

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

9617

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID sheri@sherifortexas.com	2 Total pages filed: 16	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Sheri	MI	<b>OFFICE USE ONLY</b> Date Received 2020 FEB 24 PM 3:30 FILED FOR RECORD CLERK TRAVIS COUNTY TEXAS Date Hand Delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST Soltes	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 4803 Rutherglen Drive Austin, TX 78749-3744			ZIP CODE
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MICHAEL	MI H		
	NICKNAME LAST HOGAN	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); 2525 Wallingwood Drive	APT / SUITE #; Building 6, Suite 602	CITY; Austin STATE; TX ZIP CODE 78746	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION 512 - 328 - 2094			
8 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 01/24/2020	THROUGH	Month Day Year 02/22/2020	
10 ELECTION	ELECTION DATE Month Day Year 03/03/2020	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) None	12 OFFICE SOUGHT (if known) Democratic Candidate for Travis County Commissioner Pct. 3 Place Pct 3 District Travis Co		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 16

13 C / OH NAME Soltes, Sheri 14 Filer ID sheri@sherifortexas.com

15 NOTICE FROM POLITICAL COMMITTEE(S)  
 Additional Pages

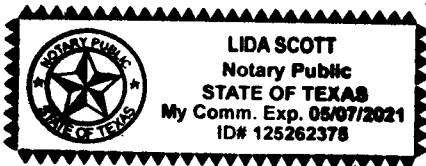
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

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

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,637.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,376.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 444.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000.00

17 AFFADAVIT

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

Sheri Soltes  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Sheri Soltes, this the 24 day of February, 2020, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering  
Lida Scott Printed name of officer administering  
Notary Title of officer administering oath

# SUBTOTALS - C/OH

<b>18 FILER NAME</b> Soltes, Sheri		<b>19 Filer ID</b> sheri@sherifortexas.com
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,637.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 6,376.35
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/4 Rpt: 4/16
<b>2</b> FILER NAME Soltes, Sheri		<b>3</b> Filer ID sherif@sherifortexas.com
<b>4</b> Date 02/16/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adam, Lozano <hr/> <b>6</b> Contributor address; City; State; Zip Code 2401 Aldrich St. Apt. 124  Austin, TX 78723	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) AMLI Residential		<b>9</b> Employer (See Instructions) apt manager
Date 01/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Douglas <hr/> Contributor address; City; State; Zip Code 6404 Oasis Drive  Austin, TX 78749	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric, Jacobsen <hr/> Contributor address; City; State; Zip Code 10200 Rocking Horse Road  Austin, TX 78748	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Catapult Systems		Employer (See Instructions) Consultant
Date 01/26/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederic, Mann <hr/> Contributor address; City; State; Zip Code 4112 Lawless St None  AUSTIN, TX 78723	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Omni		Employer (See Instructions) Starter
Date 02/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary, Thomas <hr/> Contributor address; City; State; Zip Code 3104 Lynridge Drive  Austin, TX 78723	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/16
2 FILER NAME Soltes, Sheri		3 Filer ID sheri@sherifortexas.com
4 Date 02/17/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg, Wooldridge	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code 501 Rocky River Road  Austin, TX 78746	
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Investor
Date 01/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IMRAN, BAQAI	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 5917 Cape Coral Drive  Austin, TX 78746	
Principal occupation / Job title (See Instructions) Broadcom Ltd		Employer (See Instructions) Engineer
Date 02/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janet, Caylor	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 418 Marina Village Cove  Austin, TX 78734	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim, Spencer	Amount of Contribution (\$) \$725.00
	Contributor address; City; State; Zip Code 1709 #A Elmurst Dr  Austin, TX 78741	
Principal occupation / Job title (See Instructions) KXAN		Employer (See Instructions) meteorologist
Date 02/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim, Spencer	Amount of Contribution (\$) \$611.00
	Contributor address; City; State; Zip Code 1709 #A Elmurst Dr  Austin, TX 78741	
Principal occupation / Job title (See Instructions) KXAN		Employer (See Instructions) meteorologist

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/4 Rpt: 6/16
<b>2</b> FILER NAME Soltes, Sheri		<b>3</b> Filer ID sheri@sherifortexas.com
<b>4</b> Date 02/16/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim, Spencer	<b>7</b> Amount of Contribution (\$) \$1,436.00
<b>6</b> Contributor address; City; State; Zip Code 1709 #A Elmurst Dr  Austin, TX 78741		
<b>8</b> Principal occupation / Job title (See Instructions) KXAN		<b>9</b> Employer (See Instructions) meteorologist
Date 01/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jr, Jonas	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1710 buffalo gap road  Austin, TX 78734		
Principal occupation / Job title (See Instructions) UT austin		Employer (See Instructions) Research associate
Date 02/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen, Soltes	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 574 Horse Thief Lane  Durango, CO 81301		
Principal occupation / Job title (See Instructions) self		Employer (See Instructions) mental health provider
Date 02/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul, Harper	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 7905 Henry Kinney Row  Austin, TX 78749		
Principal occupation / Job title (See Instructions) Northeast Lakeview College		Employer (See Instructions) Musician/educator
Date 02/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray, Anderson	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 555 E 5th St Apt 801  Austin, TX 78701		
Principal occupation / Job title (See Instructions) Esther's Follies		Employer (See Instructions) Performer

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/4 Rpt: 7/16
<b>2</b> FILER NAME Soltes, Sheri		<b>3</b> Filer ID sheri@sherifortexas.com
<b>4</b> Date 02/16/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, Cook <hr/> <b>6</b> Contributor address; City; State; Zip Code 604 N. Bluff Dr. #218  Austin, TX 78745	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Rain on 4th		<b>9</b> Employer (See Instructions) club manager
Date 01/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve, Kush <hr/> Contributor address; City; State; Zip Code 1500 Wild Basin Ledge  Austin, TX 78746	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Consultant
Date 02/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) cory, crain <hr/> Contributor address; City; State; Zip Code 3604 enfield rd  austin, TX 78703	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Chemcore Industries		Employer (See Instructions) Wholesale importer
Date 02/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) sharon, brener <hr/> Contributor address; City; State; Zip Code 5202 Pocahontas  Bellaire, TX 77401	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) university of houston		Employer (See Instructions) social worker

# POLITICAL EXPENDITURES 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: Sch: 1/9 Rpt: 8/16		<b>2</b> FILER NAME Soltes, Sheri		<b>3</b> Filer ID sheri@sherifortexas.com	
<b>4</b> Date 02/18/2020		<b>5</b> Payee name ActBlue			
<b>6</b> Amount (\$) \$51.22		<b>7</b> Payee address; City; State; Zip Code PO Box 441146  Somerville, MA 02114			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<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 processing fees	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 01/28/2020		Payee name Austin Chronicle			
Amount (\$) \$611.00		Payee address; City; State; Zip Code 4000 N Interstate 35 Frontage Rd  Austin, TX 78751			
<b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<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 advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office held	
Date 02/12/2020		Payee name Austin Chronicle			
Amount (\$) \$611.00		Payee address; City; State; Zip Code 4000 N Interstate 35 Frontage Rd  Austin, TX 78751			
<b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<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 advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office held	



# POLITICAL EXPENDITURES 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: Sch: 2/9 Rpt: 9/16	<b>2</b> FILER NAME Soltes, Sheri	<b>3</b> Filer ID sheri@sherifortexas.com
<b>4</b> Date 02/21/2020	<b>5</b> Payee name Austin Chronicle	
<b>6</b> Amount (\$) \$825.00	<b>7</b> Payee address; City; State; Zip Code 4000 N Interstate 35 Frontage Rd  Austin, TX 78751	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<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 advertising
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought                      Office held
Date 01/24/2020	Payee name Brisco, Sean	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 6910 Twin Crest Dr  Austin, TX 78752	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<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 consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought                      Office held
Date 02/11/2020	Payee name Briscoe, Sean	
Amount (\$) \$420.00	Payee address; City; State; Zip Code 6910 Twin Crest Dr  Austin, TX 78752	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<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 transportation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES 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: Sch: 3/9 Rpt: 10/16	<b>2</b> FILER NAME Soltes, Sheri	<b>3</b> Filer ID sheri@sherifortexas.com
<b>4</b> Date 02/12/2020	<b>5</b> Payee name Briscoe, Sean	
<b>6</b> Amount (\$) \$8.97	<b>7</b> Payee address; City; State; Zip Code 6910 Twin Crest Dr  Austin, TX 78752	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<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 transportation
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought                      Office held
Date 02/12/2020	Payee name Briscoe, Sean	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 6910 Twin Crest Dr  Austin, TX 78752	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<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 transportation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought                      Office held
Date 02/13/2020	Payee name Briscoe, Sean	
Amount (\$) \$174.00	Payee address; City; State; Zip Code 6910 Twin Crest Dr  Austin, TX 78752	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<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 transportation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES 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.

<b>1</b> Total pages Schedule F1: Sch: 4/9 Rpt: 11/16	<b>2</b> FILER NAME Soltes, Sheri	<b>3</b> Filer ID sheri@sherifortexas.com
<b>4</b> Date 02/14/2020	<b>5</b> Payee name Briscoe, Sean	
<b>6</b> Amount (\$) \$42.81	<b>7</b> Payee address; City; State; Zip Code 6910 Twin Crest Dr  Austin, TX 78752	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<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 transportation
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/03/2020	Candidate/Officeholder name El Mercado South Austin	
Amount (\$) \$25.65	Office sought Austin, TX 78749	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<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 meal
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/03/2020	Candidate/Officeholder name Facebook	
Amount (\$) \$50.00	Office sought Menlo Park, CA 94025	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<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 advertising
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		

# POLITICAL EXPENDITURES 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: Sch: 5/9 Rpt: 12/16		<b>2</b> FILER NAME Soltes, Sheri		<b>3</b> Filer ID sheri@sherifortexas.com	
<b>4</b> Date 02/03/2020		<b>5</b> Payee name Facebook			
<b>6</b> Amount (\$) \$50.00		<b>7</b> Payee address; City; State; Zip Code 1601 Willow Rd  Menlo Park, CA 94025			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<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 advertising	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/03/2020		Payee name Facebook			
Amount (\$) \$50.00		Payee address; City; State; Zip Code 1601 Willow Rd  Menlo Park, CA 94025			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<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 advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/03/2020		Payee name Facebook			
Amount (\$) \$75.00		Payee address; City; State; Zip Code 1601 Willow Rd  Menlo Park, CA 94025			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<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 advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES 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: Sch: 6/9 Rpt: 13/16	<b>2</b> FILER NAME Soltes, Sheri	<b>3</b> Filer ID sheri@sherifortexas.com
<b>4</b> Date 02/03/2020	<b>5</b> Payee name Facebook	
<b>6</b> Amount (\$) \$75.00	<b>7</b> Payee address; City; State; Zip Code 1601 Willow Rd  Menlo Park, CA 94025	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<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 advertising
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought                      Office held
Date 02/04/2020	Payee name Facebook	
Amount (\$) \$125.00	Payee address; City; State; Zip Code 1601 Willow Rd  Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought                      Office held
Date 02/06/2020	Payee name Facebook	
Amount (\$) \$175.00	Payee address; City; State; Zip Code 1601 Willow Rd  Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES 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: Sch: 7/9 Rpt: 14/16	<b>2</b> FILER NAME Soltes, Sheri	<b>3</b> Filer ID sheri@sherifortexas.com
<b>4</b> Date 02/12/2020	<b>5</b> Payee name Facebook	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code 1601 Willow Rd  Menlo Park, CA 94025	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<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 advertising
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought                      Office held
Date 01/31/2020	Payee name Frost	
Amount (\$) \$9.00	Payee address; City; State; Zip Code POB 1727  Austin, TX 78749	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 service fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought                      Office held
Date 02/18/2020	Payee name Randalls	
Amount (\$) \$10.29	Payee address; City; State; Zip Code 6600 S MoPac Expy S,  Austin, TX 78749	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<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 meal
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES 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: Sch: 8/9 Rpt: 15/16	<b>2</b> FILER NAME Soltes, Sheri	<b>3</b> Filer ID sheri@sherifortexas.com
<b>4</b> Date 02/18/2020	<b>5</b> Payee name Starbucks	
<b>6</b> Amount (\$) \$2.87	<b>7</b> Payee address; City; State; Zip Code 6600 S MoPac Expy Ste 2100  Austin, TX 78749	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<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 meal
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 02/18/2020	Payee name Thompson Print Solutions	
Amount (\$) \$1,912.91	Payee address; City; State; Zip Code 1011 N Frio St,  San Antonio, TX 78207	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<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 advertising signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 02/03/2020	Payee name Torchy's Tacos	
Amount (\$) \$15.20	Payee address; City; State; Zip Code 4301 W William Cannon Dr G-400, Austin, TX 78749  Austin, TX 78749	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<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 meal
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# POLITICAL EXPENDITURES 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: Sch: 9/9 Rpt: 16/16	<b>2</b> FILER NAME Soltes, Sheri	<b>3</b> Filer ID sheri@sherifortexas.com
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<b>4</b> Date 01/31/2020	<b>5</b> Payee name White, Damion
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<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code 3907 Danli Lane  Austin, TX 78749
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<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 advetising
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/03/2020	Payee name Yanagi
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Amount (\$) \$16.43	Payee address; City; State; Zip Code 4404 W William Cannon Dr, Austin, TX 78749  Austin, TX 78749
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<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 meal
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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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