

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

9330

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST Elisabeth MI A NICKNAME LAST SUFFIX Earle	OFFICE USE ONLY Date Received 2019 JAN 14 PM 5:13 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 29432 Austin Texas 78755		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 659-3365		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST Mack MI 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	<input checked="" type="checkbox"/> January 15 <input 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 THROUGH Month Day Year 7 / 1 / 18 12 / 31 / 18		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Travis County Court at Law # 7 Judge	OFFICE SOUGHT (if known) Travis County Court at Law # 7 Judge	

FILED FOR RECORD

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

14 JC/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

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)

\$ 100⁰²

EXPENDITURE
TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 2340⁵⁶

CONTRIBUTION
BALANCE

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

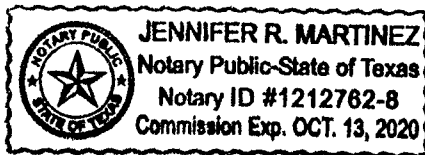
\$ 31,966⁸¹

OUTSTANDING
LOAN TOTALS

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

\$ —

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Elisabeth Earle
Signature of Candidate or Officeholder

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

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

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME <i>Elisabeth Earl</i>	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)	\$ 100
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	\$ 2346 ⁵⁰
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	\$ 8 ⁵⁸

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 1
2 FILER NAME <i>Elisabeth Earle</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/7/13</i>	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC ID#: _____ <i>Richard Pena</i>	7 Amount of contribution (\$) <i>100</i>
6 Contributor address; _____ City; _____ State; _____ Zip Code <i>Avon, Texas 78741</i>		
8 Contributor's principal occupation <i>Lawyer</i>		9 Contributor's job title <i>Lawyer</i>
10 Contributor's employer/law firm <i>Self of Richard Pena</i>		11 Law firm of contributor's spouse (if any)
12 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#: _____ Contributor address; _____ City; _____ State; _____ Zip Code	Amount of contribution (\$)
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#: _____ Contributor address; _____ City; _____ State; _____ Zip Code	Amount of contribution (\$)
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	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: <u>6</u>	2 FILER NAME <u>Elisabeth Earle</u>	3 Filer ID (Ethics Commission Filers)
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4 Date <u>7/3/18</u>	5 Payee name <u>USPS</u>
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6 Amount (\$) <u>96⁰⁰</u>	7 Payee address; City; State; Zip Code <u>3575 FarWest Blvd Aust Texas 78731</u>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Office overhead PO Box rental</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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <u>7/10/18</u>	Payee name <u>AAS</u>
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Amount (\$) <u>49⁰⁰</u>	Payee address; City; State; Zip Code <u>305 S. Congress Austin Texas 78704</u>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Office overhead subscription</u>	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 <u>7/12/18</u>	Payee name <u>NWS Pak Mail</u>
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Amount (\$) <u>84⁰⁰</u>	Payee address; City; State; Zip Code <u>5501 Balcones Dr. Aust Texas 78731</u>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Office overhead</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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>Discrete Earth</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>7/14/18</u>		5 Payee name <u>Travis County Democratic Party</u>			
6 Amount (\$) <u>181¹⁸</u>		7 Payee address; City; State; Zip Code <u>1311 E. 6th Street Austin Texas 78702</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>food expenses for interns</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
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Date <u>7/26/18</u>		Payee name <u>National Women Political Caucus</u>			
Amount (\$) <u>1⁰²</u>		Payee address; City; State; Zip Code <u>P.O. Box 65010 Washington DC 20035</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>contribution membership dues</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
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Date <u>8/14/18</u>		Payee name <u>National Women Political Caucus</u>			
Amount (\$) <u>65⁰⁰</u>		Payee address; City; State; Zip Code <u>P.O. Box 65010 Washington DC 20035</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>contribution membership dues</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
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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: <u>6</u>		2 FILER NAME: <u>Elisabeth Earle</u>		3 Filer ID (Ethics Commission Filers)	
4 Date: <u>8/10/18</u>		5 Payee name: <u>AAS</u>			
6 Amount (\$): <u>49⁹⁹</u>		7 Payee address; City; State; Zip Code: <u>305 S. Congress Austin Texas 78704</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule): <u>office overhead subscription</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>8/12/18</u>		Payee name : <u>Tuff's Treats</u>			
Amount (\$) : <u>16⁰⁰</u>		Payee address; City; State; Zip Code : <u>1806 Nueces St, Austin Texas 78701</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule): <u>food expense / staff birthday</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>8/18/18</u>		Payee name : <u>AAS</u>			
Amount (\$) : <u>49⁹⁹</u>		Payee address; City; State; Zip Code : <u>305 S. Congress Austin Texas 78704</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule): <u>office overhead subscription</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/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: 6	2 FILER NAME Chisabeth Earle	3 Filer ID (Ethics Commission Filers)
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4 Date 9/12/18	5 Payee name Go Daddy
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6 Amount (\$) 115 ⁰⁰	7 Payee address; City; State; Zip Code 14455 N. Hayden Rd. Scottsdale AZ 85260
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) web hosting email	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/18/18	Payee name Go Daddy
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Amount (\$) 63 ⁸³	Payee address; City; State; Zip Code 14455 N. Hayden Rd. Scottsdale AZ 85260
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) web hosting email	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 10/9/18	Payee name AAS
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Amount (\$) 49 ⁹²	Payee address; City; State; Zip Code 305 S. Congress Austin Texas 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office overhead Subscription	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: <i>6</i>	2 FILER NAME <i>Elisabeth Earle</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1/6/18</i>	5 Payee name <i>AA&</i>	
6 Amount (\$) <i>49⁹⁹</i>	7 Payee address; City; State; Zip Code <i>305 S. Congress Austin Texas 78704</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Office overhead Subscriptions</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>12/4/18</i>	Payee name <i>AA&</i>	
Amount (\$) <i>49⁹⁹</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>Office overhead Subscriptions</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>12/5/18</i>	Payee name <i>Capitol</i>	
Amount (\$) <i>76²¹</i>	Payee address; City; State; Zip Code <i>1400 Congress Ave. Austin Texas 78701</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>gift expense for court employees</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 | 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: <u>6</u>	2 FILER NAME: <u>Elisabeth Earle</u>	3 Filer ID (Ethics Commission Filers)
4 Date: <u>12/23/18</u>	5 Payee name: <u>Best Buy</u>	
6 Amount (\$): <u>1093³⁰</u>	7 Payee address: <u>9607 Research Blvd</u> <u>Aust. Texas 78759</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <u>office overhead</u> <u>telephone equipment</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>12/29/18</u>	Payee name: <u>The UT Clubs</u>	Office held: _____
Amount (\$): <u>199¹¹</u>	Payee address: <u>2108 Robert Bedmar Drive</u> <u>Aust. Texas 78712</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <u>food expense</u> <u>cafe staff</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>12/31/18</u>	Payee name: <u>AAS</u>	Office held: _____
Amount (\$): <u>49⁹⁹</u>	Payee address: <u>305 S. Congress</u> <u>Aust. Texas 78704</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <u>office overhead</u> <u>subscriptions</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

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 Earle 3 Filer ID (Ethics Commission Filers)

4 Date <u>7/31/18</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>147</u>
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <u>interest</u>		

Date <u>8/31/18</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>146</u>
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <u>interest</u>		

Date <u>9/30/18</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>140</u>
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <u>interest</u>		

Date <u>10/31/18</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>144</u>
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <u>interest</u>		

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: <i>2</i>
2 FILER NAME	3 Filer ID (Ethics Commission Filers)

4 Date <i>11/30/18</i>	5 Name of person from whom amount is received <i>UFCU</i>	8 Amount (\$) <i>39</i>
	6 Address of person from whom amount is received; City; State; Zip Code <i>3305 Steck Avenue Aubrey Texas 78757</i>	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <i>interest</i>	

Date <i>12/31/18</i>	Name of person from whom amount is received <i>UFCU</i>	Amount (\$) <i>42</i>
	Address of person from whom amount is received; City; State; Zip Code <i>3305 Steck Avenue Aubrey Texas 78757</i>	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <i>interest</i>	

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 <input type="checkbox"/> 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 <input type="checkbox"/> Check if political contribution returned to filer	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED