

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
--------------	--

16 NOTICE FROM POLITICAL COMMITTEE(S)

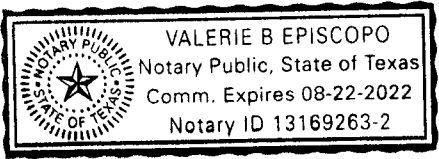
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME LIZ FOR STRUFF CAMPAIGN
	COMMITTEE ADDRESS P.O. Box 4051 LAGO VISTA, TX 78645	
	COMMITTEE CAMPAIGN TREASURER NAME MARTHA PINCOFFS	
	COMMITTEE CAMPAIGN TREASURER ADDRESS 4203 BEADWOOD RD AUSTIN TX 78722	

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 26,349.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 23,668.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2680.62
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.



AFFIX NOTARY STAMP / SEAL ABOVE

Elizabeth Donegan

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Elizabeth Donegan, this the 24th day of February, 20 20, to certify which, witness my hand and seal of office.

Val

Signature of officer administering oath

Valerie B Episcopo

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>ELIZABETH M. DONLON</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2565.20
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 395.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1815.00
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 529.90
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

ELIZABETH H. DOWEN

3 Filer ID (Ethics Commission Filers)

4 Date

02-01-20

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

BUSH LABO

6 Contributor address; City; State; Zip Code

2009 E. 14TH
DUSTON, TX 78746

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

SALES MANAGER

9 Employer (See Instructions)

OLBOTA

Date

02-01-20

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

KATHARINE AMMAN VETTER

Contributor address; City; State; Zip Code

5108 DULL KNIFE
DUSTON, TX 78759

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

TEACHER

Employer (See Instructions)

CONTEMPORARY ARTS

Date

02-04-20

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

MICHELLE BASSETT

Contributor address; City; State; Zip Code

804 CANYON CREEK
WESTLAKE HILLS, TX 78746

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

NOT EMPLOYED

Employer (See Instructions)

Date

02-15-20

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

PETER MORIN

Contributor address; City; State; Zip Code

3512 PACE BOND RD
S.O. WOODS, TX 78669

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

SELF

Employer (See Instructions)

SELF

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

ELIZABETH M. DOWEN

3 Filer ID (Ethics Commission Filers)

4 Date

02-04-20

5 Full name of contributor

ANTHONY SWITZER

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

7 Amount of contribution (\$)

25.00

6 Contributor address;

2504 BAHAMA
AUSTIN, TX 78735

City:

State:

Zip Code

8 Principal occupation / Job title (See Instructions)

NOT EMPLOYED

9 Employer (See Instructions)

Date

02-05-2020

Full name of contributor

TAVAN PECIET

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

Amount of contribution (\$)

500.00

Contributor address;

218 MAIN ST # 780
KIRKLAND, WA 98033

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

CONSULTANT

Employer (See Instructions)

PECIET ADVISORS

Date

02-05-20

Full name of contributor

DAN MINNIS

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

Amount of contribution (\$)

10.00

Contributor address;

4412 SPICEWOOD SPRINGS RD #500
AUSTIN TX 78759

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

DAN MINNIS LAW

Date

02-07-20

Full name of contributor

MATT SMITH

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

Amount of contribution (\$)

250.00

Contributor address;

200 CONGRESS AVE
AUSTIN TX 78701

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

MEDICAL ED COORDINATOR

Employer (See Instructions)

ANTHRO CARE

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

EMILY M. JOSEPH

3 Filer ID (Ethics Commission Filers)

4 Date

02-08-20

5 Full name of contributor

N. COLE SARKAK

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

7 Amount of contribution (\$)

250.00

6 Contributor address:

2804 S. JULESSA CIRCLE
HOUSTON, TX 77057

City:

State:

Zip Code

8 Principal occupation / Job title (See Instructions)

MANAGER

9 Employer (See Instructions)

DRIVE A SERVICE TX

Date

02-08-20

Full name of contributor

MARY A. JOSEPH

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

Amount of contribution (\$)

100.00

Contributor address:

1236 N. WILKINSON CIRCLE
PEARLAND, TX 77581

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

NOT EMPLOYED

Employer (See Instructions)

Date

02-10-20

Full name of contributor

MELITA ALONSO

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

Amount of contribution (\$)

10.00

Contributor address:

13601 WETLI LN
DRAWCOWILLE, TX 78660

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

CONSUMER ANALYST

Employer (See Instructions)

DEPT OF TREASURY

Date

02-11-20

Full name of contributor

SONNIFER THOMPSON

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

Amount of contribution (\$)

20.20

Contributor address:

P.O. BOX 12108 NCO 68
HOUSTON, TX 77211

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

NOT EMPLOYED

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:

2 FILER NAME

ELIZABETH M. DALTON

3 Filer ID (Ethics Commission Filers)

4 Date

2-17-20

5 Full name of contributor

HORTON OLSON

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

7 Amount of contribution (\$)

50.00

6 Contributor address;

6100 CRIFTON PL
AUSTIN, TX 78749

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

NOT EMPLOYED

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:

2 FILER NAME

ENZO BETH M. DOWEN

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

02-01-20

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

CAROLINE BASSETT

7 Contributor address; City; State; Zip Code

806 Canyon Creek Dr
Westlake Hills TX 78746

8 Amount of Contribution \$

60.00

9 In-kind contribution description

DRINKS
TACOS

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

COPYWRITER

11 Employer (FOR NON-JUDICIAL) (See Instructions)

SELF EMPLOYED

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

02-01-20

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

Humbory Allen

Contributor address; City; State; Zip Code

2300 CHALK KNOLL DR
AUSTIN TX 78735

Amount of Contribution \$

73.00

In-kind contribution description

DRINKS
TACOS

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

CONSELER

Employer (FOR NON-JUDICIAL) (See Instructions)

SELF

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

ELIZABETH M. DOBBA

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

02-01-20

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

HANNA SONKO

7 Contributor address: City: State: Zip Code

806 Canyon Creek Dr
WESTLAKE HILLS, TX 78746

8 Amount of Contribution \$

100.00

9 In-kind contribution description

DRINKS
TACOS

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

NOT EMPLOYED

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

02-01-20

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

MICHELLE BASSOT

Contributor address: City: State: Zip Code

804 Canyon Creek Dr
WESTLAKE HILLS, TX 78746

Amount of Contribution \$

60.00

In-kind contribution description

DRINKS
TACOS

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

NOT EMPLOYED

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

ELIZABETH M. DOWEEN

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

02-04-20

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

KYLE DECKER

7 Contributor address: _____ City: _____ State: _____ Zip Code _____

306 W. 16TH ST
AUSTIN, TX 78701

8 Amount of Contribution \$

40.00

9 In-kind contribution description

VIDEO RECORDING

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Video Producer

11 Employer (FOR NON-JUDICIAL) (See Instructions)

CITEZ BOOM

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

02-01-20

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

SARAH ROY

Contributor address: _____ City: _____ State: _____ Zip Code _____

8901 CHALK KNOLL
AUSTIN TX 78735

Amount of Contribution \$

60.00

In-kind contribution description

FOOD ITEMS
(TACOS / DRINKS)

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

FOUNDER

Employer (FOR NON-JUDICIAL) (See Instructions)

PRO BONO SPEAKS

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	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 ELIZABETH H. DOWEN	3 Filer ID (Ethics Commission Filers)
4 Date 2-18-20	5 Payee name SINGLETON CONSULTING	
6 Amount (\$) 1500.00	7 Payee address: City: State: Zip Code 1747 BISCAYNE BAY CIRCLE JACKSONVILLE, FL 33218	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description MAINTAINING FB ACCOUNTS
	(c) <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 LIZ DOWEN	Office sought TRAVIS COUNTY SHERIFF
Date 2-18-20	Payee name DERWIN GOS	
Amount (\$) 315.00	Payee address: City: State: Zip Code 6410 PONCA ST AUSTIN, TX 78741	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description SETTING UP CAMPAIGN SIGNS
	<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 LIZ DOWEN	Office sought TRAVIS COUNTY SHERIFF
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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
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 G:	2 FILER NAME <i>ELIZABETH H. DONEGAN</i>	3 Filer ID (Ethics Commission Filers)
---------------------------	---	---------------------------------------

4 Date <i>1-27-20</i>	5 Payee name <i>FACEBOOK</i>
--------------------------	---------------------------------

6 Amount (\$) <i>299.90</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: <i>1601 S CALIFORNIA AVE</i> <i>PALO ALTO, CA 94304</i>	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 <i>FACEBOOK ADS</i>
	(c) <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>LIZ DONEGAN</i>	Office sought <i>TRAVIS COUNTY SHERIFF</i>	Office held
---	---	---	-------------

Date <i>1-27-20</i>	Payee name <i>FACEBOOK</i>
------------------------	-------------------------------

Amount (\$) <i>12.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: <i>1601 S CALIFORNIA AVE</i> <i>PALO ALTO, CA 94304</i>	City:	State:	Zip Code
--	--	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>FACEBOOK ADS</i>
	<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 <i>LIZ DONEGAN</i>	Office sought <i>TRAVIS COUNTY SHERIFF</i>	Office held
---	---	---	-------------

Date <i>2-11-20</i>	Payee name <i>FACEBOOK</i>
------------------------	-------------------------------

Amount (\$) <i>200.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: <i>1601 S CALIFORNIA AVE</i> <i>PALO ALTO, CA 94304</i>	City:	State:	Zip Code
--	--	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>FACEBOOK AD</i>
	<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 <i>LIZ DONEGAN</i>	Office sought <i>TRAVIS COUNTY SHERIFF</i>	Office held
---	---	---	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
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 G:	2 FILER NAME <i>ELIZABETH M. DONEGAN</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-17-20</i>	5 Payee name <i>FACEBOOK</i>	
6 Amount (\$) <i>128.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>1601 S. CALIFORNIA AVE PALO ALTO, CA 94304</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>FACEBOOK ADS</i>
	<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	Payee name	City; State; Zip Code
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	
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

Date	Payee name	City; State; Zip Code
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	
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