CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iuide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MR	FIRST Nicholas	мі R	OFFICE USE ONLY	
NAME	NICKNAME NICK	LAST Madsen	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT / SUITE #; (CITY; STATE; ZIP CODE		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST Nicholas	мі R	Receipt #	Amount \$
IVAIVIE	nickname Last Nick Madsen		SUFFIX		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (I	NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE;	ZIP CODE
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before e	ection Exceeded Modified	treasurer a (Officehold	after campaign appointment er Only) ort (Attach C/OH - FR)
40 DEDIOD	1		Reporting Limit		
10 PERIOD COVERED	Month 10	Day Year / 12 / 22	THROUGH 10	/ 31 / 22	
11 ELECTION	ELECTION DA	re	ELECTION TYPE	1	3
	Month Day	Year Primary	Runoff Other Description		
	11 / 8 /	✓ 22 ■ General			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (IF know City Council Dis		
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Nicholas Madsen		16 Filer ID (Ethics Comm	mission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	s į	500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,0	091.56
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE \$	
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is tru	e and correct and include	es all information
rec	quired to be reported by me under Title 15, Election Code.		
	Signature of Co	ndidate or Officeholder	
	Signature of Oc	indicate of officeroider	
	Diagram assemble a ith an aution halour	_	
	Please complete either option below	V:	
(1) Affidavit			
NOTARY STAMP/SEA	L		
Swarp to and subscribed	before me by this the	day of	
	which, witness my hand and seal of office.	uay u	
20, to certify	which, witness my hand and sear of office.		
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer a	dministering oath
BUTCH STORY	OR		MINNAM
(2) Unsworn Declarati	on		
Nicholas	Madean		
My name is Nicholas	Madsell , and my date of birth is		·
My address is	(street) (city)	state) (zip code)	(country)
Executed in Hays	County, State of Texas, on the 31stday of Octob		(oodiniy)
	(mont		
	Signature of Candi	date/Officeholder (Declar	ant)
1			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	ILER NAME nolas Madsen	mission Filers)	
101681101 3370	CHEDULE SUBTOTALS AME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500.0	
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	\$ 500.0	
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	\$ 591.5	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 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 d	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Nicholas Madsen		3 Filer ID (Ethics Commission Filers		
4 Date	5 Payee name				
10/17/2022	Postcardmania				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
500.00	2145 Sunnydale Blvd., Clearwater, F	L 33765			
В	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising	Mailed Postca	ırds		
	(c) 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	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
DUDDOSE	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 Aust	tin, TX, officeholder living	g expense	
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	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	heck if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	L Candidate / Officeholder name H	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule G:	² FILER NAME Nicholas Madsen		3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee name				
10/17/2022	7				
10/1//2022	Postcard Mania (remaining amt.)				
6 Amount (\$) 523.78 Reimbursement from political contributions intended	7 Payee address; 2145 Sunnydale Blvd., Clearwater,	City; FL 33765	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(ы) Description Mailed Postcard	ds		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	cpense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
10/25/2022	Facebook				
Amount (\$) 67.78 Reimbursement from political contributions intended	Payee address; 1 Hacker Way, Menlo Park, CA 940	City; 025	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Advertising Expense	Online Ad			
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/		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 schedule)	Description			
M2000の日本地では100円を開発が、100円を設定し	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	tin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED		