

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) —	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI J. Seth LAST Batiste NICKNAME SUFFIX	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 7906 Fox Crossing Circle Klein, Texas 77379	RECEIVED OCT - 8 2018	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 717-5476	Date Received	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST Seth MI J. NICKNAME LAST Batiste SUFFIX	Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS <input checked="" type="radio"/> Residence <input type="radio"/> Business	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7906 Fox Crossing Circle, Klein, TX 77379	Receipt #	Amount \$
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 798-1843	Date Processed	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 08 / 20 / 2018 THROUGH 09 / 27 / 2018		
11 ELECTION	ELECTION DATE Month Day Year 11 / 06 / 2018	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) NA	13 OFFICE SOUGHT (if known) School Board Trustee	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Seth J. Batiste 15 Filer ID (Ethics Commission Filers) —

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	NA
<input type="checkbox"/> SPECIFIC	NA
NA	COMMITTEE CAMPAIGN TREASURER NAME
	NA
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	NA

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 450
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 10.06
	4. TOTAL POLITICAL EXPENDITURES	\$ 10.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 450.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10.06

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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Seth Batiste, this the 9th day of October, 2018, to certify which, witness my hand and seal of office.

[Signature] Christine Jackson Notary
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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 450.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 433.66
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: <u>LOANS</u>	\$ 10.06
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 10.06
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Seth J. Batiste		3 Filer ID (Ethics Commission Filers)
4 Date 9/9/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pamela Edwards	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 23106 Westgate Village Lane Spring, TX 77373		
8 Principal occupation / Job title (See Instructions) Professor / Professor		9 Employer (See Instructions) NA
Date 9/12/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marilyn Dement	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 19534 Piney Lake Dr. Spring, TX 77388		
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 9/21/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassia Glass	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 9514 Sotherloch Lake Drive Spring, Texas 77379-3631		
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 9/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Huff	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 18814 Bluebird Ln 77377		
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) N
Date 9/26/18	Janice Moss 7910 Fox Crossing Circle Klein, Texas 77379 Amount of contribution (\$) \$50	
Principal Occupation: NA		Employer: NA
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1
2 FILER NAME Seth J. Batiste		3 Filer ID (Ethics Commission Filers) NA
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 433.66
5 Date 9/11/18	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddie Drum	8 Amount of Contribution \$ 433.66 9 In-kind contribution description Yard signs + stakes
7 Contributor address; City; State; Zip Code 4004 Montrose Blvd #5 Houston, TX 77006		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) NA		11 Employer (FOR NON-JUDICIAL) (See Instructions) NA
12 Contributor's principal occupation (FOR JUDICIAL) NA		13 Contributor's job title (FOR JUDICIAL) (See Instructions) NA
14 Contributor's employer/law firm (FOR JUDICIAL) NA		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) NA
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) NA		

Date NA	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NA	Amount of Contribution \$	In-kind contribution description NA
Contributor address; City; State; Zip Code NA		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) NA		Employer (FOR NON-JUDICIAL) (See Instructions) NA	
Contributor's principal occupation (FOR JUDICIAL) NA		Contributor's job title (FOR JUDICIAL) (See Instructions) NA	
Contributor's employer/law firm (FOR JUDICIAL) NA		Law firm of contributor's spouse (if any) (FOR JUDICIAL) NA	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) NA			

NA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: (1)
2 FILER NAME Seth J. Batiste		3 Filer ID (Ethics Commission Filers) NA
4 TOTAL OF UNITEMIZED LOANS		\$ 10.06 13.31 (13.31) \$13.31
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Seth J. Batiste	9 Loan Amount (\$) \$10.06 13.31
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code 7906 Fox Crossing Circle Klein, TX 77379	10 Interest rate 0%
		11 Maturity date NA
12 Principal occupation / Job title (See Instructions) NA		13 Employer (See Instructions) NA
14 Description of Collateral <input type="checkbox"/> none NA	15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> NO.	
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$) 20
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y <input type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none	Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Seth J. Batista	3 Filer ID (Ethics Commission Filers) NA
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4 Date 9/7/18	5 Payee name Klein Coffee
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6 Amount (\$) 3.25	7 Payee address; City; State; Zip Code 7623 Louetta Rd, Spring, TX 77379
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Seth J. Batista	Office sought School Board	Office held none
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Date 9/21/18	Payee name Klein Coffee
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Amount (\$) 10.06	Payee address; City; State; Zip Code 7623 Louetta Rd, Spring, TX 77379
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Seth J. Batista	Office sought School Board	Office held None
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED