



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME **Farha Ahmed** 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.

GENERAL

SPECIFIC

Additional Pages

COMMITTEE TYPE

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

|                         |   |             |
|-------------------------|---|-------------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 54.00    |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 860.00   |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ /        |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 5806.89  |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$          |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 5,000.00 |

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.

*F Ahmed*  
Signature of Candidate or Officeholder

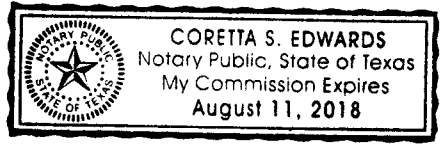
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said FARHA AHMED, this the 5<sup>th</sup> day of April, 2018, to certify which, witness my hand and seal of office.

*Coretta S. Edwards*  
Signature of officer administering oath

Coretta S. Edwards  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath



# SUBTOTALS - C/OH

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

|   |   |   |
|---|---|---|
| <b>19 FILER NAME</b><br>Farha Ahmed               |   | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS<br/>NAME OF SCHEDULE</b> |   | <b>SUBTOTAL<br/>AMOUNT</b>                    |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 860.00                                     |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$ 93.23                                      |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.  | <input checked="" type="checkbox"/> SCHEDULE E: LOANS   | \$ 5,000.00                                   |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 5,806.89                                   |
| 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 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:

3

2 FILER NAME

Farha Ahmed

3 Filer ID (Ethics Commission Filers)

4 Date

03.05.18

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Talat Ahmed

6 Contributor address;

City; State; Zip Code

7 Amount of contribution (\$)

\$ 185.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

03.05.18

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Sandhya Suri

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Researcher

Employer (See Instructions)

Date

03.05.18

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Sultan Mahmood

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Restaurant Owner

Employer (See Instructions)

Self employed

Date

03.01.18

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

M. R. Yousuf

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

CPA

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: **3**

2 FILER NAME

Farha Ahmed

3 Filer ID (Ethics Commission Filers)

4 Date

03.02.18

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Anwar-I-Qadeer

6 Contributor address;

City; State; Zip Code

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Date

03.03.18

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Munawar Baseer Ahmad

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Retired

Date

03.03.18

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Abul Qasim Maudoodi

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

March  
22

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Robert A + Dianne H. Wilson

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$ 25.00

Principal occupation / Job title (See Instructions)

Retired

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: **3**

2 FILER NAME

Farha Ahmed

3 Filer ID (Ethics Commission Filers)

4 Date

3.25.18

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Mumtaz Zaman

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Analyst

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: <u>1</u>   |   |
| 2 FILER NAME <u>Farha Ahmed</u>   |   | 3 Filer ID (Ethics Commission Filers)   |   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS   |   | \$  |   |
| 5 Date<br><u>3.26.18</u>  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Bob + Dianne Wilson</u> | 8 Amount of Contribution \$<br><u>\$82.29</u>                                   | 9 In-kind contribution description<br><u>Food for coffee event</u>      |
| 7 Contributor address; City; State; Zip Code<br>[REDACTED]  |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><u>Retired</u>   |   | 11 Employer (FOR NON-JUDICIAL) (See Instructions)<br>_____                      |   |
| 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<br><u>3.20.18</u>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Bob + Dianne Wilson</u>   | Amount of Contribution \$<br><u>\$16.94</u>                                     | In-kind contribution description<br><u>paper goods for coffee event</u> |
| Contributor address; City; State; Zip Code<br>[REDACTED]  |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><u>Retired</u>  |   | 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)  |   |   |   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |   |   |   |

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: **1**

2 FILER NAME  
**Farha Ahmed**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan  
03/05/18

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_ )  
SELF -

9 Loan Amount (\$)  
5,000.00

6 Is lender a financial Institution?  
Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)  
Attorney

13 Employer (See Instructions)  
Self employed

14 Description of Collateral  
 none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION  
 not applicable

17 Name of guarantor  
18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender  out-of-state PAC (ID#: \_\_\_\_\_ )

Loan Amount (\$)

Is lender a financial Institution?  
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral  
 none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION  
 not applicable

Name of guarantor  
Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender 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:<br><b>3</b> | 2 FILER NAME<br><b>Farha Ahmed</b> | 3 Filer ID (Ethics Commission Filers) |
|--|------------------------------------|---------------------------------------|

|                           |  |
|---------------------------|--|
| 4 Date<br><b>03.13.18</b> | 5 Payee name<br><b>Office Depot/Office Max</b> |
|---------------------------|--|

|                                  |   |
|----------------------------------|---|
| 6 Amount (\$)<br><b>\$153.18</b> | 7 Payee address; City; State; Zip Code<br><b>[REDACTED]</b> |
|----------------------------------|---|

|                                    |  |   |
|------------------------------------|--|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Office Supplies - folders/envelopes/binders/<br/>printer ink/sharpies/paper</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|--|---|

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

|                         |  |
|-------------------------|--|
| Date<br><b>03.12.18</b> | Payee name<br><b>Eric W. Pohl Photography   Design</b> |
|-------------------------|--|

|                                 |   |
|---------------------------------|---|
| Amount (\$)<br><b>\$ 428.00</b> | Payee address; City; State; Zip Code<br><b>[REDACTED]</b> |
|---------------------------------|---|

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

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

|                         |   |
|-------------------------|---|
| Date<br><b>03.16.18</b> | Payee name<br><b>Evin Thayer Studio</b> |
|-------------------------|---|

|                                |   |
|--------------------------------|---|
| Amount (\$)<br><b>\$609.45</b> | Payee address; City; State; Zip Code<br><b>[REDACTED]</b> |
|--------------------------------|---|

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

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <b>ONLY</b> 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:<br><b>3</b> | 2 FILER NAME<br><b>Farha Ahmed</b> | 3 Filer ID (Ethics Commission Filers) |
|--|------------------------------------|---------------------------------------|


|                          |                                     |
|--------------------------|-------------------------------------|
| 4 Date<br><b>3/19/18</b> | 5 Payee name<br><b>Office Depot</b> |
|--------------------------|-------------------------------------|

|                                  |  |
|----------------------------------|--|
| 6 Amount (\$)<br><b>\$ 56.02</b> | 7 Payee address; City; State; Zip Code<br> |
|----------------------------------|--|

|                                    |  |  |
|------------------------------------|--|--|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Copies / Handouts Advertising</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>for Office</b> |
|------------------------------------|--|--|

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


|                        |                                 |
|------------------------|---------------------------------|
| Date<br><b>3.22.18</b> | Payee name<br><b>FAST Signs</b> |
|------------------------|---------------------------------|

|                                 |  |
|---------------------------------|--|
| Amount (\$)<br><b>\$ 138.56</b> | Payee address; City; State; Zip Code<br> |
|---------------------------------|--|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Advertising</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Pre-order - yard signs (x 4)</b> |
|-------------------------------|--|--|

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

|                        |                                   |
|------------------------|-----------------------------------|
| Date<br><b>3/13/18</b> | Payee name<br><b>Office Depot</b> |
|------------------------|-----------------------------------|

|                                 |  |
|---------------------------------|--|
| Amount (\$)<br><b>\$ 153.16</b> | Payee address; City; State; Zip Code<br> |
|---------------------------------|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Other - Office Supplies</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 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

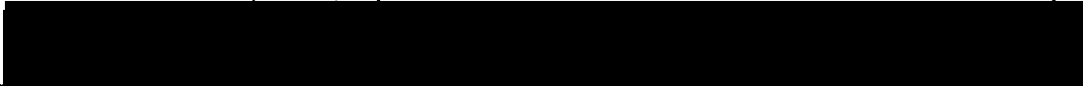
Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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:<br><b>3</b> | 2 FILER NAME<br><b>Farha Ahmed</b> | 3 Filer ID (Ethics Commission Filers) |
|--|------------------------------------|---------------------------------------|


|                          |   |
|--------------------------|---|
| 4 Date<br><b>3.23.18</b> | 5 Payee name<br><b>Right On the Money</b> |
|--------------------------|---|

|                                   |  |
|-----------------------------------|--|
| 6 Amount (\$)<br><b>\$2236.56</b> | 7 Payee address; City; State; Zip Code<br> |
|-----------------------------------|--|

|                                    |  |   |
|------------------------------------|--|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Political Signs</b> |
|------------------------------------|--|---|

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


|                        |                                   |
|------------------------|-----------------------------------|
| Date<br><b>3.23.18</b> | Payee name<br><b>Drogin Group</b> |
|------------------------|-----------------------------------|

|                                  |  |
|----------------------------------|--|
| Amount (\$)<br><b>\$2,000.00</b> | Payee address; City; State; Zip Code<br> |
|----------------------------------|--|

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

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

|                        |                                 |
|------------------------|---------------------------------|
| Date<br><b>3.21.18</b> | Payee name<br><b>Mail Chimp</b> |
|------------------------|---------------------------------|

|                               |  |
|-------------------------------|--|
| Amount (\$)<br><b>\$31.98</b> | Payee address; City; State; Zip Code<br> |
|-------------------------------|--|

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED