAL CONTRIBUTIONS	\$ 10,001.55
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	\$ 1.54

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 Sch: 1/10 Rpt: 4/23
2 FILER NAME Penniman-Morin, James		3 Filer ID
4 Date 01/08/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Elizabeth	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code 5705 Cromwell Dr.  Bethesda, MD 20816	
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) FTI Consulting
Date 01/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Katherine	Amount of Contribution (\$) \$52.95
	Contributor address; City; State; Zip Code 1110 Rowley dr  Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Pauly Presley Reality
Date 01/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Clifford	Amount of Contribution (\$) \$26.63
	Contributor address; City; State; Zip Code 1504 Azalea Dr  Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 02/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Sheila	Amount of Contribution (\$) \$26.63
	Contributor address; City; State; Zip Code 1601 Mackenzie Lane  Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) accountant		Employer (See Instructions) TIADA
Date 01/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnette, Matthew	Amount of Contribution (\$) \$26.63
	Contributor address; City; State; Zip Code 1110 Stilwell Ridge  Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Att tech		Employer (See Instructions) Att

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 Sch: 2/10 Rpt: 5/23
2 FILER NAME Penniman-Morin, James		3 Filer ID
4 Date 01/17/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowers, Allison	7 Amount of Contribution (\$)  \$263.47
	6 Contributor address, City, State, Zip Code 708 Upson Street  Austin, TX 78703	
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Hutcheson Bowers LLLP
Date 01/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bravo, Mario	Amount of Contribution (\$)  \$105.58
	Contributor address, City, State, Zip Code 1554 W Mulberry Ave  San Antonio, TX 78201	
Principal occupation / Job title (See Instructions) Project Manager, Texas Energy		Employer (See Instructions) EDF
Date 01/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Frank	Amount of Contribution (\$)  \$158.21
	Contributor address, City, State, Zip Code 1003 Taulbee Lane  Austin, TX 78757	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Mitrtech
Date 02/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Cherie	Amount of Contribution (\$)  \$210.84
	Contributor address, City, State, Zip Code 3204 Felton St  San Diego, CA 92104	
Principal occupation / Job title (See Instructions) Nonprofit		Employer (See Instructions) NRDC
Date 02/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavalli, Christina	Amount of Contribution (\$)  \$100.00
	Contributor address, City, State, Zip Code 3300 Mossy Grove  Cedar Park, TX 78613	
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: 3/10 Rpt: 6/23
2 FILER NAME Penniman-Morrin, James		3 Filer ID
4 Date 01/11/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Champion, Antonio 6 Contributor address, City, State, Zip Code 1136 Sutton Place DeSoto, TX 75115	7 Amount of Contribution (\$) \$105.58
8 Principal occupation / Job title (See Instructions) Security Officer		9 Employer (See Instructions) JPS Health Network
Date 03/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crijs, Melissa Contributor address, City, State, Zip Code 2519 Farleigh Ln Cedar Park, TX 78613	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Recruiter		Employer (See Instructions) Self
Date 02/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Delbar, Bridget Contributor address, City, State, Zip Code 103 County Road 180, Unit 22 Leander, TX 78641	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duron, Georganne Contributor address, City, State, Zip Code 3713 Tall Cedars Rd Cedar Park, TX 78613	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Recruiting		Employer (See Instructions) GIVE Talent, LLC
Date 01/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Goodwin, Vikki Contributor address, City, State, Zip Code 3701 Shady Valley Dr. Austin, TX 78739	Amount of Contribution (\$) \$26.63
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Goodwin and Goodwin

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 4/10 Rpt: 7/23

2 FILER NAME  
Penniman-Morin, James

3 Filer ID

4 Date  
06/30/2020

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Gordon, Denise

6 Contributor address; City; State; Zip Code  
3856 Newland Ct  
Round Rock, TX 78681

7 Amount of Contribution (\$)  
\$16.11

8 Principal occupation / Job title (See Instructions)  
Clinical Social Worker

9 Employer (See Instructions)  
n/a

Date  
05/30/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Gordon, Denise

Contributor address; City; State; Zip Code  
3856 Newland Ct  
Round Rock, TX 78681

Amount of Contribution (\$)  
\$16.11

Principal occupation / Job title (See Instructions)  
Clinical Social Worker

Employer (See Instructions)  
Retired

Date  
01/31/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Gordon, Denise

Contributor address; City; State; Zip Code  
3856 Newland Ct  
Round Rock, TX 78681

Amount of Contribution (\$)  
\$16.11

Principal occupation / Job title (See Instructions)  
Clinical Social Worker

Employer (See Instructions)  
n/a

Date  
01/10/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Grim, Evan

Contributor address; City; State; Zip Code  
4217 Camacho St.  
Austin, TX 78723

Amount of Contribution (\$)  
\$1,000.00

Principal occupation / Job title (See Instructions)  
Architect

Employer (See Instructions)  
Salesforce

Date  
01/11/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Helbing, Michael

Contributor address; City; State; Zip Code  
301 Stubblefield Lane  
Liberty Hill, TX 78642

Amount of Contribution (\$)  
\$26.63

Principal occupation / Job title (See Instructions)  
grocery manager

Employer (See Instructions)  
Heb

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1 Total pages Schedule A1:</b> Sch: 5/10 Rpt: 8/23
<b>2 FILER NAME</b> Penniman-Morin, James		<b>3 Filer ID</b>
<b>4 Date</b> 06/23/2020	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Horton, Harriet <hr/> <b>6 Contributor address; City; State; Zip Code</b> 404 Marigold Lp  Cedar Park, TX 78613	<b>7 Amount of Contribution (\$)</b>  \$21.37
<b>8 Principal occupation / Job title (See Instructions)</b> family manager		<b>9 Employer (See Instructions)</b> family
<b>Date</b> 01/11/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutcheson, Mark <hr/> <b>Contributor address; City; State; Zip Code</b> 21 W 33  Austin, TX 78705	<b>Amount of Contribution (\$)</b>  \$526.63
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Popp Hutcheson
<b>Date</b> 01/11/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingarfield, Angie <hr/> <b>Contributor address; City; State; Zip Code</b> 2812 Zambia Dr  Cedar Park, TX 78613	<b>Amount of Contribution (\$)</b>  \$52.95
<b>Principal occupation / Job title (See Instructions)</b> Teacher		<b>Employer (See Instructions)</b> LISD
<b>Date</b> 01/11/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Mike <hr/> <b>Contributor address; City; State; Zip Code</b> 2712 Mingus dr.  Cedar Park, TX 78613	<b>Amount of Contribution (\$)</b>  \$26.63
<b>Principal occupation / Job title (See Instructions)</b> Marketing Director		<b>Employer (See Instructions)</b> Dell
<b>Date</b> 01/06/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Ulrike <hr/> <b>Contributor address; City; State; Zip Code</b> 1504 Azalea Drive  Cedar Park, TX 78613	<b>Amount of Contribution (\$)</b>  \$179.26
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/10 Rpt: 9/23
2 FILER NAME Penniman-Morin, James		3 Filer ID
4 Date 01/30/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kopser, Joseph	7 Amount of Contribution (\$) \$158.21
	6 Contributor address; City, State; Zip Code 6122 Mordred Lane  Austin, TX 78739	
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Grayline
Date 03/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kumar, Sean	Amount of Contribution (\$) \$52.95
	Contributor address; City, State; Zip Code 3841 Elbert Ave  Alexandria, VA 22305	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Gartner
Date 01/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamb, Erin	Amount of Contribution (\$) \$105.58
	Contributor address; City, State; Zip Code 720 S.10th St.  Philadelphia, PA 19147	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Freeman, Mathis and Gary, LLP
Date 01/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Layfield, Monica	Amount of Contribution (\$) \$263.47
	Contributor address; City, State; Zip Code 816 Congress Ave., Ste 1200  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 01/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lenau, Kevin	Amount of Contribution (\$) \$105.58
	Contributor address; City, State; Zip Code 9017 Elfen Cove  Austin, TX 78724	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Alvarez and Marsal

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 Sch: 7/10 Rpt: 10/23
2 FILER NAME Penniman-Morin, James		3 Filer ID
4 Date 01/11/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockhart, Michael	7 Amount of Contribution (\$) \$26.63
6 Contributor address; City, State; Zip Code 5120 Scottish Thistle Drive  Austin, TX 78739		
8 Principal occupation / Job title (See Instructions) Operations		9 Employer (See Instructions) Facebook
Date 01/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lohman, Peter	Amount of Contribution (\$) \$52.95
Contributor address; City, State; Zip Code UNIT 8200 BOX 136  DPO, VA 96520		
Principal occupation / Job title (See Instructions) Diplomat		Employer (See Instructions) U.S. State Department
Date 01/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcee, Joseph	Amount of Contribution (\$) \$300.00
Contributor address; City, State; Zip Code 409 Champions Dr.  Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self
Date 01/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Barbara	Amount of Contribution (\$) \$52.95
Contributor address; City, State; Zip Code 9550 Savannah Ridge Dr  Austin, TX 78726		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McConville, Marisa	Amount of Contribution (\$) \$263.47
Contributor address; City, State; Zip Code 920 3rd Ave NW  Minot, ND 58703		
Principal occupation / Job title (See Instructions) Paraprofessional		Employer (See Instructions) Minot school district

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/10 Rpt: 11/23
<b>2</b> FILER NAME Penniman-Morin, James		<b>3</b> Filer ID
<b>4</b> Date 01/14/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merritt, Danny  <b>6</b> Contributor address; City; State; Zip Code 114 Ballentine Crossing Ln  Irmo, SC 29063	<b>7</b> Amount of Contribution (\$)  \$5.58
<b>8</b> Principal occupation / Job title (See Instructions) None		<b>9</b> Employer (See Instructions) None
<b>Date</b> 01/11/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Miguez, Joe  <b>Contributor address; City; State; Zip Code</b> 11605 Lake Stone Drive  Bee Cave, TX 78738	<b>Amount of Contribution (\$)</b>  \$105.58
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Apple
<b>Date</b> 01/28/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgenstein, Jonathan  <b>Contributor address; City; State; Zip Code</b> 4141 North Henderson Rd, #1104  Arlington, VA 22203	<b>Amount of Contribution (\$)</b>  \$263.47
<b>Principal occupation / Job title (See Instructions)</b> Senior Researcher		<b>Employer (See Instructions)</b> National Renewable Energy Lab
<b>Date</b> 01/11/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Nagorski, Adam  <b>Contributor address; City; State; Zip Code</b> 605 Peacock Ln #D  Austin, TX 78704	<b>Amount of Contribution (\$)</b>  \$26.63
<b>Principal occupation / Job title (See Instructions)</b> Lawyer		<b>Employer (See Instructions)</b> UL
<b>Date</b> 01/11/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Redman, Luke  <b>Contributor address; City; State; Zip Code</b> 16547 Avaranche Way  Round Rock, TX 78681	<b>Amount of Contribution (\$)</b>  \$52.95
<b>Principal occupation / Job title (See Instructions)</b> Manager		<b>Employer (See Instructions)</b> HIT

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1 Total pages Schedule A1:</b> Sch: 9/10 Rpt: 12/23
<b>2 FILER NAME</b> Penniman-Morin, James		<b>3 Filer ID</b>
<b>4 Date</b> 01/08/2020	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robbins, Anne <hr/> <b>6 Contributor address; City; State; Zip Code</b> 10831 Crooked River Road Unit 101 Bonita Springs, FL 34135	<b>7 Amount of Contribution (\$)</b> \$500.00
<b>8 Principal occupation / Job title (See Instructions)</b> Priest		<b>9 Employer (See Instructions)</b> Retired
<b>Date</b> 01/11/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schwindt, Mary <hr/> <b>Contributor address; City; State; Zip Code</b> 702 Post Oak Circle Cedar Park, TX 78613	<b>Amount of Contribution (\$)</b> \$52.95
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 01/11/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Springerley, Stan <hr/> <b>Contributor address; City; State; Zip Code</b> 1607 Churchill CV Cedar Park, TX 78613	<b>Amount of Contribution (\$)</b> \$52.95
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Williamson County
<b>Date</b> 01/12/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Swartout, James <hr/> <b>Contributor address; City; State; Zip Code</b> 821 North Jackson Arlington, VA 22201	<b>Amount of Contribution (\$)</b> \$105.58
<b>Principal occupation / Job title (See Instructions)</b> Director		<b>Employer (See Instructions)</b> Mitre
<b>Date</b> 01/11/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tijerina, Robert <hr/> <b>Contributor address; City; State; Zip Code</b> 1509 Hawk Dr Cedar Park, TX 78613	<b>Amount of Contribution (\$)</b> \$26.63
<b>Principal occupation / Job title (See Instructions)</b> Police officers		<b>Employer (See Instructions)</b> Williamson county

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/10 Rpt: 13/23
2 FILER NAME Penniman-Morin, James		3 Filer ID
4 Date 01/11/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Meter, Sonia	7 Amount of Contribution (\$) \$50.00
	6 Contributor address: City, State, Zip Code 4510 W Guadalupe St  AUSTIN, TX 78751	
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Stanford Campaigns
Date 05/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Becky	Amount of Contribution (\$) \$26.63
	Contributor address: City, State, Zip Code 1880 Nelson Ranch Loop  Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) ACC
Date 01/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walz, Lauren	Amount of Contribution (\$) \$52.95
	Contributor address: City, State, Zip Code 3815 Campfire Dr  Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) SunPower Corporation
Date 01/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walz, Patrick	Amount of Contribution (\$) \$158.21
	Contributor address: City, State, Zip Code 3815 Campfire Drive  Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Aecom
Date 01/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walz, Patrick	Amount of Contribution (\$) \$26.63
	Contributor address: City, State, Zip Code 3815 Campfire Dr.  Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Aecom

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/8 Rpt: 14/23	<b>2</b> FILER NAME Penniman-Morin, James	<b>3</b> Filer ID
<b>4</b> Date 04/10/2020	<b>5</b> Payee name Birdsong, Lester	
<b>6</b> Amount (\$) \$1,350.00	<b>7</b> Payee address; City, State; Zip Code 135 Millennial Way  Bastrop, TX 78602	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signage
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 01/09/2020	Payee name Cedar Park Chamber of Commerce	
Amount (\$) \$750.00	Payee address; City, State; Zip Code 1460 E. Whitestone Blvd Suite 180 Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Event Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gala Table
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 02/02/2020	Payee name Cedar Park Chamber of Commerce	
Amount (\$) \$15.00	Payee address; City, State; Zip Code 1461 E. Whitestone Blvd Suite 181 Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Event Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luncheon
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: 2/8 Rpt: 15/23		2 FILER NAME Penniman-Morin, James		3 Filer ID
4 Date 01/14/2020		5 Payee name Dig Pub		
6 Amount (\$) \$519.44		7 Payee address; City, State; Zip Code 350 Cypress Creek Road  Cedar Park, TX 78613		
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 Food and Beverage	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 01/01/2020		Payee name Donateway Inc.		
Amount (\$) \$224.53		Payee address; City, State; Zip Code P.O. Box 301267  Austin, TX 78703		
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 Fundraising fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 01/05/2020		Payee name Dragonfly Web Design		
Amount (\$) \$70.00		Payee address; City, State; Zip Code 1410 Colorado Bend Dr  Cedar Park, TX 78613		
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 Website	
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.

<b>1</b> Total pages Schedule F1: Sch: 3/8 Rpt: 16/23		<b>2</b> FILER NAME Penniman-Morin, James		<b>3</b> Filer ID	
<b>4</b> Date 01/07/2020		<b>5</b> Payee name Dragonfly Web Design			
<b>6</b> Amount (\$) \$300.00		<b>7</b> Payee address; City, State; Zip Code 1411 Colorado Bend Dr  Cedar Park, TX 78613			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 02/17/2020		Payee name Grand Donut			
Amount (\$) \$26.07		Payee address; City, State; Zip Code 2011 Little Elm Street  Cedar Park, TX 78613			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 and Beverage	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 02/03/2020		Payee name Texas Democratic Party			
Amount (\$) \$145.00		Payee address; City, State; Zip Code 1106 Lavaca Street Suite 100 Austin, TX 78701			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database management	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

**NATIONAL REPUBLICAN POLITICAL COMMITTEES**

**SCHEDULE C**

**EXPENSES OF CANDIDATES FOR FEDERAL OFFICE**



Form C-1000  
OMB No. 1545-0047  
Expires 12/31/2019

Federal Election Commission  
 State Election Administration  
 State Department of Public Safety  
 State Department of Justice  
 State Department of Health  
 State Department of Education  
 State Department of Transportation  
 State Department of Agriculture  
 State Department of Natural Resources  
 State Department of Environmental Protection  
 State Department of Labor  
 State Department of Social Services  
 State Department of Community Development  
 State Department of Public Health  
 State Department of Corrections  
 State Department of Mental Health  
 State Department of Veterans Affairs  
 State Department of Military and Veterans Affairs  
 State Department of Public Safety  
 State Department of Justice  
 State Department of Health  
 State Department of Education  
 State Department of Transportation  
 State Department of Agriculture  
 State Department of Natural Resources  
 State Department of Environmental Protection  
 State Department of Labor  
 State Department of Social Services  
 State Department of Community Development  
 State Department of Public Health  
 State Department of Corrections  
 State Department of Mental Health  
 State Department of Veterans Affairs  
 State Department of Military and Veterans Affairs

The information on this schedule must be completed for all candidates.

Date 04/18/2020	Payee name Triaz Digital Printing LLC
Amount (\$) \$427.59	Payee address, City, State, Zip Code 2013 Wells Branch Pkwy Suite 307 Austin, TX 78728
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense  (b) Description <input type="checkbox"/> Check if federal candidate or Texas (Complete Schedule 1) <input type="checkbox"/> Check if Austin, TX, officeholder being expenses Printing

Complete ONLY if direct expenditure to benefit COH  
 Candidate/Officeholder name: \_\_\_\_\_ Office sought: \_\_\_\_\_ Office held: \_\_\_\_\_

Date 01/09/2020	Payee name Triaz Digital Printing LLC
Amount (\$) \$135.31	Payee address, City, State, Zip Code 2013 Wells Branch Pkwy Suite 307 Austin, TX 78728
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense  (b) Description <input type="checkbox"/> Check if federal candidate or Texas (Complete Schedule 1) <input type="checkbox"/> Check if Austin, TX, officeholder being expenses Printing

Complete ONLY if direct expenditure to benefit COH  
 Candidate/Officeholder name: \_\_\_\_\_ Office sought: \_\_\_\_\_ Office held: \_\_\_\_\_

Date 01/19/2020	Payee name Triaz Digital Printing LLC
Amount (\$) \$427.59	Payee address, City, State, Zip Code 2013 Wells Branch Pkwy Suite 307 Austin, TX 78728
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense  (b) Description <input type="checkbox"/> Check if federal candidate or Texas (Complete Schedule 1) <input type="checkbox"/> Check if Austin, TX, officeholder being expenses Printing

Complete ONLY if direct expenditure to benefit COH  
 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.

<b>1</b> Total pages Schedule F1: Sch: 5/8 Rpt: 18/23	<b>2</b> FILER NAME Penniman-Morin, James	<b>3</b> Filer ID
<b>4</b> Date 02/20/2020	<b>5</b> Payee name Triaz Digital Printing LLC	
<b>6</b> Amount (\$) \$1,003.04	<b>7</b> Payee address; City; State; Zip Code 2013 Wells Branch Pkwy Suite 307 Austin, TX 78728	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(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 Printing
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 03/01/2020	Payee name Triaz Digital Printing LLC	
Amount (\$) \$1,307.66	Payee address; City; State; Zip Code 2013 Wells Branch Pkwy Suite 307 Austin, TX 78728	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(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 Printing
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 03/15/2020	Payee name Triaz Digital Printing LLC	
Amount (\$) \$2,121.70	Payee address; City; State; Zip Code 2013 Wells Branch Pkwy Suite 307 Austin, TX 78728	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(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 Printing
	<b>9</b> 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.

<b>1</b> Total pages Schedule F1: Sch: 6/8 Rpt: 19/23	<b>2</b> FILER NAME Penniman-Morin, James	<b>3</b> Filer ID
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<b>4</b> Date 03/19/2020	<b>5</b> Payee name Triaz Digital Printing LLC
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<b>6</b> Amount (\$) \$384.29	<b>7</b> Payee address: City; State; Zip Code 2013 Wells Branch Pkwy Suite 307 Austin, TX 78728
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<b>8</b> 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 Printing
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/10/2020	Payee name US Postal Service
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Amount (\$) \$50.50	Payee address: City; State; Zip Code 500 East Whitestone Blvd  Cedar Park, TX 78613
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Shipping
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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 02/29/2020	Payee name Zippity Print
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Amount (\$) \$239.71	Payee address: City; State; Zip Code 1600 E. 23rd Street  Cleveland, OH 44114
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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 Printing
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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.

<b>1</b> Total pages Schedule F1: Sch: 7/8 Rpt: 20/23	<b>2</b> FILER NAME Penniman-Morin, James	<b>3</b> Filer ID
<b>4</b> Date 03/31/2020	<b>5</b> Payee name Zoom Video Communications Inc	
<b>6</b> Amount (\$) \$15.74	<b>7</b> Payee address; City; State; Zip Code 55 Almaden Blvd  San Jose, CA 95113	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(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 Videoconferencing
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name                      Office sought                      Office held	
Date 05/03/2020	Payee name Zoom Video Communications Inc	
Amount (\$) \$16.74	Payee address; City; State; Zip Code 55 Almaden Blvd  San Jose, CA 95113	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(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 Videoconferencing
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name                      Office sought                      Office held	
Date 05/31/2020	Payee name Zoom Video Communications Inc	
Amount (\$) \$17.74	Payee address; City; State; Zip Code 55 Almaden Blvd  San Jose, CA 95113	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(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 Videoconferencing
	<b>9</b> 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: 8/8 Rpt: 21/23	2 FILER NAME Penniman-Morin, James		3 Filer ID
4 Date Q6/30/2020	5 Payee name Zoom Video Communications Inc		
6 Amount (\$) \$18.74	7 Payee address, City, State, Zip Code 55 Almaden Blvd  San Jose, CA 95113		
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 Videoconferencing	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# 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: 1/2 Rpt: 22/23
2 FILER NAME Penniman-Morin, James		3 Filer ID
4 Date 01/15/2020	5 Name of person from whom amount is received Randolph Brooks FCU	8 Amount (\$) \$0.40
6 Address of person from whom amount is received; City, State, Zip Code  TX		
7 Purpose for which amount is received Card Cashback		<input type="checkbox"/> Check if political contribution returned to filer
Date 01/31/2020	Name of person from whom amount is received Randolph Brooks FCU	Amount (\$) \$0.28
Address of person from whom amount is received; City, State, Zip Code  TX		
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 Randolph Brooks FCU	Amount (\$) \$0.31
Address of person from whom amount is received; City, State, Zip Code  TX		
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 Randolph Brooks FCU	Amount (\$) \$0.21
Address of person from whom amount is received; City, State, Zip Code  TX		
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 Randolph Brooks FCU	Amount (\$) \$0.12
Address of person from whom amount is received; City, State, Zip Code  TX		
Purpose for which amount is received Dividend		<input type="checkbox"/> Check if political contribution returned to filer

**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: 2/2 Rpt: 23/23

2 FILER NAME

Penniman-Morin, James

3 Filer ID

4 Date  
05/31/2020

5 Name of person from whom amount is received

Randolph Brooks FCU

8 Amount (\$)

\$0.11

6 Address of person from whom amount is received. City State Zip Code

TX

7 Purpose for which amount is received

Dividend

Check if political contribution returned to filer

Date  
06/30/2020

Name of person from whom amount is received

Randolph Brooks FCU

Amount (\$)

\$0.11

Address of person from whom amount is received. City State Zip Code

TX

Purpose for which amount is received

Dividend

Check if political contribution returned to filer