

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) 00055583	2 Total pages filed: 10				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Patrick J.	MI	OFFICE USE ONLY			
	NICKNAME	LAST Dixon	SUFFIX		Date Received ELECTRONICALLY FILED 06/15/2020		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 5002 Sundown Lago Vista, TX 78645			Date Hand-delivered or Date Postmarked			
	Receipt #	Amount		Date Processed			
				Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Patrick J.	MI				
	NICKNAME	LAST Dixon	SUFFIX				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5002 Sundown Lago Vista, TX 78645						
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(512)	771-3936					
8 REPORT TYPE	<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)						
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	01	01	2020		06	15	2020
10 ELECTION	ELECTION DATE Month Day Year 07/14/2020			ELECTION TYPE			
				<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
			<input type="checkbox"/> General	<input checked="" type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) None Travis			12 OFFICE SOUGHT (if known) State Senator District 14			

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Dixon, Patrick J. (Mr.)	14 Filer ID (Ethics Commission Filers) 00055583
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.											
<table border="1" style="width:100%"> <tr> <td style="width:25%;">COMMITTEE TYPE</td> <td style="width:75%;">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td rowspan="2">COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS				
	COMMITTEE TYPE	COMMITTEE NAME										
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
	<input type="checkbox"/> SPECIFIC											
COMMITTEE CAMPAIGN TREASURER NAME												
COMMITTEE CAMPAIGN TREASURER ADDRESS												

16 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,259.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	1,878.89
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	380.11
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFADAVIT

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.

Mr. Patrick J. Dixon

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.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Dixon, Patrick J. (Mr.)		19 Filer ID (Ethics Commission Filers) 00055583
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,259.00
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	\$ 1,878.89
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 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: Sch: 1/5 Rpt: 4/10
2 FILER NAME Dixon, Patrick J. (Mr.)		3 Filer ID (Ethics Commission Filers) 00055583
4 Date 04/09/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Altekar, Girish <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) DeepCoolClear
Date 03/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ambrose, Helen <hr/> Contributor address; City; State; Zip Code Lago Vista, TX 78645	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Claims Adjuster		Employer (See Instructions) Texas Municipal League IRP
Date 05/26/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atwood, Frank <hr/> Contributor address; City; State; Zip Code Littleton, CO 80120	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Ted <hr/> Contributor address; City; State; Zip Code Austin, TX 78728	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Insurance Claims Adjuster		Employer (See Instructions) Self
Date 04/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burris, Mike <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/10
2 FILER NAME Dixon, Patrick J. (Mr.)		3 Filer ID (Ethics Commission Filers) 00055583
4 Date 05/09/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DiBianca, Arthur <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dixon, Michael <hr/> Contributor address; City; State; Zip Code Chicago, IL 60653	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Dixon & Dixon Consulting LLC
Date 03/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dixon, Pat <hr/> Contributor address; City; State; Zip Code Lago Vista, TX 78645	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) DPAS Inc.
Date 04/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dixon, Pat <hr/> Contributor address; City; State; Zip Code Lago Vista, TX 78645	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) DPAS Inc.
Date 05/26/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Michael <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666-1004	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Pedernales Electric Cooperative

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/10
2 FILER NAME Dixon, Patrick J. (Mr.)		3 Filer ID (Ethics Commission Filers) 00055583
4 Date 03/18/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haskett, Steve <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Programmer		9 Employer (See Instructions) Self
Date 03/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Rock <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Self
Date 05/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huber, Blake <hr/> Contributor address; City; State; Zip Code Denver, CO 80247	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeBlanc, Liz <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$49.00
Principal occupation / Job title (See Instructions) Sr. Date Transfer Analyst		Employer (See Instructions) Teladoc Health
Date 06/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockwood, Erica <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Asst. Real Estate Manager		Employer (See Instructions) CBRE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/10
2 FILER NAME Dixon, Patrick J. (Mr.)		3 Filer ID (Ethics Commission Filers) 00055583
4 Date 04/09/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nalle, Dave <hr/> 6 Contributor address; City; State; Zip Code Manor, TX 78653	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Design Director		9 Employer (See Instructions) Fontcraft
Date 03/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Rick <hr/> Contributor address; City; State; Zip Code Austin, TX 78737	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Sales Engineer		Employer (See Instructions) Chem Logic
Date 05/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rulifson, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78749-3775	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) See, Stanley <hr/> Contributor address; City; State; Zip Code Austin, TX 78753-7601	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stepney, Al <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Air Permit Specialist		Employer (See Instructions) TCEQ

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/10
2 FILER NAME Dixon, Patrick J. (Mr.)		3 Filer ID (Ethics Commission Filers) 00055583
4 Date 04/06/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tippetts, Mark	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Lago Vista, TX 78645	
8 Principal occupation / Job title (See Instructions) International Legal and Business Consultant		9 Employer (See Instructions) Self
Date 04/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trammel, Joel	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Austin, TX 78733	
Principal occupation / Job title (See Instructions) Founder and CEO		Employer (See Instructions) Khorus Software

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: 1/2 Rpt: 9/10	2 FILER NAME Dixon, Patrick J. (Mr.)	3 Filer ID (Ethics Commission Filers) 00055583
4 Date 06/12/2020	5 Payee name Face Time Studio	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code P.O. Box 174324 Arlinton, TX 76003	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Production
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/26/2020	Payee name Facebook	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
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 Advertisement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/10/2020	Payee name Hostgator	
Amount (\$) \$28.89	Payee address; City; State; Zip Code 2500 Ridgepoint Dr. Austin, TX 78754	
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 Domain
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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 10/10	2 FILER NAME Dixon, Patrick J. (Mr.)	3 Filer ID (Ethics Commission Filers) 00055583
4 Date 04/29/2020	5 Payee name Texas Secretary of State	
6 Amount (\$) \$1,250.00	7 Payee address; City; State; Zip Code 1019 Brazos St. Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate/Officeholder name	Office sought
		Office held