

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

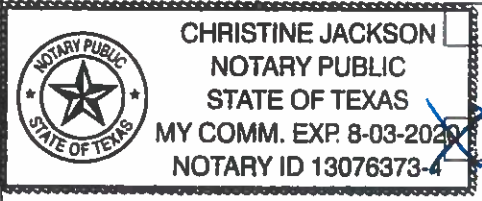
FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) <i>N/A</i>		2 Total pages filed: <i>14</i>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <i>Christopher</i>		Date Received	
		FIRST <i>E.</i>		RECEIVED OCT 30 2018	
		MI			
		NICKNAME <i>Chris</i>		Date Hand-delivered or Date Postmarked	
		LAST <i>"CT" Todd</i>		Receipt #	
		SUFFIX		Amount \$	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____ <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Date Processed	
5 ORIGINAL PERIOD COVERED		Month      Day      Year      Month      Day      Year <i>08 / 20 / 18</i> THROUGH <i>10 / 08 / 18</i>		Date Imaged	

6 EXPLANATION OF CORRECTION *Calculation error*

7 AFFIDAVIT  
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:



**Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Chris Todd*, this the *30* day of *October*, 20*18*, 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

**Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections**

# 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) <p style="text-align: center; font-size: 1.5em;">N/A</p>	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> FIRST MI <p style="font-size: 1.2em;">Christopher E.</p> NICKNAME LAST SUFFIX <p style="font-size: 1.2em;">Chris "CT" Todd</p>	<b>OFFICE USE ONLY</b>	
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <p style="font-size: 1.2em;">7238 Emerald Run Ln Spring, TX 77379</p>		Date Received
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="font-size: 1.2em;">(346) 702-4747</p>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <p style="font-size: 1.2em;">Katherine A.</p> NICKNAME LAST SUFFIX <p style="font-size: 1.2em;">Katie Todd</p>	Receipt #	Amount \$
	7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <p style="font-size: 1.2em;">7238 Emerald Run Ln Spring, TX 77379</p>		Date Processed
	8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION <p style="font-size: 1.2em;">(713) 385-9318</p>		Date Imaged
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 <p style="font-size: 1.2em;">08 / 20 / 18     THROUGH     10 / 08 / 2018</p>		
11 ELECTION	ELECTION DATE Month Day Year <p style="font-size: 1.2em;">11 / 06 / 2018</p>	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) <p style="font-size: 1.5em;">N/A</p>	13 OFFICE SOUGHT (if known) <p style="font-size: 1.2em;">Klein ISD Trustee Position #3</p>	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Christopher E. Todd 15 Filer ID (Ethics Commission Filers) N/A

16 NOTICE FROM POLITICAL COMMITTEE(S)

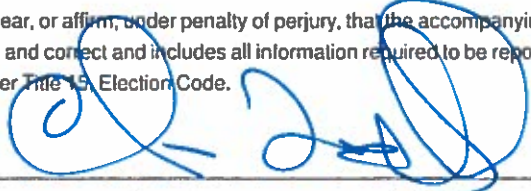
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED	\$ <u>      </u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>9,195.20</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>33.90</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>6,064.45</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2,939.55</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>      </u>

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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Chris Todd, this the 30 day of October, 2018, to certify which, witness my hand and seal of office.

Christine Jackson  
Signature of officer administering oath

Christine Jackson  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**SUBTOTALS - C/OH**

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

19 FILER NAME <i>Christopher E. Todd</i>		20 Filer ID (Ethics Commission Filers) <i>N/A</i>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>9,004.<sup>00</sup></i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>191.20</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>—</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>—</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>6,030.55</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>—</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>—</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>—</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>—</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>—</i>

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 <b>3</b>
2 FILER NAME <b>Christopher E. Todd</b>		3 Filer ID (Ethics Commission Filers) <b>N/A</b>
4 Date <b>8-20-18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Stephen Trammell</b> 6 Contributor address: City: State: Zip Code <b>4519 Preserve Park Dr. Spring, TX 77389</b>	7 Amount of contribution (\$) <b>\$500.00</b>
8 Principal occupation / Job title (See Instructions) <b>Pastor</b>		9 Employer (See Instructions) <b>Champion Forest Baptist Church</b>
Date <b>8-24-18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Christopher E. Todd</b> Contributor address, City: State: Zip Code <b>7238 Emerald Run Ln Spring, TX 77379</b>	Amount of contribution (\$) <b>\$25.00</b>
Principal occupation / Job title (See Instructions) <b>Pastor</b>		Employer (See Instructions) <b>Champion Forest Baptist Church</b>
Date <b>8-27-18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Pamela Murray</b> Contributor address: City: State: Zip Code <b>15 Highclere Park Spring, TX 77379</b>	Amount of contribution (\$) <b>\$7,334.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>
Date <b>8-31-18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Christopher E. Todd</b> Contributor address: City: State: Zip Code <b>7238 Emerald Run Ln Spring, TX 77379</b>	Amount of contribution (\$) <b>\$25.00</b>
Principal occupation / Job title (See Instructions) <b>Pastor</b>		Employer (See Instructions) <b>Champion Forest Baptist Church</b>

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Christopher E Todd

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

9-5-18

5 Full name of contributor

Patricia Harless

out-of-state PAC (ID# \_\_\_\_\_)

6 Contributor address,

City: State: Zip Code

1 Stonegate Park Ct. Spring, TX 77379

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

Business owner

9 Employer (See Instructions)

Date

9-12-18

Full name of contributor

Debbie Tomer

out-of-state PAC (ID# \_\_\_\_\_)

Contributor address,

City: State: Zip Code

13427 Sterling Park Ln Cypress, TX 77429

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Homemaker

Employer (See Instructions)

N/A

Date

9-12-18

Full name of contributor

Sandy LeBlanc

out-of-state PAC (ID# \_\_\_\_\_)

Contributor address;

City: State: Zip Code

1140 Glenda St. Pearland, TX 77581

Amount of contribution (\$)

\$ 300.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

9-13-18

Full name of contributor

Rhonda Stowe

out-of-state PAC (ID# \_\_\_\_\_)

Contributor address;

City: State: Zip Code

4907 Shatner Dr. Houston, TX 77066

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

teacher

Employer (See Instructions)

Klein ISD

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**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME <i>Christopher E. Todd</i>		3 Filer ID (Ethics Commission Filers) <i>N/A</i>
4 Date <i>9-13-18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ron Walker</i> 6 Contributor address: City: State: Zip Code <i>9706 Champions Cove Spring, TX 77379</i>	7 Amount of contribution (\$) <i>\$200.00</i> ✓
8 Principal occupation / Job title (See Instructions) <i>Business owner</i>		9 Employer (See Instructions) <i>PHD CRANE Systems</i>
Date <i>9-14-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Robert Carpenter</i> Contributor address, City, State, Zip Code <i>16923 Spruce Run Dr. Spring, TX 77379</i>	Amount of contribution (\$) <i>\$100.00</i> ✓
Principal occupation / Job title (See Instructions) <i>CPA</i>		Employer (See Instructions) <i>Four Seasons Equipment</i>
Date <i>9-22-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Stephen Bertone</i> Contributor address: City: State: Zip Code <i>102 Bagpipe Way Conroe, TX 77384</i>	Amount of contribution (\$) <i>\$100.00</i> ✓
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) _____
Date <i>9-28-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Janes Miller</i> Contributor address: City: State: Zip Code <i>12726 DeForrest St. Houston, TX 77066</i>	Amount of contribution (\$) <i>\$20.00</i> ✓
Principal occupation / Job title (See Instructions) <i>unknown</i>		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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>
2 FILER NAME <u>Christopher E. Todd</u>		3 Filer ID (Ethics Commission Filers) <u>N/A</u>
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>191.20</u>
5 Date <u>8-20-18</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (for _____) <u>Christopher E. Todd</u> 7 Contributor address; City: State: Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description <u>Web Hosting &amp; email</u> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Pastor</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Champion Forest Baptist Church</u>
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <u>CEO</u>
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 <input type="checkbox"/> out-of-state PAC (for _____)  Contributor address; City: State: Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> 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)			

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>6</u>		2 FILER NAME <u>Christopher E. Todd</u>		3 Filer ID (Ethics Commission Filer) <u>N/A</u>	
4 Date <u>8-31-18</u>		5 Payee name <u>Gotprint.com</u>			
6 Amount (\$) <u>\$ 51.58</u>		7 Payee address; City; State; Zip Code <u>online company</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Printing expense</u>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>8-31-18</u>		Payee name <u>Wells Fargo Bank</u>			
Amount (\$) <u>\$ 3.00</u>		Payee address; City; State; Zip Code <u>_____</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Accounting/Banking</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>9-4-18</u>		Payee name <u>NW Digital</u>			
Amount (\$) <u>\$ 4,420.93</u>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Advertising expense</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Christopher E. Todd</i>	3 Filer ID (Ethics Commission Filer): <i>N/A</i>
4 Date <i>9-9-18</i>	5 Payee name <i>Ninja Forms</i>	
6 Amount (\$) <i>\$ 49.00</i>	7 Payee address: City, State Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officerholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought Office held
Date <i>9-14-18</i>	Payee name <i>Aviator Grill</i>	
Amount (\$) <i>\$ 5.00</i>	Payee address: City, State Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officerholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought Office held
Date <i>9-14-18</i>	Payee name <i>Aviator Grill</i>	
Amount (\$) <i>\$ 5.00</i>	Payee address: City, State Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officerholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 Gift/Awards/Memorabilia Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <b>Christopher E. Todd</b>	3 Filer ID (Ethics Commission Filers) <b>N/A</b>
4 Date <b>9-15-18</b>	5 Payee name <b>Ninja Forms</b>	
6 Amount (\$) <b>\$ 5.00</b>	7 Payee address; City; State; Zip Code	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <b>9-20-18</b>	Payee name <b>Facebook</b>	
Amount (\$) <b>\$ 25.00</b>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising 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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <b>9-21-18</b>	Payee name <b>Sound Stripe</b>	
Amount (\$) <b>\$ 13.50</b>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising 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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Christopher E. Todd</b>		3 Filer ID (Ethics Commission Filers) <b>N/A</b>	
4 Date <b>9-22-18</b>		5 Payee name <b>Facebook</b>			
6 Amount (\$) <b>\$ 25.00</b>		7 Payee address: City: State: Zip Code			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>9-23-18</b>		Payee name <b>Facebook</b>			
Amount (\$) <b>\$ 25.00</b>		Payee address: City: State: Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Advertising 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>9-25-18</b>		Payee name <b>Facebook</b>			
Amount (\$) <b>\$ 35.00</b>		Payee address: City: State: Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Advertising 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1:	2 FILER NAME <i>Christopher E. Todd</i>	3 Filer ID (Ethics Commission Filer): <i>N/A</i>
4 Date <i>9-28-18</i>	5 Payee name <i>Lowe's</i>	
6 Amount (\$) <i>\$ 183.69</i>	7 Payee address: City: State: Zip Code	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <span style="float:right">✓</span>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>9-29-18</i>	Payee name <i>Facebook</i>	
Amount (\$) <i>\$ 50.00</i>	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <span style="float:right">✓</span>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date	Payee name <i>Houston NW Chamber</i>	
Amount (\$) <i>\$ 40.00</i>	Payee address: City: State: Zip Code <span style="float:right">✓</span>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Financing Expense Transportation Equipment & Related Expenses Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Christopher E. Todd</i>	3 Filer ID (Ethics Commission Filers) <i>N/A</i>
4 Date <i>10-7-18</i>	5 Payee name <i>Facebook</i>	
6 Amount (\$) <i>\$ 75.00</i>	7 Payee address; City; State; Zip Code	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>10-4-18</i>	Payee name <i>NW Digital</i>	
Amount (\$) <i>1,018.85</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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