

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: 9	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST BLANK	MI	
	NICKNAME	LAST IRVING	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: P.O. BOX 572	APT / SUITE #:	CITY: HUNTSVILLE TX STATE: TX ZIP CODE: 77342	
	Date Received 10-5-2021 KLD			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST BLANK	MI	
	NICKNAME	LAST IRVING	SUFFIX	
Date Hand-delivered or Date Postmarked		Receipt #	Amount \$	
Date Processed		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 322 WATKINS ST		CITY: HUNTSVILLE TX STATE: TX ZIP CODE: 77320	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	
15th day after campaign treasurer appointment (Officeholder Only)		<input type="checkbox"/> Final Report (Attach C/OH -FR)		
10 PERIOD COVERED	Month 7 Day 15 Year 2021	THROUGH	Month 10 Day 2 Year 2021	
11 ELECTION	ELECTION DATE Month 11 Day 2 Year 2021		ELECTION TYPE	
	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
<input checked="" type="checkbox"/> General		<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) CITY COUNCIL WARD 3	13 OFFICE SOUGHT (if known) MAYOR		
14 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. 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"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME		
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME BLAKE IRVING		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)	\$ 350.
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 850
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,616.49
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1725
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

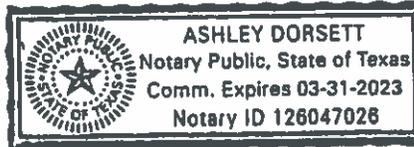
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Blake Irving

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Blake Irving this the 5th day of October

2021, to certify which witness my hand and seal of office.

Ashley Dorsett Ashley Dorsett Notary Public
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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 1
2 FILER NAME BLAKE TRINIC		3 Filer ID (Ethics Commission Filers)
4 Date 9/9-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SIMMY SPIVY	7 Amount of contribution (\$) 1/500.00
6 Contributor address; City; State; Zip Code 1443 JX 754 Abilene TX 79720		
8 Principal occupation / Job title (See Instructions) General manager		9 Employer (See Instructions) J+M Contracting
Date 8/6-14/2	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Misc.	Amount of contribution (\$) 6350
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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.

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>BLOOM & IRVING</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>850</i>
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 MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>841.22</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>1481.49</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>775.27</i>
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	\$

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 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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>2</u>		2 FILER NAME <u>BLAINE LIVING</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>9-27-2021</u>		5 Payee name <u>KSAM</u>			
6 Amount (\$) <u>135.00</u>		7 Payee address: <u>622 KY5</u>		City: <u>Humboldt</u>	State: <u>TX</u> Zip Code: <u>77340</u>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>		(b) Description <u>radio</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>BLAINE LIVING</u>		Office sought <u>Mayor</u>	Office held <u>COUNCILWARD 3</u>
Date <u>9-15-2021</u>	Payee name <u>Kristina Hooks</u>				
Amount (\$) <u>100.00</u>	Payee address: <u>620 Hitchcock st apt 1017</u>		City: <u>Humboldt</u>	State: <u>TX</u>	Zip Code: <u>77340</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>		Description <u>shirts</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>BLAINE LIVING</u>		Office sought <u>Mayor</u>	Office held <u>COUNCILWARD 3</u>
Date <u>9-20-2021</u>	Payee name <u>TWO TELE DESIGNS</u>				
Amount (\$) <u>60.00</u>	Payee address: <u>169 Morris Ln</u>		City: <u>Humboldt</u>	State: <u>TX</u>	Zip Code: <u>77340</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>		Description <u>shirts</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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

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
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.

3 Filer ID (Ethics Commission Filers)

1 Total pages Schedule F1: 2	2 FILER NAME BLANKE LIVING	3 Filer ID (Ethics Commission Filers)	
4 Date 8-20, 9-17-21	5 Payee name Vista Art	City: Dallas	State: Zip Code TX 75241
6 Amount (\$) 163.43	7 Payee address: 1441 Lystra Dr.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Print cards, campaign	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name BLANKE LIVING	Office sought MAYOR	Office held Council Ward 3

Date 8-9	Payee name Dirt Chap Signs	City:	State: Zip Code
Amount (\$) 342.79	Payee address: 6706 Lohman Ford Rd	Lago Vista	TX 79645
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Signs	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name BLANKE LIVING	Office sought MAYOR	Office held Council Ward 3

Date	Payee name	City:	State: Zip Code
Amount (\$)	Payee address:		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

Revised 8/17/2020

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2	2 FILER NAME BLAKE IRVING	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$			
5 Date 8/9, 9-12	6 Payee name Dirt Cheq Store		
7 Amount (\$) 798.12	8 Payee address; 6706 Lehman Ford rd	City; State; Zip Code Lubbock TX 79645	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Sigals	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name BLAKE IRVING	Office sought Mayor	Office held Council ward 3
Date 8/10, 20, 9-14/18	Payee name Vista Print		
Amount (\$) 523.37	Payee address; 4441 Logistics Dr	City; State; Zip Code Dallas TX 75241	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Post cards, business magnets	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name BLAKE IRVING	Office sought Mayor	Office held Council ward 3
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <u>2</u>		2 FILER NAME <u>BLAKE MURKIN</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date <u>9-14-2011</u>		6 Payee name <u>Kristine Hanks</u>			
7 Amount (\$) <u>100.00</u>		8 Payee address; City; State; Zip Code <u>620 Hickory St apt 117 Huntsville, TN 37320</u>			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>		(b) Description <u>Shirts</u>	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>BLAKE MURKIN</u>		Office sought <u>Mayor</u>	
		Office held <u>Council Ward 3</u>			
Date <u>9-20-2011</u>		Payee name <u>TWO TBBS DASH</u>			
Amount (\$) <u>60.00</u>		Payee address; City; State; Zip Code <u>169 Morris Ln Huntsville, TN 37320</u>			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Advertising</u>		Description <u>shirts</u>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>BLAKE MURKIN</u>		Office sought <u>Mayor</u>	
		Office held <u>Council Ward 3</u>			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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 G: 1	2 FILER NAME BLAKE IRWIN	3 Filer ID (Ethics Commission Filers)	
4 Date 9-22-2021	5 Payee name DIST CUER/ SIGN		
6 Amount (\$) 416.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 6706 Lehman Ford rd	City; Lubbock	State; Zip Code TX 79445
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Signs	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Blake Irwin	Office sought Mayor	Office held Council Ward 3
Date 9-14/8-10-21	Payee name Vista Inn		
Amount (\$) 359.74 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 4441 Loyd Ave Dr.	City; Dallas	State; Zip Code Tx 75241
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Magnet + banners	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name BLAKE IRWIN	Office sought Mayor	Office held Council Ward 3
Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

SUBTOTALS - C/OH

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

19 FILER NAME <i>BLOOM & IRVING</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>850</i>
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 MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>841.22</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>1481.49</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>775.27</i>
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**

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 A1: **1**

2 FILER NAME **BLAKE TAVING**

3 Filer ID (Ethics Commission Filers)

4 Date
9/8-21

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
1443 JIM TOWN Highway TX 77320

1500.00

8 Principal occupation / Job title (See Instructions)
General Manager

9 Employer (See Instructions)
J+M Contracting

Date
8/6-19/2

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

6350

Principal occupation / Job title (See Instructions)
NA

Employer (See Instructions)
NA

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME BLAINE LIVING		3 Filer ID (Ethics Commission Filers)	
4 Date 9-27-2011		5 Payee name KSAM			
6 Amount (\$) 135.00		7 Payee address; 622 HYS		City; Humboldt	State; TX
				Zip Code 77340	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description radio		
	(c) <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 BLAINE LIVING		Office sought MAYOR	Office held COUNCIL WARD 3
Date 9-15-2011		Payee name Kristina Hawks			
Amount (\$) 100.00		Payee address; 620 Highway st apt 1017		City; Humboldt	State; TX
				Zip Code 77340	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description shirts		
	<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 BLAINE LIVING		Office sought MAYOR	Office held COUNCIL WARD 3
Date 9-20-2011		Payee name TWO TEE RIGHTS			
Amount (\$) 60.00		Payee address; 169 Morris Ln		City; Humboldt	State; TX
				Zip Code 77340	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description shirts		
	<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
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.

3 Filer ID (Ethics Commission Filers)

1 Total pages Schedule F1: 2 2 FILER NAME BLANKE IRVING

4 Date 8-20, 9-17-24 5 Payee name Vista Art City: State: Zip Code

6 Amount (\$) 163.43 7 Payee address: 4441 Lystra Dr. Dallas TX 75241

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising (b) Description Print cards, cur magne
(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 BLANKE IRVING Office sought MAYOR Office held Council Ward 3

Date 8-9 Payee name Dirt Chap Signs City: State: Zip Code

Amount (\$) 342.79 Payee address: 6706 Lohman Fardol Lago Vista TX 79645

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Advertising Description Signs
 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 BLANKE IRVING Office sought MAYOR Office held Council Ward 3

Date Payee name City: State: Zip Code

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 Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <u>2</u>		2 FILER NAME <u>BLAKE IRVING</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date <u>9-14-2021</u>		6 Payee name <u>Kristine Hawks</u>			
7 Amount (\$) <u>100.00</u>		8 Payee address: <u>620 Hickory St apt 1017</u>		City: <u>Huntsville, TX</u>	State: <u>TX</u>
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political		<input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>		(b) Description <u>Shirts</u>	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>BLAKE IRVING</u>		Office sought <u>Mayor</u>	Office held <u>Council Ward 3</u>
Date <u>9-20-2021</u>		Payee name <u>TWO TB'S Dishes</u>			
Amount (\$) <u>60.00</u>		Payee address: <u>169 Morris Ln</u>		City: <u>Huntsville, TX</u>	State: <u>TX</u>
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political		<input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Advertising</u>		Description <u>shirts</u>	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>BLAKE IRVING</u>		Office sought <u>Mayor</u>	Office held <u>Council Ward 3</u>

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2	2 FILER NAME BLAKE IRVING	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$			
5 Date 8-9-12	6 Payee name Dirt Cheq Store		
7 Amount (\$) 798.12	8 Payee address; City; State; Zip Code 6706 Lehman Ford rd Lugo Va Va TX 78645		
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Signt	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name BLAKE IRVING	Office sought Mayor	Office held Council dist 3
Date 8-10-20, 9-14-12	Payee name Vista Print		
Amount (\$) 523.37	Payee address; City; State; Zip Code 4441 Logistics Dr Dallas TX 75241		
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Post cards, brochures, magnets	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name BLAKE IRVING	Office sought Mayor	Office held Council dist 3

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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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME BLAKE IRWIN	3 Filer ID (Ethics Commission Filers)
4 Date 9-22-22	5 Payee name DIST CLERK SIGN	
6 Amount (\$) 416.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 5706 Lehman Ford rd	City; State; Zip Code Lago Vista TX 78645
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Blake Irwin	Office sought Judge
Date 9-14/8-10-22	Payee name Vieta (m)	Office held Council Ward 3
Amount (\$) 359.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 4441 Loydville Dr.	City; State; Zip Code Dallas TX 75241
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Magnet + banners
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Blake Irwin	Office sought Judge
Date	Payee name	Office held Council Ward 3
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
	Office held	

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