

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM JC/OH  
COVER SHEET PG 1**

9329

The JC/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

13

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR  FIRST MI A  
 Elisabeth A  
 NICKNAME LAST SUFFIX  
 Earle

**OFFICE USE ONLY**

Date Received 09 JUN 14 PM 5:12  
 Date Hand-delivered or Date Postmarked  
 Receipt # Amount \$  
 Date Processed  
 Date Imaged

FILED FOR RECORD

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 P.O. Box 29432  
 Austin Texas 78757

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (512) 659-3365

6 CAMPAIGN TREASURER NAME

MS / MRS / MR  FIRST MI  
 Mack Ray  
 NICKNAME LAST SUFFIX  
 Hernandez

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
 901 S. Mopac Expy  
 Unit 300  
 Austin Texas 78746

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (512) 477-9433

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 / 18 THROUGH 7 / 1 / 18

11 ELECTION

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

12 OFFICE

OFFICE HELD (if any)  
 Travis County Court at Law Judge #7

13 OFFICE SOUGHT (if known)  
 Travis County Court at Law #7 Judge

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

14 JC/OH NAME Elisabeth Earle

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  
 GENERAL  
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$           

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 250.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$           

4. TOTAL POLITICAL EXPENDITURES

\$ 2447.75

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 34,098.75

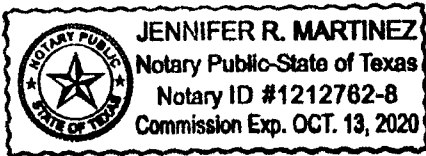
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$           

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 18, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Elisabeth Earle  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Elisabeth Earle, this the 14<sup>th</sup> day of January, 2019, to certify which, witness my hand and seal of office.

Jennifer R. Martinez Jennifer R. Martinez Judicial Aide  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**SUBTOTALS - JC/OH**

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

19 FILER NAME

*Elisabeth Earle*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ <i>250</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2447<sup>75</sup></i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>887</i>

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The instruction Guide explains how to complete this form.

<b>2</b> FILER NAME		<b>1</b> Total pages Schedule A(J)1:	
Elisabeth Eule		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date	<b>5</b> Full name of contributor	<input type="checkbox"/> out-of-state PAC ID#:	<b>7</b> Amount of contribution (\$)
1/17/18			100
<b>6</b> Contributor address;		City; State; Zip Code	
Contributor's principal occupation		<b>9</b> Contributor's job title	
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$)
2/18/18	AFSCME VOTE		250
Contributor address;		City; State; Zip Code	
Austin Texas 78771			
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$)
Contributor address;		City; State; Zip Code	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

**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:	2 FILER NAME <i>Elizabeth Earbe</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1/27/18</i>	5 Payee name <i>Mail Chimp</i>	
6 Amount (\$) <i>65</i>	7 Payee address; City; State; Zip Code <i>675 Ponce de Leon Ave. NE Ste. 5000 Atlanta GA 30308</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>other mailing expense email 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/8/18</i>	Payee name <i>Austin American Statesman</i>	
Amount (\$) <i>47<sup>99</sup></i>	Payee address; City; State; Zip Code <i>305 S. Congress Austin Texas 78704</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>other office overhead subscription</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/12/18</i>	Payee name <i>USPS</i>	
Amount (\$) <i>150<sup>00</sup></i>	Payee address; City; State; Zip Code <i>PO Box 48040701 Austin Texas / 3575 Fair West Blvd Austin Texas 78731</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office overhead other: PO Box rental</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 ONLY 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

# 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:		2 FILER NAME <i>Elisabeth Earle</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>2/15/18</i>		5 Payee name <i>West Austin News</i>			
6 Amount (\$) <i>45<sup>00</sup></i>		7 Payee address; City; State; Zip Code <i>5511 Parkcrest Drive Ste. 100 Austin Texas</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Office overhead Other: subscription</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
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Date <i>2/22/18</i>		Payee name <i>Travis County Democratic Party</i>			
Amount (\$) <i>1000<sup>00</sup></i>		Payee address; City; State; Zip Code <i>1311 E. 6<sup>th</sup> Street Austin Texas 78702</i>			

PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Contributor's Finance Council</i>		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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Date <i>2/27/18</i>		Payee name <i>MailChimp</i>			
Amount (\$) <i>60<sup>00</sup></i>		Payee address; City; State; Zip Code <i>675 Ponce de Leon Ave. NE Ste 500 Atlanta GA 30308</i>			

PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Other mail/email 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	
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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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# 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:	2 FILER NAME <i>Elisha Earle</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/5/18</i>	5 Payee name <i>Esther's Tavern</i>	
6 Amount (\$) <i>111<sup>00</sup></i>	7 Payee address; City; State; Zip Code <i>922 W. 12<sup>TH</sup> ST, Austin Texas 78707</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food expense Dwi Court Team</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Elisha Earle</i>	Office sought	Office held
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Date <i>3/8/18</i>	Payee name <i>Tawla</i>
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Amount (\$) <i>45<sup>00</sup></i>	Payee address; City; State; Zip Code <i>P.O. Box 684683 Austin Texas 78768-4683</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contributions Dues</i>	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/8/18</i>	Payee name <i>Austi America Statesman</i>
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Amount (\$) <i>49<sup>99</sup></i>	Payee address; City; State; Zip Code <i>307 S. Congress Austin Texas 78704</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other office overhead Subscription</i>	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 ONLY 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/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>Elizabeth Earle</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/9/18</i>	5 Payee name <i>Randall's Store</i>		
6 Amount (\$) <i>82<sup>17</sup></i>	7 Payee address; City; State; Zip Code <i>5311 Balcones Dr. Austin Texas 78731</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>food expense Candy Cont at Law #7 Staff</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought      Office held

