CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST	MI E	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; C	STATE: ZIP CODE	ZOLT JAN I
	AREA CODE PHONE NUMBER	EVTENDION	- I
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 2411-5282	EXTENSION	Date Hand-delivered or Cale Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$1
TREASURER NAME	NICKNAME LAST	SUFFIX	Date Processed
	Welledont		Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	JITE #; CITY; STATE;	ZIP CODE
TREASURER ADDRESS	6006 N. Mesa	El Paso, TX,	79912
(Residence or Business)	Suite 700	El logo, 1 . I	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 545-4408	EXTENSION 3	
9 REPORT TYPE	January 15 30th day before el	lection Runolf	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	90 \ 06 \ BOIL	THROUGH 13	31 /2016
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runolf Other Description	
	05 / 06 / 3017 General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known))
į.		Wayor of	El Paso
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITU IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH WSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	OUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	2017 JA
		COMMITTEE CAMPAIGN TREASURER NAME	- price
Additional Pages			ERK 7 Pl
		COMMITTEE CAMPAIGN TREASURER ADDRESS	DEPT.
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
S		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 47,849.94
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS.	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 36,781.78
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DO	s 10,794.16
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	\$ 1,685.74
18 AFFIDAVIT			
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Notary Public. State of Texas My commission expires MARCH 10, 2019 Signature of Candidate of Officeholder			
ACEIVAIOTARU ČTALA	DICCAL ABOVE	•	
AFFIX NOTARY STAME	-, JEALABUVE	D. d. C. L	107th
Sworn to and subscr	ibed before me, b	by the said David Savcedo	, this the
day of Januar	4. 20 11	to certify which, witness my hand and seal of office.	016
Julga		Benjamin Urtega	Votary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

nmission Filers)
SUBTOTAL AMOUNT
\$ 23,880.00
\$ 23,969,94
\$
\$ 1685.74
\$ 13,085.84
\$
\$
\$
\$ 1,685.74
\$
\$
\$

2017 JAN 17 PM 2:20

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Full name of contributor | out-of-state PAC (ID#:_____) # Ldereco Villedent 6 Contributor address; City; State; Zip Code 79912 7 Amount of contribution (\$) 9.13.16 ut-of-state PAC (ID#;____ Date Amount of contribution (\$) 6746 Westwind, El Paso, Tx. Date Full name of contributor Out-of-state PAC (ID#:_____ Amount of contribution (\$) 09.16.16 Bryan Haddad Contributor address: City: State: Zip Code 19912 6393 Palle Placedo, El Paso, 7x. Principal occupation / Job title (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule At: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) Full name of contributor Out-of-state PAC (ID#:_____ Amount of contribution (\$) Contributor address: City: State: Zip Code 79912 Date Full name of contributor Out-of-state PAC (ID#:_____ Amount of contribution (\$) City; State; Zip Code Contributor address; 00 00 10315 Ser Dr. ElPas, Tx 79925 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) Zip Code 799/2 7101 M. Mesa 8 Principal occupation / Job title (See Instructions) Fயி name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Full name of contributor Date aut-of-state PAC (ID#:____ Amount of contribution (\$) Date Amount of contribution (\$) 10.11.16 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.

The Instru	action Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	David Dauce	do	3 Filer ID (Ethics Commission Filers)
4 Date 5 F	ull name of contributor	C (ID#:)	7 Amount of contribution (\$)
10.24.14 60	Eduardo Deyssalontributor address; City States Of Bandolero, El Pa	zip Code 79912	250
6/0	Dandollo, el Pa	DO, /X.	
8 Principal occupation	/ Job title (See Instructions)	9 Employer (See Instructi	ons)
	ull name of contributor out-of-state_PAC		Amount of contribution (\$)
10.25.16	Tils and Greene ontributor address: City: State	Dlamel 2: Zip Code 79935	500.
109	100 Lave Marr Cl. &	th faso, Tx.	
Principal occupation /	Job title (See Instructions)	Employer (See Instruction	ons)
Date Fu	ull name of contributor	; (ID#:)	Amount of contribution (\$)
10.24.16. E	Aura Janches Out-of-state PAC Aura Janches Ontributor address; City; State Of Heath Way, El Job title (See Instructions)	: Zip Code 799/2	100
62	17 Heath Way, El.	Paso, Tx.	
Principal occupation /	Job title (See Instructions)	Employer (See Instruction	ons)
Date	name of contributor , oul-ol-state PAC	(ID#)	Amount of contribution (\$)
10.24.16		: Sarraza:	100
110	7 Kim Rd. Ol !	Paso Tx.	
Principal occupation /	Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	ZOITJAN IT PM 2: 27
If co	intributor is out-of-state PAC, please see instr	uction guide for additional re	eporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (ID#; Amount of contribution (\$) Principal occupation / Job title (See Instructions Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) 10.25.16 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 4 Date 5 Full name of contributor Out-of-state PAC (ID# 7 Amo 10.25.16 6 Contributor address; City; State; Zip Code 76/32 6051 Las Cimas C. apt. 828 Footh worth Tx. pation / Job title (See Instructions) 9 Employer (See Instructions) Formame of contributor out-of-state PAC (ID#: **Licardo Vielledent* Contributor address: City: State; Zip Code 78240 5925 Whitby Rd. Unit 101 DR. Tx. Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) 910 & Redd Rd. Duile 440 & Faso Principal occupation / Job title (See Instructions) Employer (See In

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME David Daucedo	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state_PAC (ID#:	7 Amount of contribution (\$)		
michael William			
10-28-16 6 Contributor address; City: State: Zip Code 773. 4843 Dappled Grove Frail Gumble 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	46 50		
4843 Dappled Grove Frail Gumble.	72		
8 Principal occupation / Job title (See Instructions) 9 Employer (See I	nstructions)		
	<u> </u>		
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
10.27.16 Cecilia del Moral Contributor address; City: State; Zip Code 799.	500.		
12/90 Poral Gate Dr. Ll Paso 7x. Principal occupation / Job title (See Instructions) Employer (See In			
Principal occupation / Job title (See Instructions) Employer (See In	nstructions)		
Date Full name of contributor □ out-of-state PAC (ID#:	Amount of contribution (\$)		
allyandro del Moral			
10.26.19 Contributor address; City; State; Zip Code 799.	12 500· ⁻		
10.26.16 alyandro del Moral Convibutor address: City: State: Zip Code 799. 5316 Peter Payan Dr. El Paso, TX.			
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date Full name of contributor Dout-of-state PAC (ID#:	Amount of contribution (\$)		
			
10-28-16 Gontributor address; City; State; Zip Code 785	500.		
7000 ana Lucia An. Lillen, Tx.			
Principal occupation / Job title (See Instructions) Employer (See In	nstructions)		
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The Instruction Guide explains ho	w to complete this form.	1 Total pages Schedule A1:
2 FILER NAME David	Daucedo	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor	Out-ol-state PAC (ID#:	7 Amount of contribution (\$)
10.29.16 6 Contributor address; 106 18 they Pines	City: State: Zip Code 88008	40
8 Principal occupation / Job title (প্ৰভূ Instructions	9 Employer (See Instruc	ctions)
Date Full name of contributor	Dout-of-state PAC (ID#:)	Amount of contribution (\$)
11.02.16 Contributor address:	City: State: Zip Code 79936	100.
4530 magno	lia St. El Paso TX	
Principal occupation / Job title (See Insuluctions)	Employer (Seá Instruc	ctions)
Date Full name of contributor	Out-of-state PAC (ID#:)	Amount of contribution (\$)
11.03.16 Masilya Contributor address;	Muno City: State: Zip Code 79902	25.
1509 Lost ta dre	Mine Dr. El Paso, Tx.	
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date Full name of contributor	out-ol-state PAC (ID#:)	Amount of contribution (\$)
10.30.16 Contributor address;	manu City; State; Zip Code 79936	200.
12100 Dwaps	Dr. El Paso Tx.	
Principal occupation / Job title (See Instructions)	Employer (See Instruc	ctions)
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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	David Dauce	do	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Chair malowly 6 Contributor address; City: State: 2223 Montana a.e. si	(ID#:) Zip Code 79903 Te. B & Faso, 7	7 Amount of contribution (\$) 100.
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ilons)
Date	Foll name of contributor out-of-state PAC Layael Terragas Contributor address; City: State 317 Ridgement Dr. etc.	(IDE:) Zip Code 79912 Paso, Tx.	Amount of contribution (\$) LOO.
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date // - 14. /4	Full name of contributor out-of-state PAC Janet aguilar City: State: 5704 Janus Court El Fa	Zip Code 79932	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date // /4/ /4	Full name of contributor Out-of-state PAC Thomas Dimont Contributor address; City; State 1009 Paddleclub Dr. Can	Zip Code 15317	Amount of contribution (\$)
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruct	ions)
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	" and the second		reporting requirements. 👝 🚎

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:	
2 FILER NAME	David Dauce	do	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)	
11.15.16	Michael Morel 6 Contributor address; City; State 1444 Francesca Dr. El	e; Zip Code 799.36	25	
	1779 Juncesca H. K	raso, 1x.		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date	Full name of contributor		Amount of contribution (\$)	
11.18.16	Contributor address; City: State	о; Zip Code 79932	100.	
,,	5641 Beth View Dr. El			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor Out-of-state PA	1	Amount of contribution (\$)	
11.22.16	Contributor address; City; State); Zip Code 799/2	500	
	6232 Lovalton Dr. El	Paso, 7x.		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)	
Date		C (ID#)	Amount of contribution (\$)	
11.24.14		e; Zip Code 799/2	400.	
	6740 disert Canyon, E.	/ Paso, Tx.		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
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	ATTACH ADDITIONAL CODIES OF THIS COLIED IN EACH SERVE			
<u> </u>	If contributor is out-of-state PAC, please see instr			

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	David Dan	cedo	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PA		7 Amount of contribution (\$)
12.02.14	6 Contributor address; City: State	7in Code 20035	50
	8809 Sait Drive El Pa	a) Tx	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor		Amount of contribution (\$)
12.05.16	Lodney Linkous Contributor address; City: State); Zip Code 79904	50
	8206 Jurquoise St. E.	1	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		; (ID#:)	Amount of contribution (\$)
11.28.14	Contributor address: City; State	; Zip Code	20.
	7101 N. Mesa El Paso,	TX 79912	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(tD#:)	Amount of contribution (\$)
11.28.16	Contributor address; City; State	; Zip Code 79903	30
	3431 Lesshing Dr. Ste.	He El Paso, Tx.	
Principal occup	ation / Job title (See Instructioໃນຮໍ່)	Employer (See Instructi	ions}
			2017 JAN 17 PM 2: 28
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) Out-of-state PAC (ID#:____ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 11-28-16 Contributor address; City; State; Zip Code 79928. 457 Las Palmas Horzon City Tx. Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule At: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 7 Amount of contribution (\$) 2704 Best yancey D. El faso Tx. 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Out-of-state PAC (ID# Amount of contribution (\$) Salvador almeda Contributor address: City: State: Zip Code 79922 861 Forest Willow &1 Paso, Tx ___ out-of-state PAC (ID#:_____ Date Full name of contributor Amount of contribution (\$) 1353 Emerald Gate Sn. El Paso, Principal occupation / Job title (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule At: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) Amount of contribution (\$) 1006 Magoffin ave. Ll Faro, Tx. ation / lob title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:___ Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Out-of-state PAC (ID#: Amount of contribution (\$) Office Son Douglas City; State; Zip Code 79922 12.15.16 Principal occupation / Job title (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.

		1 Total range Cabadal - Add
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	David Paucedo	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
12.15.16	Victor Urbina 6 Contributor address; City: State: Zip Code 79 708 New York ave. Let Yaso, Tx.	902 50
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See	e Instructions)
Date	Full name of contributor out-ol-state PAC (ID#:	
12.15.16	Contributor address: City; State; Zip Code 79	7907
Principal occup	pation / Job title (See Instructions) Employer (See	e Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	
12.15.16	Contributor address: City. State: Zip Code 79: 5326 Lockwood Rd. El Paso, Tx	100
Principal occup	pation / Job title (See Instructions) Employer (Se	
Date	Full name of contributor out-of-state PAC (ID#:	
12.14.16	3700 herra Chisum A. El Paso,	=)
Principal occup		e Instructions)
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		JAN 17
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Forms provided by	Texas Ethics Commission www.ethics.state.tx.us	Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (ID#) Amount of contribution (\$) 1.000. Employer (See Instructions) Amount of contribution (\$) Veriberto Villegas tributor address; City; State; Zip Code 79912

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1;
2 FILER NAME	David Da	ucedo	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PA Marlin Delva 6 Contributor address; City; State	C (ID#:)	7 Amount of contribution (\$)
12.22.16	6 Contributor address; City; Stat	e; Zip Code 79901	250.
	1000 D. Stanton St. 2	1	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor		Amount of contribution (\$)
12.72.11.	Contributor address: City: State	naser	250.
12.22.16		_	Q 30.
	1000 A. Slandon St. e	I laso, 1x	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		C (ID#:)	Amount of contribution (\$)
12.22.16	Contributor address; City; State 5034 P. Paisano &	e; Zip Code 79925	100.
	5634 C. Paisano de	l Paso Tx.	
Principal occup	oation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA	C (IDII)	Amount of contribution (\$)
12.22.16	_	e; Zip Code 799/2	250.
	409 Pocano In. El	Paso, Tx.	
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	ions)
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME David Dauce do	3 Filer ID (Ethics Commission Filers)	
4 Date 5 Full name of contributor		
12.22.16 6 Contributor address; City; State: Zip Code 799 637 Lasinante Ld. & Paso, Tx.	250.	
637 Lesenance Ld. Cl Paso, 1x.		
8 Principal occupation / Job title (See Instructions) 9 Employer (See I	nstructions)	
Date Full name of contributor	ranount or donahout (4)	
12.22-14 Contributor address: City: State Zip Code 799	500-	
12925 Fire Fighler Dr. El Paso,	$7_{\mathbf{x}}$.	
Principal occupation / Job title (See Instructions) Employer (See In	nstructions)	
Date Full name of contributor	(0)	
16.23.16 Contributor address: Chy; State: Zip Code 799	32 200.	
5/14/2 // new 1/clle Rd. Al Don	276	
5643 Upper Valley Rd. El Pass Principal occupation / Job title (See Instructions) Employer (See In	nstructions)	
	,	
Date Fullyname of contributor	Amount of contribution (\$)	
Jol and Laura nebhan		
12.28.16 Conkibutor address; City; State; Zip Code 7993	200.	
1708 Rod Ourl Sn. El Paso, Tx	·	
Principal occupation / Job title (See Instructions) Employer (See In	nstructions)	
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	ITY CLE	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE. If contributor is out-of-state PAC, please see instruction guide for addi	tional reporting requirements (A)	
in contributor to out-or-state and please see matricular guide to) addi	tional reporting requirements.	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 1,000 Date Amount of contribution (\$) Full name of contributor ut-of-state PAC (ID#:_____ Amount of contribution (\$) 1,000. Principal occupation / Job title (See Instructions) Amount of contribution (\$) Phistopher and Cinthia arrivala Contributor address: City: State; Zip Code 79925 2,000. Principal occupation / Job title (See Instructions)

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME David Daucedo	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
12.29.16 6 Contributor address City: State: Zip Code 79930 2901 Grant ave. El Paso, 7x.	25.
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	ictions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
12.29.14 Contributor address: City: Estate; Zip Code 79902 615 & Dehuster ave. A10 El Paso TX	500.
615 & Dehuster ave. A 10 Cl Paso TX	
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)
Date Full name of contributor	Timbula of continoution (a)
12.29.16 Gontributor address; City; State; Zip Code 79912	200. –
6716 Desert Canyon St. El Paro 7. Principal occupation / Job title (See Instructions) Employer (See Instruc	<u>.</u>
Principal occupation / Job title (See Instructions)	ctions)
Date Full name of contributor	Amount of contribution (\$)
12.2914 Contributor address; City; State; Zip Code 79928	50
14713 Paradise Breeze are. Horizon C	ly
Principal occupation / Job title (See Instructions) Employer (See Instruc	ctions)
	2017 JAN 17 PM 2:31
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additional	EEDED ω 7 I reporting requirements.

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME David Davido	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
12.31. 16 6 Commoutor address; City; State: Zip Code 1990. 4228 Canlerbury Dr. El Paso, Tx.	2 100
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date Full name of contributor	Amount of contribution (\$)
12.31.16 Contributor address; City: State; Zip Code 79902	7 00
4228 Canterbury Dr. 11 Paso, 7x Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)
Date Full name of contributor out-of-state PAC (IDM:	Amount of contribution (\$)
12.30.16 Contributor address: City: State: Zip Code 79902 4008 Panta ana dr. El Paso, Tx	200.
Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)
Date Full name of contributor Out-of-state PAC (ID#)	Amount of contribution (\$)
12.31.16 Contributor address: City; State; Zip Code 78640	10
Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME David Daucedo	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Odo a vide	7 Amount of contribution (\$)
12.31.16 Gantlago Chaves City: State: Zip Code 77035	50
48/7 Bummingbird St. Houston, Tx. 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
12-31-14 Contributor address; City; State; Zip Code 79932	250.
8001 M. misa St. Ste. E-118 El Paso, Tx.	
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
12.31.16 Contributor address: City State: Zip Code 79936	100
12112 trank Cordova Cir. El Paso, Tx.	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
12.31.16 Contributor address? City; State; Zip Code 79902	25.
1316 West missouri are apt. a. el Par	2,1x.
Principal occupation / Job title (See Instructions) Employer (See Instruct	ións)
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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1;
2 FILER NAME	David Daucedo	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of contribution (\$)
	(axlor liquilar	
12.31.16		5
	2301 Forest Oaks, Oir. arlington, Tx.	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
5.4	Full name of contributor Out-of-state PAC (ID#:	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	adrean Jalaces	100 =
12.31.16	· ·	100.
	5800 Beaumont, Pl. El Paso, Tx.	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
	Shane Dorney	
12.31.16	Contributor address; City State; Zip Code 19922	50.
3950 Doniphan Park, Cir Ste H. El Paro Tx.		
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date	Full name of contributor out-of-state_PAC (ID#:	Amount of contribution (\$)
	Dage Care	
12.31.16	Contributor address; City; State; Zip Code 76244	50.
	1913 Giodano Way Forth Worth Tx.	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME David David	3 Filer ID (Ethics Commission Filers)	
4 Date 5 Full name of contributorout-of-state PAC (ID#:	7 Amount of contribution (\$)	
Makel Fitzered		
12.31.16 6 Contributor address; City; State: Zip Code 75	1936 50.	
12118 & Greco lir. El lan, Tx.		
8 Principal occupation / Job title (See Instructions) 9 Employer (See	e Instructions)	
Date Full name of contributor out-of-state_PAC (ID#:		
	Amount of contribution (\$)	
lidam acosta	ייני זהי.	
12-31-16 Contributor address; City; State; Zip Code 79	-50 -	
6096 Via Derena Dr. El Haso, 7	,	
Principal occupation / Job title (See Instructions) Employer (See		
Date Suit some of contributor		
Date Full name of contributor out-of-state PAC (ID#:	1	
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12.31.16 Contributor address; City; State; Zip@ode //7	192 100	
20 Love Bour Weding Pines on	v.	
20 Long Bow Wading River, 7. 4. Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Timelpal decupation 7 500 title (Gee Instituctions)		
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)	
David Wierson		
12. 31.16 Contributor address; City; State; Zip Code 79	911 100	
1725 Land Kush St. El Pass		
Principal occupation / Job title (See Instructions) Employer (See	e manuchons)	
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Jose de Alba Contributor address; 100.00 City; State; Zip Code Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) City; State; Zip Code Contributor address: Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ 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.

SCHEDULE A2

The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:
2 FILER NAME David Daucedo	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#: 9. 13.16 7 Contributor address; City; State; Zip Cod 5400 Clameda Cl Paso, Tx. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
	13 Commoder to the time to the content of the conte
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
9-13-16 Contributor address; City; State; Zip Cool 3800 M. musa St. El Pa	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
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SCHEDULE A2

The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:
2 FILER NAME David Daucedo	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#: 9.15.14 7 Contributor address; City; State; Zip Cod 20 W. 83 14 St. Apt. 26 N. 4. 7 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	8 Amount of 9 th-kind contribution description Contribution \$. maskeling Period 24 1,800. Consultant Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor out-of-state PAC (ID#:	de 79912 10,000. vices / Website
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
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SCHEDULE A2

The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:	
2 FILER NAME David Daucedo	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$	
5 Date 6 Full name of contributor out-of-state PAC (ID#	8 Amount of 9 In-kind contribution contribution \$ description 1, 800 Consultant 1, 900 Consultant 1, 900 Consultant	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date Full name of contributor out-of-state PAC (ID#:	Contribution \$ description	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
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SCHEDULE A2

The Instruction Guide explains how to complete this form	1. Total pages Schedule A2:
2 FILER NAME David Daucedo	3 Filer ID (Ethics Commission Filers)
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12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution description de 19925 Tundraise Taso, 7x. Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
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SCHEDULE A2

The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2:	
2 FILER NAME David Daucedo	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS \$	
5 Date 6 Full name of contributor out-of-state PAC (ID#: 12.01.16 7 Contributor address; City; State; Zip Cool 10.3.21 Pickfair, Qustin, Tx.	8 Amount of 9 In-kind contribution description See 78750 POO. — Rent Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL)(See Instructions)	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	The Employer (FOR INOIN-JUDICIAL) (388 menucione)	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
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Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A2

The Instruction Guide explains how to complete this form	Total pages Schedule A2:
2 FILER NAME David Daucedo	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of Sin-kind contribution description Took for Fundraise Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor Out-of-state PAC (IDS:	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
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SCHEDULE A2

The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2:	
2 FILER NAME Dance	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$	
5 Date 6 Full name of contributor out-of-state PAC (IDE:	8 Amount of Contribution \$ In-kind contribution description de 79902 2,500 Consulfant Making Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law Iirm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date Full name of contributor out-of-state PAC (ID#: Ben Arriola Contributor address; City; State; Zip Co 1414 Georgia & Roso TX	Amount of Contribution \$ In-kind contribution description 1500.00 Media Media Check if travel outside of Texas, Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
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LOANS			SCHEDULE E
The Instruction Guide explains how to complete this form.			1 Total pages Schedule E:
2 FILER NAME David Soureds			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS 1,685.74			\$ 1,685.74
5 Date of loan	7 Name of lender		9 Loan Amount (\$)
0910612016	Dand Saredo		1,685.74
6 Is lender a financial Institution?	8 Lender address; City; State; Zip Code		10 Interest rate
YN			11 Maturity date
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)			Nove
14 Description of Collateral 15 Check if personal funds were			deposited into political
none	account (See Instructions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	,	State: Zip Code	
20 Principal Occupation (See Instructions) 21 Employer (See Instructions)			
Date of foan Name of lender out-of-state PAC (ID#:)		Loan Amount (\$)	
Is lender a financial Institution?	Lender address; City; State; Zip Code		Interest rate
Y N			Maturity date
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
		Check if personal funds were	deposited into political
none		account (See Instructions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		JAN 17
not applicable		I Francisco de la companya della companya della companya de la companya della com	X1
Principal Occupation (See Instructions)		Employer (See Instructions)	PM Z
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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gitt/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 9-13-16 6 Amount (\$) 7 Payee address; (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** trent Expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH 9.28.16 ound the World Catering Amount (\$) 541.25 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder tiving expense EXPENDITURE Food | Berrage Office held Candidate / Officeholder name Office sought Complete ONLY If direct expenditure to benefit C/OH Payer name Date 9.28.16 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule I PURPOSE Check II Austin, TX. officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY If direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor **Travel Out Of District** Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 10.05.16 7 Payee address; (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 09-28.16 Amount (\$) City; State; Zip Code Payee address; Category (See Categories listed at the top of this schedule) Description Check If travel outside of Texas, Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 10-04-16 Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas, Complete Schedule T. OF Check If Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Officetheld expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Fees Food/Beverage Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Gill/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 10.06.16 6 Amount (\$) 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 10.14.16 Amount (\$) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 0F Check II Austin, TX, officeholder living expense **EXPENDITURE** Credit (and Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 10.24.16 Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description **PURPOSE** _ Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held Ш expenditure to benefit C/OH U

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By **Printing Expense** Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salarles/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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address; (a) Category (See Categories fisted at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 10.27.16 Payer address: State: Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE nline fee Complete ONLY if direct expenditure to benefit C/OH Office sought Office held Payee name Date Michelle Marlinez 10.28.16 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held 🌅 expenditure to benefit C/OH

SCHEDULE F1

-	EXPENDITURE CATEGORIES	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credi Card Payment	Fees Office O Food/Beverage Expense Polling I Gift/Awards/Memorials Expense Printing	Solicitation/Fundraising Expense Transportation Equipment & Related Travel In District Travel Out of District Other (enter a category not listed about this form.	·	
1 Total pages Schedule F1:	2 FILER NAME /	3 Filer ID (Ethlcs Commission	Filers)	
	David Ham	cedo	,	
4 Date //- 0/- 16	5 Payee name	ed Catering		
6 Amount (\$)	7 Payee address; City; State; Zip Code	the curring	/07	
300				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
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OF EXPENDITURE		Check if Austin, TX, officeholder flying expense		
	Food / Beverage			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OF	1			
Date	Рауее пате			
11.01.16	Hilda Michell	e Marlinez		
Amount (\$)	Payee address; City; State; Zip Code	0		
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
Date	Payes,name			
11.04.16		as		
Amount (\$)	Payee address; City; State; Zip Code			
144. 28		2017	07	
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	, CLERK D	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	L d 31(
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SCHEDULE F1

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į.	EX	PENDITURE CATE	GORIESF	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	By Gift/Awa al Committee Legal Se	rerage Expense rds/Memorials Expense	Office Overt Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	David	Da	ucedo	3 Filer ID (Ethics Commission Filers)	
4 Date //- 07.16	5 Payee name . Mail	Chimp, Co	m Ya			
6 Amount (\$)	7 Payee address;	City; State; 2	Zip Code			
8 PURPOSE OF EXPENDITURE		pories listed at the top of this s	schedule}		itside of Texas. Complete Schedule T.	_
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Office			Office sought	Office held	_
Date	Payee name					=
11.08.14	El	Paso (ount	4		
Amount (\$) 45.	Payee address;	City; State; Z	ip Code	3		
PURPOSE OF EXPENDITURE	Category (See Cate	pories listed at the top of this s	schedule)		side of Texas. Complete Schedule T. TX, officoholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Office	eholder name		Office sought	Office held	
Date	Payee name					
11-14-16	Dan	are Sp	race	Inc.		38
Amount (\$) /6.	Payee andress;	City; State Z	ip Code		20 7	
PURPOSE OF EXPENDITURE	Category (See Calegory	cord Fee	chedule)	[]	side of Texas, Complete Schedule T. TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Offic	eholder name		Office sought	Office (hald in	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

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 (Instance) and Instantable (Instantable Instantable Instantabl

Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 11.15.16 7 Pavee address: Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 11.15.16 Payee address; 00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE

11.22.16	Fast Digns	
Amount (\$)	Payee address; City; Spate; Zip Code	2
2 .		Can
199.36		
		<u> </u>
	Category (See Categories listed at the top of this schedule)	Description == 0
PURPOSE		Check if travel outside of Texas, Complete Schedule T.
OF		Check if Austin, TX, officeholder tiving expense
EXPENDITURE		
	<i>/</i>	<u> </u>
	Dignage	2

Office sought

Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Candidate/ Officeholder name

Complete ONLY if direct expenditure to benefit C/OH

Complete ONLY if direct expenditure to benefit C/OH

T

Office

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credt Card Payment	Il Committee Legal Services	xpense Office Ove xpense Polling Ex- orials Expense Printing E: Salaries/V	kpense /ages/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	on Guide explains how to o	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	avid Da	ucedo	3 Filer ID (Ethics Commission Filers)
4 Date 11-23-16	5 Payee name Ru	stopher (Memano	da
6 Amount (\$)	7 Payee address;	City; State; Zip Code		0
530				247
8	(a) Category (See Categories lis	ted at the top of this schedule)	(b) Description	31.00
PURPOSE			Check if travel out	tside of Texas. Complete Schedule T.
OF EXPENDITURE			L Check if Austin	TX, officeholder living expense
	(1) 00			
- C	Candidate / Officeholds		Office servets	OW-LL C
9 Complete ONLY if direct expenditure to benefit C/OF		er nam e	Office sought	Office held
Date	Payee name	***************************************		
11.23.16	Intel	ia US+	(
Amount (\$)	Payee address; (City; State; Zip Code		
450				
	Category (See Categories list	ed at the top of this schedule)	Description	
PURPOSE			Check if travel outs	side of Texas. Complete Schedule T.
OF EXPENDITURE			Check if Austin.	TX, officeholder living expense
	Consulting			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholds	r name	Office sought	Office held
Date	Payee name			
11.25.16	Printe	na Dero	ices	
Amount (\$)	Payee address; (City State; Zip Code		
369.91				2017
PURPOSE OF EXPENDITURE	Category (See Categories list	ed at the top of this schedule)		TX. afficeholder living expense
534				P 5
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officehold	er name	Office sought	Office held P
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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 Polling Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Travel In District Travel Out Of District Printing Expense 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 7 Payee address; (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE (ons- Hing Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH mail Chimp. Com ba 12.06.16 65 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE E-mail marketing Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 12.08/6 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense, EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politics Credi Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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)
1 Total pages Schedule F1:	2 FILER NAME David	Daucedo 3 Filer ID (Ethics Commission Filers)
4 Date 12.09.16	5 Payee name Ruisto pher	de ernandez
800.	7 Payee address; City. State; Zip	Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch (a) Category (See Categories listed at the top of this sch	edule) (b) 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/OF	Candidate / Officeholder name	Office sought Office held
Date /2-14-16 Amount (\$)	Payee name Orliny Payee address; City; State; Zip	Code
600	Category (See Categories listed at the top of this schi	adule) Description
PURPOSE OF EXPENDITURE	Consulting	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12-14-14	Payee name Chistopher O	(ernandez)
Amount (\$) P20. —	Payee address; // City; State; Zip	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office field D
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Travel In District Gilt/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not fisted above) Credit Card Payment The Instruction Guide explains how to complete this form, 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 7 Payee address: (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY it direct expenditure to benefit C/OH Date Payee name BUX Compan Pank 12-15-16 Description Category (See Categories listed at the top of this schedule) ☐ Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Check if Austin, TX, afficeholder living expense OF **EXPENDITURE** Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Z Office Treld Office sought Complete ONLY If direct expanditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Transportation Equipment & Related Expense Travel In District Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 12.21.16 6 Amount (\$) 7 Payee address; 8 (a) Category (See Categories listed at the top of this schedule) (b) Description _ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee_name sistopher Hernandez 12.28.16 730. Category (See Categories listed at the top of this schedule) Description ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Complete ONLY If direct expenditure to benefit C/OH Payee name Date 09/22/16 Amount (\$) 16.20 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Trouser Office sought Complete ONLY if direct OfficeNameId expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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 Gitt/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 (Astronomics) (1988)

Candidate/Officeholder/Politi Credit Card Payment	ical Committee Legal Services Salaries	xpense Travel Out Of District Wages/Contract Labor Other (enter a category not listed above)
Clear Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F		3 Filter ID (Ethics Commission Filers)
4 Date 09. 22.16	5 Payee name	
6 Amount (\$)	7 Payee address; City, State, Zip Code	
15.08		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
	Payment Fransfer Lee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Oandidate / Officeholder name	Office sought Office held
Date	Payee name	
09.22.14	Stripe Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
21.15		
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	Payment fransfe fell	
expenditure to benefit C/OF	Sundicate / Officerolder name	Office sought Office held
Date	Payee name	
20.16.16	Shipe Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
1.78		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas, Complete Schedule T.
EXPENDITURE	(1)	Check if Austin, TX, officeholder living expense
	Yairment fram les les	- 0
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH		
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDIU E AS NEEDED
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SCHEDULE F1

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 Gilf/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 (other a category set listed shows)

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 09.27.16 6 Amount (\$) 7 Payee address; City; State; Zip Code 1. 28 Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, afficeholder living expense **EXPENDITURE** 9 Complete ONLY It direct Office sought Office held expenditure to benefit C/OH Payee name 89.28.16 6.20 Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas, Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY If direct Office sought Office held expenditure to benefit C/OH Date Payee name 09.29.16 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expenses EXPENDITURE Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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 Gilt/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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 09.29.16 6 Amount (\$) 7 Payee address; (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **EXPENDITURE** andidate / Officeholder name 9 Complete ONLY If direct Office sought Office held expenditure to benefit C/OH Payee name 09.29.16 City; State; Zip Code 6.20 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 10.06.16 Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought OfficeTheld expenditure to benefit C/OH FT. ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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 Gilt/Awards/Memorials Expense 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)

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salarles/V	Vages/Contract Labor Other (enter a category not listed above)
Crook Card Fayrings)	The Instruction Guide explains how to	
1 Total pages Schedule Fi		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
10.06.16	Stripe Inc	<u> </u>
6 Amount (\$)	7 Payee address; Oity; State; Zip Code	
3.25		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF		Check if Austin, TX, officeholder living expense
EXPENDITURE	10 =	
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9 Complete ONLY if direct	Carldidate / Officeholder name	
expenditure to benefit C/O		Office sought Office held
Date	Payee name	
10.12.16	Stripe Inc.	
Amount (\$)	Payee address; / City; State; Zip Code	
3,25		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF	6	Check if Austin, TX, officeholder living expense
EXPENDITURE	(1)	Crieck in Austin, 1X, brildenology living expense
	Paragratiche all las	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	1	Since field
Date	Payee name	
10.12.16	Stripe Inc	
Amount (\$)	Payee address; // City; State; Zip Code	22
725	V)	damaga Provide
3.25		Canada and
	Category (See Calegories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check If Austin, TX, officeholder living expense
	Yayment transfer fee	i rn
Complete ONLY if direct	Cardidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH		
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	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Bevarage Expense Gilt/Awards/Memorials Expense Polling Expense Contributions/Donations Made By Travel In District 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Рауее пате 10.25.16 6 Amount (\$) 7 Payee address; 15.05 (a) Category (See Calegories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Pavee address: 29.80 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas, Complete Schedule T. OF Check if Austin, TX. officeholder living expense EXPENDITURE Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 10.25.16 Payee address: Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check it travel outside of Texas. Complete Schedule T. - ERX Check if Austin, TX. officeholder living expense EXPENDITURE Complete ONLY if direct Office sought Office beld expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Travel In District Food/Severage Expense Gilt/Awards/Memorials Expense Polling Expense Contributions/Donations Made By 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 Ft: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 0.26.16 7 Payee address 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY If direct Office sought Office held expenditure to benefit C/OH Payee name 10.26.16 Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas, Complete Schedule T. OF Check If Austin, TX, officeholder fiving expense EXPENDITURE ndidate / Officeholde Complete ONLY If direct Office sought Office held expenditure to benefit C/OH Date Payee name Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check il travel outside ol Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** 0 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Consulting Expense Travel In District Travel Out Of District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 10.26.16 6 Amount (\$) 7 Payee address; 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check If travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 10-26.16 Amount (\$) Payee address; <u> 3, 25</u> Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF EXPENDITURE Check If Austin, TX, officeholder living expense Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 10.26.16 Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check If Austin, TX, officeholder living expense D EXPENDITURE Gandidate / Officeholder name Complete ONLY if direct Office sought OfficeChield expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gill/Awards/Memorials Expense Office Overhead/Rental Expense Consulting Expense Polling Expense Printing Expense Travel In District Contributions/Donations Made By 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 10. 26. 16 6 Amount (\$) 7 Payee address; 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check If travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/OH Office held Date Payee name 10.26.16 Pavee address: Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 10.26.16 Amount (\$) Pavee address: 76.15 Category (See Categories listed at the top of this schedule) Description Check il travel outside of Texas. Complete Schedule TO **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Consulting Expense Travel In District Travel Out Of District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 10.31-16 6 Amount (\$) 7 Payee address; 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 10 · 3/- /6 Amount (\$) 3 25 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas, Complete Schedule T, OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name //-03-/6 Amount (\$) Pavee address: 6.20 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Office sought Office Held expenditure to benefit C/OH

SCHEDULE F1

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 Gill/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sataries/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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name //-03-/6 6 Amount (\$) 7 Payee address; 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check If travel outside of Texas, Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name //- 07-16 Amount (\$) Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas, Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 11-07-16 Payee address; Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Office sought Office Neld expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name 11-15-16 7 Payee address; (a) Category (See Categories listed at the top of this schedule) (b) Description 8 ☐ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, afficeholder living expense EXPENDITURE Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 6.20 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Complete ONLY II direct expenditure to benefit C/OH Date Payee name 11-15-16 Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense 🎇 EXPENDITURE dandidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name //. /5./6 6 Amount (\$) 7 Payee address; 8 (a) Category (See Categories listed at the top of this schedule) (b) Description ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, afficeholder living expense Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 11.15.16 Pavee address: Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Complete ONLY If direct expenditure to benefit C/OH Payee name Date //. /7-/6 Amount (\$) Pavee address: Category (See Categories listed at the top of this schedule) Description Check it travel outside of Texas. Complete Schedule **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Office sought Office Treld Complete ONLY if direct expenditure to benefit C/OH U cu ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED د

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name //- /7-/6 6 Amount (\$) 7 Payee address; (a) Category (See Categories listed at the top of this schedule) 8 (b) Description ___ Check If travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Payee address: 6.20 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. PURPOSE OF EXPENDITURE Check If Austin. TX, officeholder living expense Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 11.21-16 Payee address: Category (See Categories listed at the top of this schedule) Description Check it travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Exponse Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By Printing Expense Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Fiter 1D (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name 7 Payee address; (b) Description 8 (a) Category (See Categories listed at the top of this schedule) ____ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 11.24.16 Pavee address: 29.80 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 12.05.16 Pavee address: Category (See Categories listed at the top of this schedule) Description Check il travel outside of Texas. Complete Schedule T-**PURPOSE** OF Check if Austin, TX, officeholder living expense-EXPENDITURE Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Glit/Awards/Memorials Expense Consulting Exponse Polling Expense Contributions/Donations Made By **Printing Expense** Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Gulde explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 12.65.16 6 Amount (\$) 7 Payee address; (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, olliceholder living expense EXPENDITURE 9 Complete ONLY If direct Office sought Office held expenditure to benefit C/OH Payee name Date 12-08-16 Pavee address: Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check it Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 12-07-16 Payee address: Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

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8 PURPOSE OF EXPENDITURE	2	(See Categories listed at the top of this ment Fransk,	·		uside of Texas. Complete Schedule T. , TX, officeholder living expense
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Office Overhead/Rental Expense Polling Expense Fees Transportation Equipment & Related Expense Food/Beverage Expense Gilt/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 12-18-16 6 Amount (\$) 7 Payee address; (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 12.18.16 Payee address; 3.25 Category (See Categories listed at the top of this schedule) Description Check it travel outside of Texas, Complete Schedule T, PURPOSE OF Check if Austin, TX, officeholder fiving expense EXPENDITURE Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 12-15-16 Amount (\$) Pavee address: Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Licheck if Austin, TX, officeholder living expense EXPENDITURE Ш Office sought Office held Complete ONLY if direct expanditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Gilt/Awards/Memorials Expense Consulting Exponso Contributions/Donations Made By Polling Expense Travel In District 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: 2 FILER NAME ! 3 Filer ID (Ethics Commission Filers) 5 Payee name 12.18.16 6 Amount (\$) 7 Payee address; 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY If direct Office sought Office held expenditure to benefit C/OH Payee name 6.20 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 12.19.16 Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description **PURPOSE** _ Check it travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE Office field Candidate / Officeholder Office sought Complete ONLY if direct expenditure to benefit C/QH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Office Overhead/Rental Expense Food/Beverage Expense Gilt/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Travel Out Of District **Printing Expense** 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 12.19.16 7 Payee address; (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 12-20-16 Payee address; 6.20 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 12-18-16 Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T:-PURPOSE Check if Austin, TX, officeholder living expense-EXPENDITURE Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made 8 Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office Overling Experience Printing Expension Salaries/Wa	ense ages/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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4 Date 12.19.16	5 Payee na	ame Stripe	Anc	20.		
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8	(a) Category	(See Categories listed at the top of this	s schedule)	(b) Description		Т
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	17	ate / Officeholder name	0	Office sought	Office held	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundralising Expense Transportation Equipment & Related Expense Advertising Expense Event Expense Loan Repayment/Reimbursement Fees Food/Beverage Expense Git/Awards/Memorials Expense Accounting/Banking Consulting Exponso Office Overhead/Rental Expense Polling Expense Printing Expense Travel In District Travel Out Of District Contributions/Donations Made By 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 12.26.14 6 Amount (\$) 7 Payee address; (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 12.27.16 Pavee address: 19.80 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Complete ONLY If direct expenditure to benefit C/OH Payee name Date 12.28.16 Amount (\$) Payee address; 12.10 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule TO **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Complete ONLY If direct Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 12.26.16 6 Amount (\$) 7 Payee address: 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 12.27/6 Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE QF** Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Payee address; State; Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expense **EXPENDITURE** Çandidate / Officeholder Complete ONLY if direct Office sought Office theld expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel in District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 12.28.16 6 Amount (\$) 7 Payee address; 12.10 (a) Category (See Categories listed at the top of this schedule) (b) Description Check If travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 12.29.16 City; State; Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Complete ONLY If direct expenditure to benefit C/OH Payee name Date 9-13-16 Amount (\$) 14.94 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, afficeholder living expense **EXPENDITURE** Tases of Water Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gilt/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not fisted above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 9.13.16 6 Amount (S) 7 Payee address: (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder nam Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 9.15.16 Amount (\$) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10.01.16 Amount (\$) Description Check if travel outside of Texas. Complete Schedule T PURPOSE Light of Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Ň

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Food/Beverage Expense Policy Gift/Awards/Memorials Expense Prin	ice Overhead/Rental Expense Iling Expense nting Expense Iaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District
Credit Card Payment	The Instruction Guide explains ho	_	Other (enter a category not listed above)
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4 Date 10.15.16	5 Payee name Brandon &	van Gena	
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9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held ·
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEE	DED

SCHEDULE F1

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 Gilt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Manas/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a rateonry not listed shows)

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to co	ages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	Staved Las	ıcedo	3 Filer ID (Ethics Commission Filers)
4 Date //. /5./6	5 Payee name Brandon Iva	in Ven	- ~
6 Amount (\$) 1,800.	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Marketing Amsultant	Check if Austin	tside of Texas. Complete Schedule T. , TX, officeholder living expense
9 Comptete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
11.28.16	Payee name Gerardo Valles)	
Amount (\$) 125. ~	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Food Lot Fundaises		side of Texas. Complete Schedule T. TX. officeholder living expense
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12:01:16	Hector Luis		
Amount (\$)	Payee address; City; State; Zip Code		017 YA
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Aux		TX. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office Field
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Office Overhead/Rental Expense Polling Expense Consulting Expense Food/Beverage Expense Gilt/Awards/Memorials Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 12.15.16 6 Amount (\$) 7 Payee address: (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 12.2016 Amount (\$) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) 2,500. Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check If Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH 2

SCHEDULE F1

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
Gilt/Awards/Memorials Expense
Lagal 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 (expense on the feet of the control of the cont

	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule L. Check if Austin, TX. officeholder living expense
Amount (\$)	Payee address; City; State; Zip Code	
Date	Payee name	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
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
Amount (\$)	Payee address; City; State; Zip Code	
Date	Рауее пате	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Mul dea	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
6 Amount (\$) 1,500. –	7 Payee address; City; State; Zip Code	
4 Date	Sen and	ola
1 Total pages Schedule F1:	2 FILER NAME David Dar	3 Filer ID (Ethics Commission Filers)
Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y Gift/Awards/Memorials Expense Printing	Expense Travel Out Of District Wages/Contract Labor Other (enter a category not listed above) complete this form.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Office Overhead/Rental 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 G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Pavee name 09/09/16 6 Amount (\$) 7 Payee address; 1,500.00 political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Logo Design/ hudsite **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/06/16 None.com Amount (\$) City; State; Zip Code 89-220 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** ___ Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Рауее пате 09/14/16 Amount (\$) Payee address: City: State: Zip Code 35 56 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check il travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Adventsing Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Pavee name 12/31/16 6 Amount (\$) 7 Payee address: City; State; Zip Code 35.01 Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check it travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Checkil travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State: Zip Code Reimbursoment from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas, Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Office held Candidate / Officeholder name Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

A candidate or officeholder who has accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in <u>any</u> calendar year must file all subsequent reports electronically.

David Saucedo Account#		Account #
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OFFICE U	ISE ONLY	
Date Received		
	ZOIT JAN	
Date Hand-delivered of	or Date Postmarked	1
	卫灵	
Date Processed		
	% % ₩	
Date Imaged	26	

- 1. I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.

5.	I am filing this affidavit with the <u>Campan Free Rad</u> report due on ///17/17
	I understand that this affidavit is required to be filed with each campaign finance report for which
	am claiming an exemption from electronic filing.

BENJAMIN ORTEGA
Notary Public.
State of Texas
My commission expires
MARCH 10, 2019

Signature of Candidate or Officeholder

NOTARY STAMP / SEAL

Sworn to and subscribed before me by

David Sauce

thic the

17th

day of January

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

Signal are of older administering oath

Printname of officer administering oath

Title of officer administering oath

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER