

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: 16				
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>			
	NICKNAME	LAST	SUFFIX				
Mr. Andrew S		Dornburg					
P.O. Box 482		APT / SUITE #:	CITY; STATE; ZIP CODE Rosenberg TX 77471				
<input type="checkbox"/> Change of Address							
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS	AREA CODE	PHONE NUMBER	EXTENSION	Date Received			
	( 346 )	808-0429		JUL 15 2022 RCVD			
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR	FIRST	MI	Date Hand-delivered or Date Postmarked			
	Mr. Paul	Wyman		Receipt #			
<b>6</b> CAMPAIGN TREASURER NAME	NICKNAME	LAST	SUFFIX	Amount \$			
				Date Processed			
<b>7</b> CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY;	STATE;	ZIP CODE		
(Residence or Business)	26815 Sandy Arbor Lane		Katy	TX	77494		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Imaged			
	( 337 )	241-8820					
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
<b>10</b> PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	01	01	2022	THROUGH	06	30	2022
<b>11</b> ELECTION	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	11	01	2022	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
<b>12</b> OFFICE	OFFICE HELD (if any)		<b>13</b> OFFICE SOUGHT (if known)				
			Judge, Fort Bend County Court at Law #3				
<b>14</b> 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.						
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

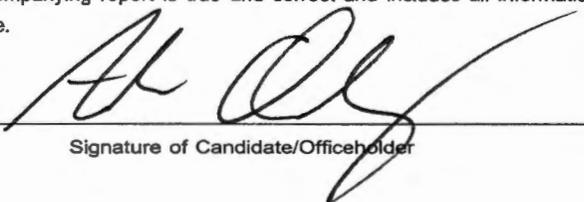
**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

15 JC/OH NAME Andrew Dornburg		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. 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)	\$ 5,860.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,012.90
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	\$ 5,100.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
\_\_\_\_\_  
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by ANDREW DORNBURG this the 15<sup>th</sup> day of July, 2022, to certify which, witness my hand and seal of office.

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

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_,  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - JC/OH

**FORM JC/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> Andrew S. Dornburg		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b>	<b>NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,860.00
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	\$ 2,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,012.90
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  
(JUDICIAL)**

**SCHEDULE A(J)1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>8</b>
2 FILER NAME Andrew Dornburg		3 Filer ID (Ethics Commission Filers)
4 Date 3/15/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Christopher Elam	7 Amount of contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code 3306 Hardley Meadow Court, Richmond, TX 77406		
8 Contributor's principal occupation Political Consultant		9 Contributor's job title Strategic Initiatives Lea
10 Contributor's employer/law firm Texas A&M AgriLife Extension Service		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 3/16/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Christopher Ahr	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 3202 Sand Shadow Court, League City, TX 77573		
Contributor's principal occupation Law Enforcement		Contributor's job title Special Agent
Contributor's employer/law firm National Oceanic & Atmospheric Administration		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 3/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Paul Rich	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 4332 Teravista Club Drive, Round Rock, TX 78665		
Contributor's principal occupation Retired		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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 (JUDICIAL)

## SCHEDULE A(J)1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: <b>8</b>
<b>2</b> FILER NAME Andrew Dornburg		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/21/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ James Coley	<b>7</b> Amount of contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code 16203 Waiting Spring Circle, Houston, TX 77095		
<b>8</b> Contributor's principal occupation Retired		<b>9</b> Contributor's job title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
<b>Date</b> 3/21/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ Cameron Cox	<b>Amount of contribution (\$)</b> \$250.00
<b>Contributor address;</b> City; State; Zip Code 7900 Tecoma Circle, Austin, TX 78735		
<b>Contributor's principal occupation</b> Attorney		<b>Contributor's job title</b> Attorney
<b>Contributor's employer/law firm</b> Cameron Cox, P.C.		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<b>Date</b> 3/21/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ Jonathan Zende Del	<b>Amount of contribution (\$)</b> \$100.00
<b>Contributor address;</b> City; State; Zip Code 1813 61st Street, Suite 101, Galveston, TX 77551		
<b>Contributor's principal occupation</b> Attorney		<b>Contributor's job title</b> Attorney
<b>Contributor's employer/law firm</b> Zende Del & Associates, P.L.L.C.		<b>Law firm of contributor's spouse (if any)</b> Zende Del & Associates, P.L.L.C.
<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>  <b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: <b>8</b>
<b>2</b> FILER NAME Andrew Domburg		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/22/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Dominic Braus	<b>7</b> Amount of contribution (\$) \$500.00
<b>6</b> Contributor address; City; State; Zip Code 3609 Herwol Ave, Waco, TX 76710		
<b>8</b> Contributor's principal occupation Attorney		<b>9</b> Contributor's job title Attorney
<b>10</b> Contributor's employer/law firm Carlson Law Firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
<b>Date</b> 3/25/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ Matthew Dare	<b>Amount of contribution (\$)</b> \$50.00
<b>Contributor address;</b> City; State; Zip Code 10501 Glass Mountain Trail, Austin, TX 78750		
<b>Contributor's principal occupation</b> Clinical Research Coordinator		<b>Contributor's job title</b> Clinical Research Coordinator
<b>Contributor's employer/law firm</b> St. David's Medical Center.		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<b>Date</b> 3/25/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ Josue Rodriguez	<b>Amount of contribution (\$)</b> \$150.00
<b>Contributor address;</b> City; State; Zip Code 25702 Stormy Ridge, San Antonio, TX 78255		
<b>Contributor's principal occupation</b> Executive		<b>Contributor's job title</b> Director of Customer Success
<b>Contributor's employer/law firm</b> LivePerson		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		

**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 (JUDICIAL)

## SCHEDULE A(J)1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: <b>8</b>
<b>2</b> FILER NAME Andrew Dornburg		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/7/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Christopher Meyer	<b>7</b> Amount of contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code 2114 Thornton Hills Ct, Sugar Land, TX 77479	
<b>8</b> Contributor's principal occupation Attorney		<b>9</b> Contributor's job title Attorney
<b>10</b> Contributor's employer/law firm Christopher Meyer Law Firm, PLLC		<b>11</b> Law firm of contributor's spouse (if any) Chiang Law Firm
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 4/10/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Megan Kowalczyk	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 2361 Old Trail Drive, Reston, VA 20191	
Contributor's principal occupation Teacher		Contributor's job title Teacher
Contributor's employer/law firm Fairfax County Public Schools		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 4/12/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Vanessa Morales	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 2115 Upland Shadows Drive, Sugar Land, TX 77479	
Contributor's principal occupation C.P.A.		Contributor's job title C.P.A.
Contributor's employer/law firm Curtis Cloud & Co. P.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>8</b>
2 FILER NAME Andrew Dornburg		3 Filer ID (Ethics Commission Filers)
4 Date 4/12/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jeffrey Carter	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 1806 Arcadia Drive, Sugar Land, TX 77498		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Law Office of Jeffrey Carter		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 4/12/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Mark LaForge	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 23518 Verge Sims Dr, Richmond, TX 77469		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Fort Bend County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 4/13/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Aaron Burke	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1201 Elm St, Suite 4000, Dallas, TX 75270		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Burke Bogdanowicz PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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 (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>8</b>
2 FILER NAME Andrew Dornburg		3 Filer ID (Ethics Commission Filers)
4 Date 4/14/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Carla Mattingly	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 23501 Cinco Ranch Boulevard, Ste H120-183, Katy, TX 77494		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Law Office of Carla Freeman		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 4/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ David Savage	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 25602 Ellis Ridge Court, Katy, TX 77494		
Contributor's principal occupation Retired		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 4/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Pedro Ruiz	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 1813 61st Street, Suite 101, Galveston, TX 77551		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Zendeh Del and Associates, P.L.L.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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 (JUDICIAL)

## SCHEDULE A(J)1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: <b>8</b>
<b>2</b> FILER NAME Andrew Dornburg		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/15/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ S. Scott Fitzgerald	<b>7</b> Amount of contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code PO Box 122, Richmond, TX 77406	
<b>8</b> Contributor's principal occupation Attorney		<b>9</b> Contributor's job title Attorney
<b>10</b> Contributor's employer/law firm Scott Martinez, Attorney at Law		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
<b>Date</b> 4/15/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ Amanda Bolin	<b>Amount of contribution (\$)</b> \$500.00
	<b>Contributor address;</b> City; State; Zip Code 4810 Legend Creek Dr., Fulshear, TX 77441	
<b>Contributor's principal occupation</b> Attorney		<b>Contributor's job title</b> Attorney
<b>Contributor's employer/law firm</b> Smith McDonald Bolin		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<b>Date</b> 4/15/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ Regina Morales	<b>Amount of contribution (\$)</b> \$500.00
	<b>Contributor address;</b> City; State; Zip Code 5030 Bryan Road, Richmond, TX 77469	
<b>Contributor's principal occupation</b> President		<b>Contributor's job title</b> President
<b>Contributor's employer/law firm</b> RLM Advisory Group, LLC		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		

**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 (JUDICIAL)

## SCHEDULE A(J)1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: <span style="font-size: 2em; vertical-align: middle;">8</span>
<b>2</b> FILER NAME Andrew Dornburg		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/15/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Ralph Gonzalez	<b>7</b> Amount of contribution (\$) \$300.00
	<b>6</b> Contributor address; City; State; Zip Code 905 Richmond Parkway, Richmond, TX 77469	
<b>8</b> Contributor's principal occupation Attorney		<b>9</b> Contributor's job title Attorney
<b>10</b> Contributor's employer/law firm Ralph L. Gonzalez, Attorney at Law		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
<b>Date</b> 4/15/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ Blanchard and Thomas, LLP	<b>Amount of contribution (\$)</b> \$500.00
	<b>Contributor address;</b> City; State; Zip Code 15190 Badger Ranch Blvd, Suite 102, Woodway, TX 76712	
<b>Contributor's principal occupation</b>		<b>Contributor's job title</b>
<b>Contributor's employer/law firm</b> Blanchard and Thomas, LLP		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<b>Date</b> 4/15/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ Zendeh Del and Associates	<b>Amount of contribution (\$)</b> \$250.00
	<b>Contributor address;</b> City; State; Zip Code 1813 61st Street, Suite 101, Galveston, TX 77551	
<b>Contributor's principal occupation</b>		<b>Contributor's job title</b>
<b>Contributor's employer/law firm</b> Zendeh Del and Associates		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

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

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule E(J): 1
<b>2</b> FILER NAME Andrew Dornburg		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$ 2,000.00
<b>5</b> Date of loan 4/15/2021	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew Dornburg	<b>9</b> Loan Amount (\$) \$2,000.00
<b>6</b> Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	<b>8</b> Lender address; City; State; Zip Code P.O. Box 482 Rosenberg TX 77471	<b>10</b> Interest rate 0%
		<b>11</b> Maturity date 12/10/2021
<b>12</b> Lender's Principal Occupation Attorney		<b>13</b> Lender's Job Title Trial Attorney
<b>14</b> Lender's Employer/Law Firm The Law Office of Amy Mitchell		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is a child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>18</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>19</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>20</b> Name of guarantor	<b>22</b> Amount Guaranteed (\$)
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is a child, law firm of parent(s) (if any)		

**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

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

### 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.

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME Andrew Dornburg	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/31/22 - 6/30/22	<b>5</b> Payee name Amegy Bank	
<b>6</b> Amount (\$) 20.00	<b>7</b> Payee address; 3020 S. Mason Rd.	City; State; Zip Code Katy TX 77450
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description Banking Expenses
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1/24/22-6/8/22	Payee name Squarespace, Inc.	
Amount (\$) \$175.88	Payee address; 225 Varick St., 12th Floor	City; State; Zip Code New York NY 10014
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Web Hosting
	<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
Date 2/1/22	Payee name Republican Women of Katy	
Amount (\$) \$30.00	Payee address; 9550 Spring Green Blvd., Ste 408-122	City; State; Zip Code Katy TX 77494
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description February RWoK Luncheon
	<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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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	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.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME Andrew Dornburg	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/9/22	<b>5</b> Payee name NametagCountry.com	
<b>6</b> Amount (\$) 22.10	<b>7</b> Payee address; 1899 Dayton Blvd.	City: Chattanooga State: TN Zip Code 37415
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Nametags
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/23/22-4/18/22	Payee name Stripe Payments Company	
Amount (\$) \$103.69	Payee address; 354 Oyster Point Boulevard	City: South San Francisco State: California Zip Code 94080
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Credit Card Processing
	<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
Date 4/1/22	Payee name Lawn Letters of Texas - Fort Bend	
Amount (\$) \$649.50	Payee address; 6727 Rustling Oaks	City: Richmond State: TX Zip Code 77469
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Yard Signs
	<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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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	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.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME Andrew Dornburg	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/4/22	<b>5</b> Payee name MailChimp.com	
<b>6</b> Amount (\$) 11.73	<b>7</b> Payee address; 675 Ponce de Leon Ave NE, Suite 5000	City; Atlanta State; GA Zip Code 30308
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Email Expenses
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/15/22	Payee name Clancy's Public House	
Amount (\$) \$2,000.00	Payee address; 503 FM 359 Rd, Suite 118	City; Richmond State; TX Zip Code 77406
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Food and Drink - Campaign Kickoff
	<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
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# OUTSTANDING LOANS

## SCHEDULE L

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule L: 1	
2 FILER NAME Andrew Dornburg		3 Filer ID (Ethics Commission Filers)	
LENDER INFORMATION	4 Name of lender Andrew Dornburg		
	5 Lender address; P.O. Box 482	City; Rosenberg	State; TX Zip Code 77471
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	6 Name of guarantor		
	7 Guarantor address;  City; State; Zip Code		
LENDER INFORMATION	Name of lender		
	Lender address;	City;	State; Zip Code
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor		
	Guarantor address;  City; State; Zip Code		
LENDER INFORMATION	Name of lender		
	Lender address;	City;	State; Zip Code
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor		
	Guarantor address;  City; State; Zip Code		
LENDER INFORMATION	Name of lender		
	Lender address;	City;	State; Zip Code
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor		
	Guarantor address;  City; State; Zip Code		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**