Date <i>3/9/18</i>	Payee name <i>Tiff's Treats</i>		
Amount (\$) <i>50<sup>01</sup></i>	Payee address; City; State; Zip Code <i>1806 Nueces St. Austin Texas 78701</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>food expense Staff appreciation Candy Cont at Law #7 Staff</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought      Office held

Date <i>2/55<sup>51</sup></i>	Payee name <i>Go Daddy</i>		
Amount (\$) <i>4/4/18</i>	Payee address; City; State; Zip Code <i>14455 N. Hayden Rd Scottsdale AZ 85260</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>web hosting email</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 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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking Expense   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Elisabeth Earle</i>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <i>4/9/18</i>	<b>5</b> Payee name <i>A.A Statesman</i>				
<b>6</b> Amount (\$) <i>49<sup>99</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>305 S. Congress Austin Texas 78704</i>				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Other office overhead Subscription</i>	<b>(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			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>4/29/18</i>	Payee name <i>Tiff's Treats</i>				
Amount (\$) <i>66<sup>87</sup></i>	Payee address; City; State; Zip Code <i>1806 Nueces St. Austin Texas 78701</i>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>food expense Staff birthday Cant Cant at law #7</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>5/1/18</i>	Payee name <i>Women's Storybook Project</i>				
Amount (\$) <i>100<sup>00</sup></i>	Payee address; City; State; Zip Code <i>5524 Bee Cave Rd. Austin Texas 78746</i>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Contribution</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Edward Earle</i>	<b>3</b> Filer ID (Ethics Commission Filers)		
<b>4</b> Date <i>5/9/18</i>	<b>5</b> Payee name <i>AAS</i>			
<b>6</b> Amount (\$) <i>49<sup>99</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>305 S. Congress Aust Texas 78704</i>			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Other office overhead subscription</i>	<b>(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		
	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date <i>5/11/18</i>	Payee name <i>Texas Center for Judiciary</i>			
Amount (\$) <i>50<sup>00</sup></i>	Payee address; City; State; Zip Code <i>1210 San Antonio St. Aust Texas 78701</i>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Contributions</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date <i>6/10/18</i>	Payee name <i>AAS</i>			
Amount (\$) <i>49<sup>99</sup></i>	Payee address; City; State; Zip Code <i>305 S. Congress Aust Texas 78704</i>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Other office overhead subscription</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 6/25/18		<b>5</b> Payee name Costco			
<b>6</b> Amount (\$) 194 <sup>00</sup>		<b>7</b> Payee address; City; State; Zip Code 10401 Research Blvd Austin Texas 78759			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) food/beverage expenses staff - Cony Govt #7		<b>(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	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date 6/27/18		Payee name Travis County Democratic Party			
Amount (\$) 125 <sup>00</sup>		Payee address; City; State; Zip Code 1311 E. 6th Street Austin Texas 78702			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) contribution		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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**INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER**

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 2

2 FILER NAME

*Elisabeth Earl*

3 Filer ID (Ethics Commission Filers)

4 Date

*1/31/18*

5 Name of person from whom amount is received

*UFCU*

6 Address of person from whom amount is received; City; State; Zip Code

*3305 Steck Avenue  
Aubrey Texas 78757*

8 Amount (\$)

*156*

7 Purpose for which amount is received

*interest*

Check if political contribution returned to filer

Date

*2/28/18*

Name of person from whom amount is received

*UFCU*

Address of person from whom amount is received; City; State; Zip Code

*3305 Steck Avenue  
Aubrey Texas 78757*

Amount (\$)

*141*

Purpose for which amount is received

*interest*

Check if political contribution returned to filer

Date

*3/31/18*

Name of person from whom amount is received

*UFCU*

Address of person from whom amount is received; City; State; Zip Code

*3305 Steck Avenue  
Aubrey Texas 78757*

Amount (\$)

*157*

Purpose for which amount is received

*interest*

Check if political contribution returned to filer

Date

*4/30/18*

Name of person from whom amount is received

*UFCU*

Address of person from whom amount is received; City; State; Zip Code

*3305 Steck Avenue  
Aubrey Texas 78757*

Amount (\$)

*146*

Purpose for which amount is received

*interest*

Check if political contribution returned to filer

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**SCHEDULE K**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule K: 2

2 FILER NAME Elisabeth Ealy 3 Filer ID (Ethics Commission Filers)

4 Date <u>5/31/18</u>	5 Name of person from whom amount is received <u>UFCU</u> 6 Address of person from whom amount is received; City; State; Zip Code <u>3305 Steck Avenue</u> <u>Austin Texas 78757</u>	8 Amount (\$) <u>1 49</u>
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <u>interest</u>		

Date <u>6/30/18</u>	Name of person from whom amount is received <u>UFCU</u> Address of person from whom amount is received; City; State; Zip Code <u>3305 Steck Avenue</u> <u>Austin Texas 78757</u>	Amount (\$) <u>1 44</u>
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

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