	· · · · · · · · · · · · · · · · · · ·			
The C/OH Instruction G	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / GR FIRST  DOUG  NICKNAME LAST	MI	OFFICE USE ONLY  Date Received	
	Wessels			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address			JAN 15 2020	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (979) 758-4041	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS/BBIMR FIRST	MI	Receipt # Amount \$  Date Processed	
	NICKNAME LAST Wessels	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SI		STATE; ZIP CODE	
(Residence or Business)	Columbus, TX	78934		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 732-768	EXTENSION		
9 REPORT TYPE	January 15 30th day before e	Nection Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
·	July 15 Sth day before ele	Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 10 / 17 / 2019	THROUGH I	Day Year 15 / 2020	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year X Primary	Runoff Other Description		
	3/3/2020 General	Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if knows	")	
	County Commission	ner		
CO TO PAGE 2				

14 C/OH NAME	oug W.	essels 1	5 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY MAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
·		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 250,			
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$	
	4. TOTAL POLITICAL EXPENDITURES \$ 1519.			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$	
18 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.				
Notary ID #11799707 My Commission Expires May 8, 2023  Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEALABOVE				
Sworn to and subscribed before me, by the said Douglessels this the 15 th				
le leone	1.20 <u>20</u> .	to certify which, without my hand and seal of office.	Stand	
Signature of officer	administering oath	Printed name of officer administering cath	Title of officer administering cath	

19 FILER NAME DOUG WESSELS. 20 Filer ID (Ethic	cs Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 250,00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 15.19.10
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CA	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

			· · · · · · · · · · · · · · · · · · ·		
The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS (MR) FIRST DOUG NICKNAME LAST WESSELS	MI	OFFICE USE ONLY  Date Received  ECEIVE		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE /	ADDRESS / PO BOX: APT / SUITE #: 0 1052 White Loo Columbus, TX -  AREA CODE PHONE NUMBER		FEB 0 3 2020		
OFFICEHOLDER PHONE	(919) 758-4041		Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS/MR FIRST Anne NICKNAME LAST WESSELS	MI	Receipt # Amount \$  Date Processed  Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 1052 White	Loop	STATE; ZIP CODE		
(Residence or Business)	Columbus, 7	X 78934			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 732-768	EXTENSION			
9 REPORT TYPE	July 15 Sth day before elect		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year O 1 / 16 / 2020	THROUGH 02 /	Day Year / 2020		
11 ELECTION	ELECTION DATE  Month Day Year	Runoff Cither Description Special			
12 OFFICE	County Commis	13 OFFICE SOUGHT (If known			
GO TO PAGE 2					

14 C/OU NAME				
	000	Wessels 15	Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	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.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL		· ·	
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		TOWNS TO STATE OF THE STATE OF		
Additional Pages				
		CONMITTEE CAMPAIGN TREASURER ADDRESS		
<u> </u>				
17 CONTRIBUTION TOTALS	PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR BUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 35.00			
	4. TOTAL POLITICAL EXPENDITURES \$ 820. 39			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  \$			
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$	
18 AFFIDAVIT				
	DERECKA NAV I ACOM	i swear, or affirm, under penalty of perjuture and correct and includes all informations under Title 15, Election Code.		
Notary 10 #11799707 My Commission Expires May 8, 2023  Dung Wurs  Wurs  May 8, 2023				
Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE				
Sworm to and subscribed before me, by the said Daig Loe Sek , this the OBrd				
day of	<u> </u>	to certify which, with ass my hand and seal of office.	,	
Done wente Robota Latore O Mation 1				
Signature of officer diministering cath Printed name of officer administering cath , Title of officer administering cath				

19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
L	Doug Wessels		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 500,00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	ITRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$ 785. 39
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	ONS RETURNED	\$

MONE.	TARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	Doug Wessels		3 Filer ID (Ethics Commission Filers)
4 Date     21   20	5 Full name of contributor  MR. + MRS Gerald Not Choo  6 Contributor address;  1310 CR 121  Garwood, T.X 770	7 Amount of contribution (\$) $4500.00$	
-	pation / Job title (See Instructions) Refired	9 Employer (See Instruc	tions)
Date	Full name of contributor  ut-of-state PAG Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see instru		

		EXPENDITURE CA	TEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	By Ical Committee	Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide aver-	Office Ov Polling Ex Printing E Salaries	xpense Vages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel in District Travel Out Of District Other (enter a catego	ment & Related Expense
4 +	<del></del>	The Instruction Guide exp	Plains now to	complete this form.		
1 Total pages Schedule G:	2 FILER NAM	y Wessel	ک		3 Filer ID (Ethics	Commission Filers)
1 /16 /20		rado Coun	ity (	itizen		
6 Amount (\$) 00 534.		Box 548		City;	State;	Zip Code
political contributions intended		mbus, TX		34		
8 ' PURPOSE OF EXPENDITURE		tee Categories listed at the top of the Lising Exp	1	(b) Description News pa	per Ads	
	(c) ch	eck if travet outside of Texas. Complete	e Schedule T.	Check if Austin,	TX, officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidat	e / Officeholder name		Office sought		Office held
1 / 1/e /20	Payee name	D Graph	nic s			
Amount (\$) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Payee addn 731		·····	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (S	iee Categories listed at the top of the	1	Description Pri'n 4	ns Flye	rs
	Ch	ick if travel outside of Texas. Complete	e Schedule T.	Check if Austin,	TX, officeholder living e	xpense
Complete <u>QNLY</u> if direct expenditure to benefit C/C		e / Officeholder name		Office sought		Office held
Date   23   20	Payee name Ban	ner Press	New	spaper		
Amount (\$)  140  Reimbursement from political contributions intended	Payee addre			934	State;	Zip Code
PURPOSE OF EXPENDITURE	Adve	ee Categories listed at the top of the	ense	Description News pa	per Ad	S
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
orms provided by Texas Ett	nice Commission	1100000	hice state ty u		10.7.4	Pavisad 0/26/2014

1 Filer ID (Ethics Commission Filers) 2 Total pages filed:				
The C/OH instruction 0	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI	OFFICE USE ONLY		
	NICKNAME LAST SUFFIX  Wessels	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY; STATE; ZIP CODE			
Change of Address	Columbus, TX, 78934	ļ		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 758- 4041	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS/MRS/MR EIRST MI	Receipt # Amount \$		
NAME	NICKNAME LAST SUFFIX	Date Processed		
	Wessels	Date imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 1052 White Loop	STATE; ZIP CODE		
(Residence or Business)	Columbus, TX 78934			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 732 - 7688			
9 REPORT TYPE	July 15 Sth day before election Runoff  Supplies	15th day after campeign treasurer appointment (Officeholder Only)		
	July 15 8th day before election Exceeded \$500 limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month 02 /04 / 2020 THROUGH 02 /	Day Year 25 / 2 <i>020</i>		
11 ELECTION	ELECTION DATE  Month Day Year Primary Runoff Other Description			
	03 / 03 / 2020 General Special			
12 OFFICE	County Commissioner  13 OFFICE SOUGHT (# known)			
GO TO PAGE 2				

14 C/OH NAME	oug We	ssels	5 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OFFICEHOLDER. THERE SYMPHOTYTHERE MAY HAVE BEEN MADE BY POLITICAL COMMITTEES TO			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
,		<:		
17 CONTRIBUTION TOTALS	PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES. LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	N \$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$ 2350.00	
EXPENDITURE TOTALS  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  \$				
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1869. 08	
CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  \$ -0 -			* - O - ,	
OUTSTANDING LOAN TOTALS	6. TOTAL F	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	fE \$	
18 AFFIDAVIT				
	REBECKA KAY LACOU Notary ID #1179976 My Commission Expi May 8, 2023	Dong Wes	· · · · · · · · · · · · · · · · · · ·	
AFFIX NOTARY STAMI		by the said Dana WESSelfs	, this the _05#L	
day of Pelicuca	, 20 <u>0//</u>	to certify which, withese my hand and seal of office.		
Signature of officer a	dministering cath	Printed name of officer administering oath	Title of officer administering cath	

19	FILER NAME 20 Filer ID (Ethics Co	ommission Filers)			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2350.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	<b>s</b> .			
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2087.61			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1					
The	instruction Guide explains how to complete th	1 Total pages Schedule A1: 2			
2 FILER NAME	Doug Wessels		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state P/ James G. Garrett	AC (IDH:)	7 Amount of contribution (\$)		
2/4/20	6 Contributor address; City; Box 91 Louise, TX 77455	State; Zip Code	. #500. <sup>22</sup>		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	iona		
	• _	s enployer (see matruct	uoris)		
	Farmer	) , sei+			
Date	Full name of contributor Out-of-state PA	.c (ID#:)	Amount of contribution (\$)		
2/5/20	Contributor address; 1210 Meadow Creek d		\$ 250.00		
	EL Campos TX 77	437-2038			
	Gravel Mining	Employer (See Instruct	ions)		
Date	Full name of contributor Out-of-state PA  Ellio H + Diane Tucker	.c (#D#:)	Amount of contribution (\$)		
2/5/20	Contributor address; City;	State; Zip Code	4 500, <sup>22</sup>		
	Eagle Lake, TX	7 7434	<b>y</b>		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	dons)		
Date	Full name of contributor Out-of-state PA	c (io#)	Amount of contribution (\$)		
02/13/20	Contributor address; 281 LonCola Court	State; Zip Code	\$ 500. 20		
	Round Rock, TX 78	681			
Principal occup	Lawyer  Lawyer	Employer (See Instruct	ions)		
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see inst				

MONE	TARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
· · · · · · · · · · · · · · · · · · ·	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	Doug Wessels		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  Jerry + Donna Tystejovs  6 Contributor address; 1365 County Rd 131  Calumbus Ty 79934	ic (IDN:)	7 Amount of contribution (\$)
معاداله	6 Contributor address; 13 65 County Rd (3), Colvmbys TX 78934 pation / Job title (See Instructions)	State; Zip Code	100 .00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor   out-of-state PAG	C (ID#:)	Amount of contribution (\$)
02/14/20	2146 Celhoun Rd	State; Zip Code	\$500. 20
٠	Eagle Lake, TX 77	434	
Principal occup	Rancher	Employer (See Instructi	ions)
Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see Instru		

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Consulting Expense Condidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing-Expense Salaries/Wages/Contract Labor explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Doug Wess	sels	(2000)		
2/4/20	5 Payee name KULM Rad	dio			
6 Amount (\$) 754.50	7 Payee address; 325 Radio	City;	State; Zip Code		
Reimbursement from political contributions intended	Columbus, Ti				
8 ' PURPOSE	(a) Category (See Categories listed at the top	of this schedule) (b) Description			
OF EXPENDITURE	Advertising Ex	pense Radio a	nds		
	(C) Check if travel outside of Texas. Cor	nolete Schedule T. Check if Austi	n, TX, officeholder living expense		
SCOMPLETE ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
2/6/20	Payee name B+D Gray	phics			
Amount (\$) [5].	Payee address: Walnu	t St. City;	State; Zip Code		
Reimbursement from political contributions intended	Columbus, T	X 78934			
PURPOSE OF EXPENDITURE	Printing Expens	se Printing	mailouts		
	Check if travel outside of Texas, Cor	<u></u>	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
02/10/20	Payee name United States	s Postal Service	e		
Amount (\$)495. =	Payee address;	City;	State; Zip Code		
Reinbursement from political contributions intended		ous, TX 789	34		
PURPOSE OF EXPENDITURE	Advertising Ex	of this schedule) Description  pense Stamp	, 5		
	Check if travel outside of Texas. Con	nplete Schedule T. Check if Austin	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
orms provided by Texas Ett	ion Commission	v athins state to us	Payland Size inner		

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Food/Beverage Expense F By Gift/Awards/Memortals Expense F	Loan Repsyment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing/Expense Salaries/Wages/Contract Labor How to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Doug Wessel	ک	3 Filer ID (Ethics Commission Filers)
4 Date 02/13/20	5 Payee name Colorado Court	<del></del>	
6 Amount (\$) 250.	P.O. Box 548	City;	State: Zip Code
Reimbursement from political contributions intended	Columbus, TX	78934	
8 'PURPOSE	(a) Category (See Categories listed at the top of this sched	lule) (b) Description	
OF EXPENDITURE	Advertising Expense	e Newspaper	- Ad
	(C) Check if travel outside of Texas. Complete Schedul		TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State: Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	ule) Description	
	Check if travel outside of Taxas. Complete Schedul	e T. Check if Austin.	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Description	
	Check if travel outside of Texas. Complete Schedule	eT. Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
W	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDE	ED .
forms provided by Texas Eth	nice Commission was athics ste	<del> </del>	Device d DIDCIDO

		<del></del>						
EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mada Candidate/Officeholder/Politis Credit Card Payment		Event Expense Fees Food/Beverage Glft/Awards/Mer Legal Services	Expense morials Expense	Loan Rep Office Ovi Polling Ex Printing E Saleries/V	sayment/Reimbursement rethead/Rental Expense xpense	Transpoi Travel in Travel O	n District Out Of District	ng Expense nent & Related Expense y not listed above)
1 Total pages Schedule G:	Dou	a We	essels			3 Filer	ID (Ethics	Commission Filers)
4 Date 03/04/2020	5 Payee ner	olorado	County	C.+	izen	<u> </u>	····	
6 Amount (\$) 72 9	7 Payee ad		x 548		City;		State;	Zip Code
Reimbursement from political contributions intended		Columbus	s, TX		18934			
8 PURPOSE OF	(a) Category	L., .	sted at the top of this sci	hedule)	(b) Description		nd	
EXPENDITURE	(c)	Check if travel outside	CKIPE PSE of Texas, Complete Sche		Newspap  Chank it Austin			
9 Complete <u>ONLY</u> if direct expanditure to benefit C/OH	<u> </u>	late / Officehold			Check if Austin	1, IA, Olicesia		Office held
3/06/2020	Payee nar		Press A	lewsp	paper			
Amount (\$) 42 00	Payes add	P.O. B	Press A box 490		City;		State;	Zip Code
Reimbursement from political contributions intended		Columbi	15, TX	789	34			
PURPOSE OF EXPENDITURE	Adver	rtising	ted at the top of this act  EXPENS  of Texas, Complete Sche	e	Description  New paper		40	
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candida	ate / Officehold			Office sought	i, IX, Olicenc		Office held
3/10 /2020	Payee nan	, VLM	Radio					
Amount (\$) 144.00	. Payee add	ires;	Radio Box 111		City;		State;	Zip Code
Reimbursement from political contributions intended		Colum	ibus, T	X	78934			
PURPOSE OF EXPENDITURE	Category		ted at the top of this sch	redule)	Description			:
		Zheck if travel outside	of Texas. Complete Sche	idule T.	Check if Austin	, TX, officeho	older living exp	pense
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officehold	ier name	•	Office sought			Office held
	ATTA	CH ADDITION	IAL COPIES OF	THIS SC	CHEDULE AS NEED	ED	<del></del>	

The C/OH Instruction (	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	NICKNAME FIRST  DOUG  NICKNAME LAST  Wessels	MI	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  5 CANDIDATE / OFFICEHOLDER PHONE			Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Anne NICKNAME LAST WESSELS	MI	Receipt # Amount \$ Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI 1052 White ( Columbus, T	Loop	STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 732-7688	EXTENSION	
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 62 / 26 / 2020	THROUGH 03/	24 / 2020
11 ELECTION	ELECTION DATE  Month Day Year Primary  U3/03/2020 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	County Commissions	13 OFFICE SOUGHT (if known)	
	GO TO	PAGE 2	6

14 C/OH NAME	ua Wes	ccolc 15	Filer ID (Ethics Commission Filers)		
DOUG WESSES  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER. THESE EXPENDITURES MAY HAVE SEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL		·		
	SPECIFIC	COMMITTEE ADDRESS	·		
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
•		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION	1. TOTAL	POLITICAL CONTRIBUTIONS OF STATE			
TOTALS	j PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 258,0%		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  \$				
OUTSTANDING LOAN TOTALS	6. TOTAL P	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$		
Signature of officer administering oath  REBECKA KAY LACOURSE Notary ID #11799707 My Commission Expires May 8, 2023  Signature of Candidate or Officer administering oath  Printed name of officer administering oath  Printed name of officer administering oath  Title of officer administering oath					
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of office administering oath		
orms provided by Texas Et	nics Commission	www.ethics.state.tx.us	Revised 9/26/2019		

19	FILER NAME 20 Filer ID (Ethics Co	ommission Filers)
<u> </u>		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 258 00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	, \$
11.	SCHEDULE 1: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONE	TARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1		
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:		
2 FILER NAME	Doug Wessels		3 Filer ID (Ethics Commission Filers)		
4 Date	Doug Wessels  5 Full name of contributor Mr. Redd Seydler out-of-state PAC (III	D#:)	7 Amount of contribution (\$)		
12/23/19	6 Contributor address; City; 336 E. Sedan Rd Weimar, TX	State: Zip Code	250.		
8 Principal occi	pation / Job title (See Instructions)  9	Employer (See Instruct	ions)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor	D#:	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instruct				

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Event Expense Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	.coan Repayment/Reimbursement Office Overhead/Rental Expense Poling Expense Printing Expense Safaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)			
1 Total pages Schedule G:	2 FILER NAME DOUG Wessels		3 Filer ID (Ethics Commission Filers)			
4 Date   11   19	5 Pavee name	~ty				
6 Amount (\$) 00 150, 00	7 Payee address;	City;	State; Zip Code			
Reimbursement from political contributions intended						
8 ' PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	(b) Description Filing	Fee			
	(c) Check if travel outside of Texas. Complete Schedu	<del></del>	TX, afficeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date 11   14   19	Payee name Texas GoP	Store				
Amount (\$)  (449, Frembursement from political contributions intended	Payee address; 404 IH 455 Huntsville, TX	city:	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Advertising Expens	dule) Description				
	Check if travel outside of Texas. Complete Schedu	le T. Check if Austin,	TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held			
Date 12/12/19	Colorado Count	Ly				
Amount (\$) 00	Payee address;	City;	State; Zip Code			
political contributions intended						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Public #	formation Request			
	Check if travel outside of Texas. Complete Schedule		X, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

#### SCHEDULE G

#### EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising 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 Salaries Wages/Contract Labor **Travel Out Of District** Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Amount (\$) 60 City; State: Zip Code 108. Reimbursement from olumbus, TX 78934 political contributions ntended (a) Category (See Categories listed at the top of this schedule) 8 (b) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED