

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:								
3 CANDIDATE / OFFICEHOLDER NAME	<small>MS / MRS / MR FIRST MI</small> MR FERREL C	OFFICE USE ONLY <hr/> <small>Date Received</small> <hr/> <small>Date Hand-delivered or Date Postmarked</small> <table style="width:100%;"><tr><td style="width:50%;"><small>Receipt #</small></td><td style="width:50%;"><small>Amount \$</small></td></tr><tr><td colspan="2"><small>Date Processed</small></td></tr><tr><td colspan="2"><small>Date Imaged</small></td></tr></table>		<small>Receipt #</small>	<small>Amount \$</small>	<small>Date Processed</small>		<small>Date Imaged</small>			
	<small>Receipt #</small>			<small>Amount \$</small>							
<small>Date Processed</small>											
<small>Date Imaged</small>											
<small>NICKNAME LAST SUFFIX</small> (“FC”) BONNER											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<small>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</small> [REDACTED] [REDACTED] [REDACTED] [REDACTED] FRESNO, TEXAS 77545										
5 CANDIDATE / OFFICEHOLDER PHONE	<small>AREA CODE PHONE NUMBER EXTENSION</small> (713) 398 - 0419										
6 CAMPAIGN TREASURER NAME	<small>MS / MRS / MR FIRST MI</small> MR JASON G										
	<small>NICKNAME LAST SUFFIX</small> JONES										
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<small>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</small> [REDACTED] MISSOURI CITY, TEXAS 77459										
8 CAMPAIGN TREASURER PHONE	<small>AREA CODE PHONE NUMBER EXTENSION</small> (832) 586 - 6842										
9 REPORT TYPE	<table style="width:100%;"><tr><td><input type="checkbox"/> January 15</td><td><input checked="" type="checkbox"/> 30th day before election</td><td><input type="checkbox"/> Runoff</td><td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td></tr><tr><td><input type="checkbox"/> July 15</td><td><input type="checkbox"/> 8th day before election</td><td><input type="checkbox"/> Exceeded \$500 limit</td><td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td></tr></table>			<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)								
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	<table style="width:100%;"><tr><td style="text-align: center;"><small>Month Day Year</small></td><td style="text-align: center;">THROUGH</td><td style="text-align: center;"><small>Month Day Year</small></td></tr><tr><td style="text-align: center;">01 / 01 / 2019</td><td></td><td style="text-align: center;">03 / 25 / 2019</td></tr></table>			<small>Month Day Year</small>	THROUGH	<small>Month Day Year</small>	01 / 01 / 2019		03 / 25 / 2019		
<small>Month Day Year</small>	THROUGH	<small>Month Day Year</small>									
01 / 01 / 2019		03 / 25 / 2019									
11 ELECTION	<small>ELECTION DATE</small>		<small>ELECTION TYPE</small>								
	<small>Month Day Year</small> / /			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special							
12 OFFICE	<small>OFFICE HELD (if any)</small>	13 OFFICE SOUGHT (if known)									

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

FERREL C. BONNER

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

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ —

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4608.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 3004.39

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ —

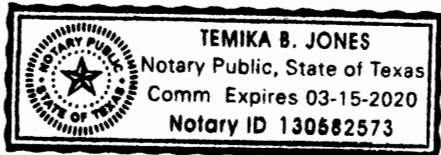
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 500.00

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.



Jason G. Jones
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jason G. Jones, this the 29th day of March, 20 19, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Temika Jones
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

Ferrel C. Bonner

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4608.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 500.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3004.39
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

Ferrel C. Bonner

3 Filer ID (Ethics Commission Filers)

4 Date

1/24/19

5 Full name of contributor out-of-state PAC (ID#: _____)

Darell Prince

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

[REDACTED] Stafford, TX 77477

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/25/19

Full name of contributor out-of-state PAC (ID#: _____)

Steven Gourrier

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

[REDACTED] Houston, TX 77089

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/27/19

Full name of contributor out-of-state PAC (ID#: _____)

Douglas Beaton

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

[REDACTED] Sugar Land, TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/28/19

Full name of contributor out-of-state PAC (ID#: _____)

Shah Haleem

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

[REDACTED] Katy, TX 77494

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

Ferrel C. Bonner

3 Filer ID (Ethics Commission Filers)

4 Date

2/1/19

5 Full name of contributor

out-of-state PAC (ID#: _____)

Metter Blacklock

6 Contributor address;

City; State; Zip Code

[REDACTED], Houston, TX 77016

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/1/19

Full name of contributor

out-of-state PAC (ID#: _____)

Archie Blanson

Contributor address;

City; State; Zip Code

[REDACTED], Houston, TX 77044

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/1/19

Full name of contributor

out-of-state PAC (ID#: _____)

Ronald Garrett

Contributor address;

City; State; Zip Code

[REDACTED], Bristow, VA 20136

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/3/19

Full name of contributor

out-of-state PAC (ID#: _____)

Joseph Ledet

Contributor address;

City; State; Zip Code

[REDACTED], New Orleans, LA 70127

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

Ferrel C. Bonner

3 Filer ID (Ethics Commission Filers)

4 Date

2/4/19

5 Full name of contributor out-of-state PAC (ID#: _____)

Xavier Samuels

6 Contributor address; City; State; Zip Code

Porter TX 77365

7 Amount of contribution (\$)

25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/6/19

Full name of contributor out-of-state PAC (ID#: _____)

Leotis Hightower

Contributor address; City; State; Zip Code

Fresno, TX 77545

Amount of contribution (\$)

10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/6/19

Full name of contributor out-of-state PAC (ID#: _____)

Joseph Brown

Contributor address; City; State; Zip Code

Arlington, TX 76096

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/6/19

Full name of contributor out-of-state PAC (ID#: _____)

Jayco McCowan

Contributor address; City; State; Zip Code

Missouri City, TX 77459

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

2/9/19

Alfred Elliott

6 Contributor address; City; State; Zip Code

100.00

[REDACTED], Bowie, MD 20720

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2/9/19

Brenda Harrison

Contributor address; City; State; Zip Code

50.00

[REDACTED], Sugarland, TX 77498

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2/9/19

Mona Griffin

Contributor address; City; State; Zip Code

100.00

[REDACTED], Iowa, LA 70647

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2/10/19

Byron Gautier

Contributor address; City; State; Zip Code

100.00

[REDACTED], Missouri City, TX 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

Ferrel C. Bonner

3 Filer ID (Ethics Commission Filers)

4 Date

2/11/19

5 Full name of contributor

out-of-state PAC (ID#: _____)

De lores Brown

6 Contributor address;

City; State; Zip Code

[REDACTED], Arlington, TX 76018

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/11/19

Full name of contributor

out-of-state PAC (ID#: _____)

David Jackson

Contributor address;

City; State; Zip Code

[REDACTED], Missouri City, TX 77459

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/14/19

Full name of contributor

out-of-state PAC (ID#: _____)

Derrick Nunn

Contributor address;

City; State; Zip Code

[REDACTED], Waldorf, MD 20601

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/17/19

Full name of contributor

out-of-state PAC (ID#: _____)

Tyrone Morgan

Contributor address;

City; State; Zip Code

[REDACTED], Houston, TX 77082

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

Ferrel C. Bonner

3 Filer ID (Ethics Commission Filers)

4 Date

2/17/19

5 Full name of contributor

out-of-state PAC (ID#: _____)

Paula Bowden

6 Contributor address;

City; State; Zip Code

[REDACTED] Houston, TX 77230

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/18/19

Full name of contributor

out-of-state PAC (ID#: _____)

Jonathan Taylor

Contributor address;

City; State; Zip Code

[REDACTED] Richmond, TX 77406

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/18/19

Full name of contributor

out-of-state PAC (ID#: _____)

Birdie Kelley

Contributor address;

City; State; Zip Code

[REDACTED] Missouri City, TX 77489

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22/19

Full name of contributor

out-of-state PAC (ID#: _____)

Akil Bonner

Contributor address;

City; State; Zip Code

[REDACTED] Lafayette, LA 70507

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

Ferrel C. Bonner

3 Filer ID (Ethics Commission Filers)

4 Date

2/27/19

5 Full name of contributor

out-of-state PAC (ID#: _____)

Douglas Beaton

6 Contributor address;

City; State; Zip Code

██████████, Sugarland, TX 77479

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/1/19

Full name of contributor

out-of-state PAC (ID#: _____)

Roderick Green

Contributor address;

City; State; Zip Code

██████████, Brentwood, CA 94513

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2/19

Full name of contributor

out-of-state PAC (ID#: _____)

Ursula Warner

Contributor address;

City; State; Zip Code

██████████, Buckeye, AZ 85326

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/19

Full name of contributor

out-of-state PAC (ID#: _____)

Eric Fagan

Contributor address;

City; State; Zip Code

██████████, Pearland, TX 77584

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

Ferrel C. Bonner

3 Filer ID (Ethics Commission Filers)

4 Date

3/4/19

5 Full name of contributor out-of-state PAC (ID#: _____)

Wilbert Bonner

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

[REDACTED] Houston, TX 77087

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/6/19

Full name of contributor out-of-state PAC (ID#: _____)

Chaunta Clark

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

[REDACTED], Rossharon, TX 77583

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/19

Full name of contributor out-of-state PAC (ID#: _____)

Kevin Andrews

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

[REDACTED], Rossharon, TX 77583

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/19

Full name of contributor out-of-state PAC (ID#: _____)

John BreauX

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

[REDACTED] Killeen, TX 76549

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

Ferrel C. Bonner

3 Filer ID (Ethics Commission Filers)

4 Date

3/9/19

5 Full name of contributor

Benjamin Holloway

out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

██████████ ██████████ ██████████ Capitol Heights, MD 20743

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/14/19

Full name of contributor

Elessia Davis

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

██████████ ██████████ ██████████, SugarLand, TX 77478

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/15/19

Full name of contributor

Hazel Lundy

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

██████████ ██████████ ██████████, Missouri City, TX 77489

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/17/19

Full name of contributor

Rosalind Mouton Burroughs

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

██████████ ██████████ ██████████, Houston, TX 77083

Amount of contribution (\$)

53.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

Ferrel C. Bonner

3 Filer ID (Ethics Commission Filers)

4 Date

2/1/19

5 Full name of contributor

out-of-state PAC (ID#: _____)

Eugene Barrington

6 Contributor address;

City; State; Zip Code

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/8/19

Full name of contributor

out-of-state PAC (ID#: _____)

Joseph Gambrell

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

200.00

██████████, Downey CA 90241

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/12/19

Full name of contributor

out-of-state PAC (ID#: _____)

Thomas Stoney, Sr

Contributor address;

City; State; Zip Code

85850

Amount of contribution (\$)

100.00

██████████, Sierra Vista, AZ

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/12/19

Full name of contributor

out-of-state PAC (ID#: _____)

Georgianna Bonner

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

100.00

██████████, Fresno, TX 77545

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

Ferrel C. Bonner

3 Filer ID (Ethics Commission Filers)

4 Date

2/12/19

5 Full name of contributor

Eva Solomon

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

60.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/14/19

Full name of contributor

Yvette Chargois

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

██████████, Pearland, TX 77584

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/14/19

Full name of contributor

Carlton Wyatt

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

██████████, Fayetteville, NC 28314

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/18/19

Full name of contributor

Lawrence Matthews

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

██████████, Missouri City, TX 77489

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

14

2 FILER NAME

Ferrel C. Bonner

3 Filer ID (Ethics Commission Filers)

4 Date

3/4/19

5 Full name of contributor

out-of-state PAC (ID#: _____)

Scott Crawford

6 Contributor address; City; State; Zip Code

[REDACTED], Humble, TX 77346

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/4/19

Full name of contributor

out-of-state PAC (ID#: _____)

John Eldridge

Contributor address; City; State; Zip Code

[REDACTED], Alexandria, VA 22312

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/19

Full name of contributor

out-of-state PAC (ID#: _____)

Surendran Patel

Contributor address; City; State; Zip Code

[REDACTED], Rosenberg, TX 77469

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/19

Full name of contributor

out-of-state PAC (ID#: _____)

Byron Cobbin

Contributor address; City; State; Zip Code

[REDACTED], Fresno, TX 77545

Amount of contribution (\$)

35.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

Ferrel C. Bonner

3 Filer ID (Ethics Commission Filers)

4 Date

3/4/19

5 Full name of contributor

out-of-state PAC (ID#: _____)

Vivian Burley

6 Contributor address; City; State; Zip Code

[REDACTED], Missouri City, TX 77489

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/4/19

Full name of contributor

out-of-state PAC (ID#: _____)

Mark Gibson

Contributor address; City; State; Zip Code

[REDACTED], Missouri City, TX 77459

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/19

Full name of contributor

out-of-state PAC (ID#: _____)

Tiffany McKenzie

Contributor address; City; State; Zip Code

[REDACTED], Warner Robins, GA 31088

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/14/19

Full name of contributor

out-of-state PAC (ID#: _____)

Ray A. Josey

Contributor address; City; State; Zip Code

[REDACTED], Harker Heights, TX 76548

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

Ferrel C. Bonner

3 Filer ID (Ethics Commission Filers)

4 Date

3/14/19

5 Full name of contributor out-of-state PAC (ID#: _____)

Bobbie Jessie

6 Contributor address; City; State; Zip Code

[Redacted], Houston, TX 77058

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/14/19

Full name of contributor out-of-state PAC (ID#: _____)

Alfred Eglund

Contributor address; City; State; Zip Code

[Redacted], Iowa, LA 70647-2004

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <u>Ferrel C. Bonner</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <u>1/9/19</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ferrel C. Bonner</u>	9 Loan Amount (\$) <u>100.00</u>
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code [REDACTED] <u>Fresno, TX 77545</u>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <u>1/29/19</u>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ferrel C. Bonner</u>	Loan Amount (\$) <u>400.00</u>
Is lender a financial Institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code [REDACTED] <u>Fresno, TX 77545</u>	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Ferrel C. Bonner	3 Filer ID (Ethics Commission Filers)
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4 Date 2/11/19	5 Payee name Patricia R Schaefer
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6 Amount (\$) 72.00	7 Payee address; City; State; Zip Code Advertising Graphic Design Logo
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8 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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/11/19	Payee name Texas Democratic Party
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Amount (\$) 103.75	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date 2/11/19	Payee name Vista Print
-----------------	---------------------------

Amount (\$) 46.74	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising, Printing Business Card Print	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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: 5	2 FILER NAME Ferrel C. Bonner	3 Filer ID (Ethics Commission Filers)
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4 Date 2/11/19	5 Payee name Namebadge.com
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6 Amount (\$) 34.49	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising, Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/15/19	Payee name Progressive
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Amount (\$) 390.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising, Advertising - Campaign T-shirts	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 2/15/19	Payee name Progressive
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Amount (\$) 175.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) campaign literature Fundraising, Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Ferrel C Bonner	3 Filer ID (Ethics Commission Filers)
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4 Date 3/4/19	5 Payee name BBVA Compass
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6 Amount (\$) 3.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees, Bank	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/4/19	Payee name Generational Media
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Amount (\$) 520.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign maildrop Fundraising, Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 3/5/19	Payee name Ebony Beaudoin
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Amount (\$) 275.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Events Campaign Event Prep	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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: **5** 2 FILER NAME: **Ferrel C. Bonner** 3 Filer ID (Ethics Commission Filers):

4 Date: **3/11/19** 5 Payee name: **Texas Democratic Party**

6 Amount (\$): **103.75** 7 Payee address; City; State; Zip Code:

8 **PURPOSE OF EXPENDITURE**

(a) Category (See Categories listed at the top of this schedule): **Fees, Dues**

(b) Description

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **3/12/19** Payee name: **Harland Clarke**

Amount (\$): **80.44** Payee address; City; State; Zip Code:

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): **checks, bank fees, Fees**

Description

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **3/13/19** Payee name: **Progressive**

Amount (\$): **185.00** Payee address; City; State; Zip Code:

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): **Pushcards Advertising**

Description

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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: 5	2 FILER NAME Ferrel C Bonner	3 Filer ID (Ethics Commission Filers)
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4 Date 3/14/19	5 Payee name BBVA compass
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6 Amount (\$) 3.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees Bank 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
---	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/18/19	Payee name Muzzammel Sajjad
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Amount (\$) 250.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 3/25/19	Payee name Generational media
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Amount (\$) 520.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Pushcards / Block Walking Support - Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED