

**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)
N/A

2 Total pages filed:
13

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mrs. Susanna M
NICKNAME LAST SUFFIX
Woody

OFFICE USE ONLY

Date Received
2017 JUL 17 PM 3:51
BANK DEPOSITORY
COUNTY CLERK
TRAVIS COUNTY, TEXAS
Date Hand-delivered or Date Postmarked

FILED FOR RECORD

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
7433 Montezuma St., Austin, TX 78744

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 573-9202

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mr. Xaq
NICKNAME LAST SUFFIX
Webb

Receipt # Amount \$
Date Processed
Date Imaged

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
10506 Glass Mountain Trail, Austin, TX 78750

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 217-3399

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
1 / 1 / 2017 THROUGH 6 / 30 / 2017

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
3 / 6 / 2018 General Special

12 OFFICE

OFFICE HELD (if any)
Trustee, Del Valle ISD

13 OFFICE SOUGHT (if known)

Travis County Commissioner,
PCT 4

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME
Susanna Woody

15 Filer ID (Ethics Commission Filers)
N/A

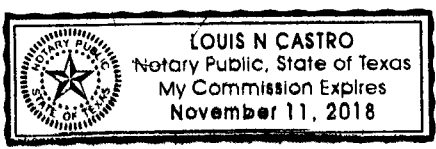
16 NOTICE FROM POLITICAL COMMITTEE(S)

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"/> Additional Pages | <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | 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 | \$ 472.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 2,400.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 233.01 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 475.57 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 1,813.36 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susanna Woody, this the 17th day of July, 2017, to certify which, witness my hand and seal of office.

[Handwritten Signature] LOUIS N. CASTRO
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

Susanna Woody

20 Filer ID (Ethics Commission Filers)

N/A

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | |
|-----|---|-------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1,811.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 117.00 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0 |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ 0 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 242.56 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0 |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0 |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 0 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0 |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
8

2 FILER NAME
Susanna Woody

3 Filer ID (Ethics Commission Filers)
N/A

4 Date
5/31/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Clarence Conner

7 Amount of contribution (\$)
\$50.00

6 Contributor address; City; State; Zip Code
103 Edison Dr., Hutto, TX 78634

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
5/6/17

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

Amount of contribution (\$)
\$18.00

Contributor address; City; State; Zip Code
600 S. 1st #108, Austin, TX 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/6/17

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

Amount of contribution (\$)
\$27.00

Contributor address; City; State; Zip Code
600 S. 1st #108, Austin, TX 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/30/17

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

Amount of contribution (\$)
\$60.00

Contributor address; City; State; Zip Code
409 E William Cannon #175
Austin, TX 78745

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
8

2 FILER NAME
Susanna Woody

3 Filer ID (Ethics Commission Filers)
N/A

4 Date
5/18/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Barbara Fetonte

7 Amount of contribution (\$)
\$250.00

6 Contributor address; City; State; Zip Code
8301 Washita Dr., Austin, TX 78749

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
6/30/17

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
8301 Washita Dr., Austin, TX 78749

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/30/17

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
9220 Edwardson Lane, Austin, TX 78749

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/11/17

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

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
1103 Enfield Rd., Austin, TX 78703

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
8

2 FILER NAME
Susanna Woody

3 Filer ID (Ethics Commission Filers)
N/A

4 Date
5/31/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Sharon Gillespie

7 Amount of contribution (\$)
\$36.00

6 Contributor address; City; State; Zip Code
1103 Enfield Rd., Austin, TX 78703

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
6/30/17

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

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
1103 Enfield Rd., Austin, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/31/17

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

Amount of contribution (\$)
\$36.00

Contributor address; City; State; Zip Code
1011 Oak Meadow,
Dripping Springs, TX 78620

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/30/17

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

Amount of contribution (\$)
\$41.00

Contributor address; City; State; Zip Code
1011 Oak Meadow,
Dripping Springs, TX 78620

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
8

2 FILER NAME
Susanna Woody

3 Filer ID (Ethics Commission Filers)
N/A

4 Date
5/31/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Matthew Krausse

7 Amount of contribution (\$)
\$50.00

6 Contributor address; City; State; Zip Code
4017 Victory Dr. Apt 209, Austin, TX 78704

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

6/30/17

Savannah Ledesma

\$50.00

Contributor address; City; State; Zip Code
128 Rock Mount Dr., Del Valle, TX 78617

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

6/30/17

Maryann Ledesma

\$80.00

Contributor address; City; State; Zip Code
128 Rock Mount Dr., Del Valle, TX 78617

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

5/21/17

Jane Miller

\$100.00

Contributor address; City; State; Zip Code
13817 FM 812, Del Valle, TX 78617

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
8

2 FILER NAME
Susanna Woody

3 Filer ID (Ethics Commission Filers)
N/A

4 Date
6/30/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Jane Miller

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
13817 FM 812, Del Valle, TX 78617

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
6/29/17

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

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
4004 Silverspring Dr., Austin, TX 78759

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/31/17

Full name of contributor out-of-state PAC (ID#: _____)
Julie Ann Nitsch

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
5603 Berry Hill Dr., Austin, TX 78745

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/30/17

Full name of contributor out-of-state PAC (ID#: _____)
Julie Ann Nitsch

Amount of contribution (\$)
\$32.00

Contributor address; City; State; Zip Code
5603 Berry Hill Dr., Austin, TX 78745

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
8

2 FILER NAME
Susanna Woody

3 Filer ID (Ethics Commission Filers)
N/A

4 Date
6/30/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Jesus Pantel

7 Amount of contribution (\$)
\$113.00

6 Contributor address; City; State; Zip Code
401 Little Texas Lane #1625, Austin, TX 78745

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
6/1/17

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
6705 Walebridge Ln., Austin, TX 78739

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/22/17

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
2430 Cromwell Cr. #1105,
Austin, TX 78741

\$72.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/31/17

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
2902 Oaklane Dr., Austin, TX 78704

\$50.00

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
8

2 FILER NAME
Susanna Woody

3 Filer ID (Ethics Commission Filers)
N/A

4 Date
5/20/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Steve Voytowich

7 Amount of contribution (\$)
\$27.00

6 Contributor address; City; State; Zip Code
9803 Nightjar Dr., Austin, TX 78748

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
6/30/17

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

Amount of contribution (\$)
\$30.00

Contributor address; City; State; Zip Code
9803 Nightjar Dr., Austin, TX 78748

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/6/17

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

Amount of contribution (\$)
\$37.00

Contributor address; City; State; Zip Code
5112 South 1st Street #251,
Austin, TX 78745

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/6/17

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

Amount of contribution (\$)
\$27.00

Contributor address; City; State; Zip Code
5112 South 1st Street #251,
Austin, TX 78745

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
8

2 FILER NAME
Susanna Woody

3 Filer ID (Ethics Commission Filers)
N/A

4 Date
5/11/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Roy Woody

7 Amount of contribution (\$)
\$50.00

6 Contributor address; City; State; Zip Code
7433 Montezuma St., Austin, TX 78744

8 Principal occupation / Job title (See Instructions)

9 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 out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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 Susanna Woody | | 3 Filer ID (Ethics Commission Filers) N/A | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 0 | |
| 5 Date 6/30/17 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie Ann Nitsch | 8 Amount of Contribution \$ \$57.00 | 9 In-kind contribution description Photographs for Silent Auction |
| 7 Contributor address; City; State; Zip Code 5603 Berry Hill Dr, Austin TX 78745 | | <input type="checkbox"/> 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 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 6/30/17 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xaq Webb | Amount of Contribution \$ \$60.00 | In-kind contribution description Memorabilia & Tees for Auction |
| Contributor address; City; State; Zip Code 10506 Glass Mtn Trl, Austin TX 78750 | | <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) | | | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | | |

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 Susanna Woody | 3 Filer ID (Ethics Commission Filers) N/A |
|--|--------------------------------------|---|

| | |
|-------------------------|--|
| 4 Date 6/7/17 | 5 Payee name American Printing & Mailing |
|-------------------------|--|

| | |
|----------------------------------|--|
| 6 Amount (\$) \$100.13 | 7 Payee address; City; State; Zip Code 1606 Headway Circle, Austin, TX 78754 |
|----------------------------------|--|

| | | |
|---|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing 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 Business Cards |
|---|---|--|

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-----------------|-------------------------|
| Date 6/30/17 | Payee name Jalisco's |
|-----------------|-------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$142.43 | Payee address; City; State; Zip Code 6601 S Congress Ave, Austin, TX 78745 |
|-------------------------|---|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser |
|-------------------------------|---|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| 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 |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED