CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iuide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR) FIRST	Л.	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	_	histe	
			RECEIVED OCT 29 2018
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	7906 Fox Crossing		KECEIVED ((C) 29 2010
Change of Address	Klein, Texas 77:	379	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	
OFFICEHOLDER PHONE	(832) 717-5476		Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS/MRS/MR FIRST Seth	MI	Receipt # Amount \$
TREASURER NAME	PORTE FORCE ROW IN ROSCE ATRICE ROWCE ATRICE.	X0404 X0404 X0404 X0404 X	Date Processed
	NICKNAME LAST Bat	iste	Date (maged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	ITE #; CITY; STATE;	ZIP CODE
TREASURER ADDRESS	7906 Fox Crossing Ci	rcle, Klein, TX 7	17379
(Residence or Business))	1- [] [[]	1.14
8 CAMPAIGN TREASURER PHONE	(832) 798 - 1843	EXTENSION	
9 REPORT TYPE	January 15 30th day before el	ection Runoff	15th day after campaign treasurer appointment
		- Forest decrees.	(Officeholder Only)
	July 15 Sth day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	09/28/2018	THROUGH 10	27 /2018
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	11 06 2018 E General	Special	<u></u>
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
	.10.	O Look D Let	Tractor.
	IVA	School Board	Yus ==
GO TO 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 CAN	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPEND BOATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE IN PASENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THURES.	WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	NA		
	SPECIFIC	COMMITTEE ADDRESS		
		NA	1	
		COMMITTEE CAMPAIGN TREASURER NAME		
■ Additional Pages		NA		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
		NA		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM!		
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 50	
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 43.56	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 390.492 460 8	
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 39.16		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
18 AFFIDAVIT				
(* (*)	CHRISTINE JA NOTARY PL STATE OF T MY COMM. EXP NOTARY ID 13	TOURSON true and correct and includes all infugeration true and correct and correct and correct and correct and correct	perjury, that the accompanying report is formation required to be reported by me addidate or Officeholder	
AFFIX NOTARY STAM	IP/SEALABOVE	Salla IZali ta	70th	
Sworn to and subsc	10	by the said	this the	
Sackso	1	Christine Jackson	Notary	
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FIL	ERNAME	20 Filer ID (Ethics Commission Filers)			
S	Seth J. Batiste NA				
	HEDULE SUBTOTALS ME OF SCHEDULE	SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 50			
2.	SCHEDULE AZ: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 221.23			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 50			
4.	4. SCHEDULE E: LOANS				
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
6.	\$ 25.06				
7.	CONTRIBUTIONS \$ 50				
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9,	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS				
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$ 0			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	TIONS \$ O			

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) J. Batiste 5 Full name of contributor | out-of-state PAC (IDE: 10/29/18 Lane Johnson 6 Contributor address; City; State; Zip Code 18611 Burnt Cawle Klein /TK 77388 7 Amount of contribution (\$) \$50.00 8 Principal occupation / Job title (See Instructions) Full name of contributor Date ut-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 out of-state PAC (ID#:_ Amount of contribution (\$) Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: Contributor address; State; Zip Code City; 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	e instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:	
2 FILER NAMI	J- Batiste		3 Filer ID (Ethics Commission Filers)	
• • •	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$. 221.23	
5 Date	6 Full name of contributor out-of-state PAC (ID# Eddie L. Orum 7 Contributor address; City; State; Zip Coc 4004 Montrus Blvd #5 Ho	le Tx	8 Amount of 9 In-kind contribution description, 192.69 Campaign	
•	9004 Montrose Blud #5 Ho	7006	Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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) Eddie L. Orum Contributor address; City; State; Zip Code 4004 Montrose Blvd#5 Houston, TX 27006		7006	Amount of In-kind contribution description 29.54 Candudate Check if travel outside of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JDD/CIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	rm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	_		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule Bt The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES \$ 50 5 Date 6 Full name of pledgor out-of-state PAC (ID#) Amount 9 In-kind contribution of Pledge \$ description 50 18611 Burnt candle, Check if travel outside of Texas. Complete Schedule T 10 Principal occupation 7 Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor ut-of-state PAC (ID#: of Pledge \$ description City; State; Zip Code Pledgor address: NA Check if travel outside of Texas, Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount, of In-kind contribution Full name of pledgor out-of-state PAC (ID#; Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Amount of Full name of pledgor Date aut-of-state PAC (ID#; Pledge \$ description Pledgor address; City: State: Zip Gode Check If travel outside of Texas. Complete Schedule T. 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.

LOANS SCHEDULE E 1 Total pages Schedule E. The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME J. Batiste Seth TOTAL OF UNITEMIZED LOANS \$ 5 Name of lender Date of loan Out-of-state PAC (ID#) Loan Amount (\$) 10 Interest rate. ls lender a financial Institution? 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address: not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) Name of lender out-of-state PAC (ID#: Interest rate Is lender ender address; a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Name of guarantor Amount Guarantaed (\$) INFORMATION Guarantor address; State: Zip Code City: not applicable 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

 					
	E	(PENDITURE CATE	GORIES FO	R BOX 8(a)	C. A
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credt Card Payment	/ Gift/Awa Committee Legal S	verage Expense urds/Memorials Expense	Office Overhee Polling Expens Printing Expen Salaries/Wage	se s/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	N.			3 Filer ID (Ethics Commission Filers)
<u> </u>	Seth 3	1. But ste			N FN
9/28/18	5 Payer name	offee			
6 Amount (\$)	7 Payee address; 7623 Lou Spring, TX	clty: State; 2 etta Rd 77379	Zip Code		HRE .
8	(a) Category (See Cat	agories listed at the top of this	schedule) (E) Description	1.3 F-2
PURPOSE OF EXPENDITURE	Ford / Box	revoge			utside of Texas. Complete Schedule T.
9 Complete ONLY if direct	Candidate / Off	iceholder name		Office sought	Office held
expenditure to benefit C/OF	Seth J.	Batiste	Tally	School	Board IT rustee
Date	Payee name			1 2	
9/28/18	Klein Co.	ffee		be III a	
Åmount (\$)	Payee address;	City; State; Z	Zip Code	Server 8	1 Ph. 1 Ph. 1 1
5.40	501.12	TX 7737	3 ! 9		1
PURPOSE OF EXPENDITURE		served e	schedule)		tside of Texas. Complete Schedule T. TX, officeholder fiving expense
Complete ONLY if direct expenditure to benefit C/OH	Seth		le C	Sched/	Brand Trusfel
Date 100.4/18	Payee name	ffee			
Amount (\$)*.40	Payee address; The Love	City; State; 2 Hard	Zip Code		
PURPOSE OF EXPENDITURE	Food Re	ver de	schedule)		tside of Texas. Complete Schedule T., TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		BATISK	60	Office sought	d Trustee
	ATTACH A	DDITIONAL COPIES	OF THIS SCI	HEDULE AS NEE	DÉD

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

Seth J. Batisb

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense 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)

The Instruction Guide explains how to complete this form. Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date Payee name 6 lein 7 Pavee address: State: 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 / Officebolder name Offige sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Face book Date · Way, Menlo Park, CA 94205 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 Office held Complete ONLY if direct expenditure to benefit C/OH rustee Date Dr. Sproff , TO 72379 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 Office sou Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Cancifetate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/Donations Made B Candidate/Officeholder/Politica	
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F2:	2 FILER NAME Seth J. Ruliste 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	S 25.86
5 Date	6 Payee name
10/29/18	Facebook Ads
7 Amount (\$)	8 Payee address; City; State; Zip Code
25.06	1 Hacker Way, Menlo Park, California que 205
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE	Advertising Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Experise
11 Complete ONLY if direct	Candidate / Officeholder name Office sought Office held
expenditure to benefit C/O	
	Soth J. Batiste School Board / I rustee
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political
	Departure
	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 expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held H
	•
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
	VI IVALI UNRILLIAUE DAL 150 DE 11110 DOLLERAPE UN LIPPORT

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	ction Guide explains how to complete this form.	1 Total pages Schedule F3;
2 FILER NAME Seth J.	Batiste	3 Filer ID (Ethics Commission Filers)
4 Date 5 Nam	ne of person from whom investment is purchased	
6 Add	lress of person from whom inventment is Aurchased;	City; State; Zip Code
7 Des	cription of investment	
8 Am	ount of investment (\$)	
Date Nar	ne of person from whom investment is purchased	
e Article	Tress of person from whom investment is burchased;	City; State; Zip Code
Des	scription of investment	
Arr	ount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Glift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica	Il Committee Legal Services Salaries/Wa	ges/Contract Labor Other (enter a category not listed above)
+17	The instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F4:	Seth Tr Basste	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CRE	* 460.84
5 Date	6 Payee name	
0/28/18	CVS/Pharm	
7 Amount (\$)	8 Payee address; City: State; Zip Code CVS Pharm, 6945 Spr	5 ₇₇ .TX
58.46	77379	~ }/
9 TYPE OF EXPENDITURE	Political Non-Poli	tical
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	Advertising	Check if travel outside of Texas. Complete Schedule T,
EXPENDITURE	(Handouts)	Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OF		ice sought Office held
(ID2)	Seth Ruhish Sc	Tool Board / Trustee
Date (0/85/18	Klein Co Ffee	•
4mount (\$)	Payee address; City; State; Zip Code Spring, TX	77378
TYPE OF EXPENDITURE	Political Non-Pol	itical
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T,
OF EXPENDITURE	Baseraje	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF		lice sought Office held
	alder-record	
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gitt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica	I Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F4:	Seth J. Batiste	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 4.60-84
5 Date 10/16/18	6 Payee name. UZ Marketing	
7 Amount (\$)	8 Payee address; City; State; ZIp Code 5900 Binsle Ted	
284.70	Houston, IX 77092	
9 TYPE OF EXPENDITURE	Political Non-Political	
10	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	
PURPOSE OF		if travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
EXPENDITURE	Advertisin Expense Check	in Adams, 17, discandidat living expense
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sough	Office held
	Seth J. Batiste Board	Trustees
Date 10/2-2	Spring Creek BBQ	
Amount (\$) 61.86	Payee address; City: State; Zip Code 6068 FM 2920, Spr. 7	77379
TYPE OF EXPENDITURE	Political Non-Political	
	Category (See Categories listed at the top of this schedule) Descripti	
PURPOSE OF EXPENDITURE		if travel outside of Texas, Complete Schedule T. if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office held
	Sett J. Bake to Board	Trustee
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

		EXPENDITURE CATE	GORIES FOR	BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services		8	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
		The instruction Guide expla	ins how to compl	lete this form.	
1 Total pages 80 Tedule F4:	2 FILER	NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXP	ENDITURES CHARGE	TOACRED	ITCARD	\$
5 Date 10/22/18	6 Payee	name ce horle			
7 Amount (\$)	8 Payee		Zip Code		
30.00		tackers wan	CA	9428	5
9 TYPE OF EXPENDITURE		Political	Non-Politica	ıl	
10	(a) Catego	Dry (See Categories listed at the top of	this schedule)	(b) Description	on
PURPOSE				Checki	f travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Adv	ertisi) FX(sense	Check	II Austin, TX, officeholder living expense
11 Complete ONLY if direct		didate / Officeholder name	Office	sought	Office held
expenditure to benefit C/OF		2 J. Batiste	Sel.	sard	Trustee
Date 10/28/18	Alic		6 nille		
Amount (\$)	269	address; City; State; 20 Kuyken dol	Zip Code	ipāy.	H 77379
TYPE OF EXPENDITURE	V	Political	Non-Politica	al	
PURPOSE OF EXPENDITURE	_	(See Categories listed at the top of	ihis schedule)		on It travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	I	didate / Officeholder name	office beh	sought poard	Office held Trustee
	ATTAC	CH ADDITIONAL COPIES	OF THIS SCH	EDULE AS NE	EDED
	ALIA	ALL ADDITIONAL COPIES	or this some	-POLE NO ME	LULU

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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 10/25//8 6 Amount (\$) Heimbursement from political contributions	5 Payee name Klein Coffee 7 Payee address; City; State; Zip Code 7623 Lonetta Pd	19	
PURPOSE OF EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/O	(a) Category (See Categoriel listed at the top of this schedal)) Reverse (Peorest) Candidate / Officeholder name OH Set T. Buh S.	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Auhtin, TX, officeholder living expense Office sought Office held	
Date	Payee name	Board Trustee	
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(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/0	Candidate / Officeholder name OH	Office sought Office held	
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check If Inavel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fee Foo By Gift cal Committee Leg	nt Expense s d'Beverage Expense (Awarda/Memorials Expense al Services he Instruction Guida expla	Loan Repayment/Reimburn Office Overhead/Rental Ex Poiling Expense Printing Expense Salaries/Wages/Contract L ins how to complete this	pense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Business nan	ne	11/1	
6 Amount (\$)	7 Business add	ress; Chy, State;	ap Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See	Categories listed at the top of this	Check if tra	evel outside of Texas, Complete Schedule T, Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Office sought	Office held
Date	Business nam	18		
Amount (\$)	Business add	ress; City; State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See	Categories listed at the top of this	Check if tra	ovel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Officeholder name	Office sought	Office held
Date	Business nam	e	- A	
Amount (\$)	Business add	ress; City; State;	Zip Codo	
PURPOSE OF EXPENDITURE	allegory (See	Categories listed at the topof this	Check If tra	evel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Office sought	Office held
	ATTACH	ADDITIONAL COPIES	OF THIS SCHEDULE A	AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The instruction Guide explains how to complete this form.							
1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
4 Date	5 Payee name						
6 Amount (\$)	7 Payee address; State; Zip Code						
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) (b) Description (See instructions regarding type of information required.)	73					
Date	Payee name						
Amount (\$)	Payee address; City; State; Zip Code						
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Description (See instructions regarding type of Information required.)						
Date	Payee name						
Amount (\$)	Payee address; City State; Zip Code						
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Description (See instructions regarding type of information required.)						
Date	Payee name						
Amount (\$)	Payee address; City; State; Zip Code						
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable partial caregories.) Description (See Instructions regarding type of Information required.)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	1 Total pages Schedule K:					
2 FILER NAME	3	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Name of person from whom amount is received	8 Amount (\$)				
	6 Address of person from whom amount is received; State;	Zip Code				
	7 Purpose for which amount is received Check if	political contribution returned to filer				
Date	Name of person from whom amount is received	Amount (\$)				
	Address of person from whom amount is received:	Zip Code	1			
	Purpose for which amount is received Check if	political contribution returned to filer	ı			
Date	Name of person from whom amount is received	Amount (\$)	=			
	Address of person from whom amount is received; City; State;	Zip Code				
	Purpose for which amount is received Check if	political contribution returned to filer	_			
Date	Name of person from whom amount is received	Amount (\$)				
	Address of person from whom amount is received; City; State;	Zip Code				
	Purpose for which amount is received Check if	political contribution returned to filer				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.					1 Total pages Schedule T:			
2 FILER NAME					3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
5 Contribution / Expend	liture reported	lon:						
Schedule A2		idule B	/		Schedule D Schedule F1			
[****]			Schedule B(J)	Schedule C2				
Schedule F2	☐ Sch	edule F4	☐ Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
6 Dates of travel	ravel 7 Name of person(s) traveling							
	8 Departure city or name of departure location							
				11#				
	9 Destination city or name of destination location							
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)								
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
Contribution / Expend	diture reported	fon:						
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2	Scho	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel	Name c	f person(s	s) traveling	3.4				
	Departure city or name of departure location							
	Destination city or name of destination location							
***************************************		D						
Means of transportation		Pulp	ose of traver (including	name of conference, se	eminar, or diner event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
Contribution / Expend	liture reported	on:	····					
Schedule A2		dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2		dule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel	Name of person(s) traveling							
	Departure city or name of departure location							
	WIT -							
Destination city or name of destination location								
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								