CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. 42 CANDIDATE / MS/MRS/MR FIRST М OFFICEHOLDER Stephanne NAME **NICKNAME** LAST **SUFFIX** Davenport CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE **OFFICEHOLDER** 409 S. Rivershire MAILING **ADDRESS** Change of Address Conroe, TX 77304 Date Imaged CAMPAIGN MS/MRS/MR FIRST М TREASURER NAME \mathcal{D} NICKNAME SUFFIX CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE TREASURER **ADDRESS** 23 Veranda lidge The Woodlands, Tx 77382 (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE REPORT TYPE 15th day after campaign treasurer appointment (officeholder only) Х January 15 30th day before election Runoff Exceeded \$500 limit Final Report (Attach C/OH-FR) 8th day before election July 15 Month Day Year PERIOD Month Day Year COVERED THROUGH 12/31/2017 07/01/2017 ELECTION TYPE **ELECTION DATE** 10 ELECTION X Primary Month Day Year Runoff Other 03/06/2018 Special General 12 OFFICE SOUGHT (if known) OFFICE HELD (if any) 11 OFFICE County Treasurer Montgomery **GO TO PAGE 2** Version V1.0.5389 www.ethics.state.tx.us

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CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH COVER SHEET PG 2

SUPPORT	& TOTALS		COVI	EK SHE	2 of 42
13 C / OH NAME	Davenport, Stephani	ne	14 Filer ID		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or offici	eholder's kn	owledge or
Additional Pages	COMMITTEE TYPE GENERAL	COMMITTEE NAME			
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER ADDRES	s		
16 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER T ARANTEES OF LOANS), UNLESS ITEMIZED	HAN PLEDGES,	\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,650.00
EXPENDITURE TOTALS	3. TOTAL POLITIC	TEMIZED	\$	0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		\$	9,460.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	ST DAY OF THE	\$	52,149.68
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS C TING PERIOD	OF THE LAST DAY	\$	69,485.00
	MICHELLE MIHALKO Notary ID # 4120588 My Commission Expires May 19, 2019 TARY STAMP / SEAL ABO cribed before me, by the sa	Signature of C	information required to	o be reported der	report is d by me
Sworn to and subscion of Jense are Mukell Signature of office	20 / 8, to ce	rtify which, witness my hand and seal of office. MICHEILE MIHAIKU Printed name of officer administering	Motari Title of offices	'1	

FORM C/OH SUBTOTALS - C/OH **COVER SHEET PG 3** 3 of 42 18 FILER NAME 19 Filer ID Davenport, Stephanne 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 5,000.00 2. Х SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 650.00 SCHEDULE B: PLEDGED CONTRIBUTIONS 3. \$ Х SCHEDULE E: LOANS 4. 69,485.00 \$ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 5. X \$ 9,460,00 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ 11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ 12. TO FILER

	MONE	TARY POLITICAL CONT		SCHEDULE A1				
	The Instru	ction Guide explains how to con	nplete this fo	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/42	=	
2	FILER NAME Davenport,	•	_		3	Filer ID		
4	Date 09/02/2017	5 Full name of contributor out-of Cook, Lee 6 Contributor address; City; State; Zip C 6105 Westline Drive Houston, TX 77036	f-state PAC (ID#:) 7	Amount of Contribution (\$)	\$5,000.00	
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)		<u>, </u>	
0 v n	a musical de	ov Texas Ethics Commission	www.ethics.s	otate ty us		Version	V1.0.5389	

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Forms provided by Texas Ethics Commission

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form, Sch: 1/1 Rpt: 5/42 2 FILER NAME 3 Filer ID Davenport, Stephanne \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 5 Date 6 Full name of contributor ut-of-state PAC (ID#:_ 8 Amount of 9 In-kind contribution contribution (\$) description 12/15/2017 Winn, Eddie \$400.001 Sign Lumber Contributor address; City; State; Zip Code 16751 FM 2854 Montgomery, TX 77316 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 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) Full name of contributor Amount of In-kind contribution Date ut-of-state PAC (ID#: contribution (\$); description 12/21/2017 Winn, Eddie \$250.00 | Santa Ed - Celebrate the Contributor address; City; State; Zip Code Season Pictures with 16751 FM 2854 Santa Montgomery, TX 77316 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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	LOANS						SCH	EDULE E		
	The Instruction	on Guide explains how to com	plete this	form.	1		ages Schedule E /3 Rpt: 6/42	•		
2	FILER NAME Davenport, Step	phanne		, <u>, , , , , , , , , , , , , , , , , , </u>	Filer ID		<u> </u>			
4	TOTAL OF UN	NITEMIZED LOANS					\$	13,485.00		
5	Date of loan 07/14/2017	7 Name of lender Davenport, Marc & Stephanne	out-of-state PA	AC (ID#:			9 Loan Amount (\$) \$1,000.00			
6	Is lender a financial institution? No	8 Lender address; City; 409 S. Rivershire	State;	Zip Code			10 Interest Rat	e		
		Conroe, TX 77304						-		
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruc	ctions)					
14	Description of Coll	lateral		15 Check if personal funds were deposited into political account (See Instructions)						
16	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount Gua	aranteed (\$)		
	X not applicable	18 Guarantor address; City;	State;	Zip Code		*****************				
20	Principal occupation	J on		21 Employer (See Instruc	ctions)					
_	Date of loan	Name of lender	out-of-state PA	C (ID#:			Loan Amour	nt (\$)		
	08/02/2017	Davenport, Marc & Stephanne						\$1,000.00		
	Is lender a financial institution?	Lender address; City; 409 S. Rivershire	State;	Zip Code			Interest Rate	9		
	No	Conroe, TX 77304					Maturity Dat	е		
	Principal occupation	on / Job title (See Instructions)		Employer (See Instructions)						
	Description of Colla	ateral		Check if personal fund	s were d	eposited	into political acc	ount		
	X None			X			(See Instruc			
	GUARANTOR INFORMATION	Name of guarantor			_		Amount Gua	ranteed (\$)		
	X not applicable	Guarantor address; City;	State;	Zip Code						
	Principal occupatio	n		Employer (See Instruc	tions)	· · · · · · · · · · · · · · · · · · ·				

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. Sch: 2/3 Rpt: 7/42 2 FILER NAME 3 Filer ID Davenport, Stephanne TOTAL OF UNITEMIZED LOANS \$ 13,485.00 5 Date of loan Name of lender 9 Loan Amount (\$) out-of-state PAC (ID#: 11/29/2017 Davenport, Marc & Stephanne \$1,000.00 6 Is lender a 8 Lender address; City; State; Zip Code 10 Interest Rate financial 409 S. Rivershire institution? Nο 11 Maturity Date Conroe, TX 77304 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) X None Х 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION X not applicable 18 Guarantor address; State; City: Zip Code 20 Principal occupation 21 Employer (See Instructions) Date of loan Name of lender out-of-state PAC (ID#: Loan Amount (\$) 12/13/2017 Davenport, Marc & Stephanne \$1,000.00 Is lender a Lender address; State: Zip Code Interest Rate financial 409 S. Rivershire institution? Maturity Date No Conroe, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) Check if personal funds were deposited into political account Description of Collateral (See Instructions) Х X None GUARANTOR Amount Guaranteed (\$) Name of guarantor INFORMATION X not applicable Zip Code State: Guarantor address; City; Employer (See Instructions) Principal occupation

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 8/42 2 FILER NAME 3 Filer ID Davenport, Stephanne TOTAL OF UNITEMIZED LOANS \$ 13,485.00 5 Date of loan 7 Name of lender ut-of-state PAC (ID#: 9 Loan Amount (\$) 12/21/2017 Davenport, Marc & Stephanne \$2,000.00 6 Is lender a 8 Lender address; City; State; Zip Code 10 Interest Rate financial 409 S. Rivershire institution? Nο 11 Maturity Date Conroe, TX 77304 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) X None Х 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION X not applicable 18 Guarantor address; State; City: Zip Code 20 Principal occupation 21 Employer (See Instructions) Name of lender Loan Amount (\$) out-of-state PAC (ID#:_ Date of loan 12/29/2017 Davenport, Marc & Stephanne \$50,000.00 State; Zip Code Interest Rate Is lender a Lender address; City: financial 409 S. Rivershire institution? Maturity Date No Conroe, TX 77304 Employer (See Instructions) Principal occupation / Job title (See Instructions) Check if personal funds were deposited into political account Description of Collateral (See Instructions) Х X None Amount Guaranteed (\$) **GUARANTOR** Name of guarantor INFORMATION X not applicable Zip Code State; Guarantor address; City; Employer (See Instructions) Principal occupation

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel in District

Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 1/34 Rpt: 9/42	2 FILER NAME Davenport, Stephanne
4 Date 10/11/2017	5 Payee name American Heart Association
6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code 7272 Greenville Avenue Dallas, TX 75231
8 PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation AHA
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date 12/08/2017	Payee name Bentwater Country Club
Amount (\$) \$20.00	Payee address; City; State; Zip Code 800 Bentwater Drive Montgomery, TX 77356
PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Meetings/Lunch Northshore Republican Women
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date 12/08/2017	Payee name Bentwater Country Club
Amount (\$) \$20.00	Payee address; City; State; Zip Code 800 Bentwater Drive Montgomery, TX 77356
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meetings/North Shore Republican Women Jessica Stark
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
orms provided by Texas Et	hics Commission www.ethics.state.tx.us Version V1.0.538

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

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

Legal Services 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 3 Filer ID Sch: 2/34 Rpt: 10/42 Davenport, Stephanne Payee name 10/14/2017 Beyond Batten Disease Amount (\$) Payee address; State; Zip Code \$400.00 PO Box 50221 Austin, TX 78763 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Sponsor Hope Under the Stars Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Calendar Wiz 07/11/2017 State; Zip Code Payee address; City; Amount (\$) \$8.00 45 Lafayette RD North Hampton, NH 03862 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Community Calendar Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Pavee name 08/11/2017 Calendar Wiz City; State; Zip Code Payee address; Amount (\$) \$8.00 45 Lafayette RD North Hampton, NH 03862 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Community Calendar Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

EVDENDITIBE Advertisiting Expense	side of Texas. Complete Schedule T. X, officeholder living expense
Sch: 3/34 Rpt: 11/42 Davenport, Stephanne 5 Payee name Calendar Wiz 6 Amount (\$) 7 Payee address; City; State; Zip Code 45 Lafayette RD North Hampton, NH 03862 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel out: Check if Austin, To	side of Texas. Complete Schedule T. X, officeholder living expense
Calendar Wiz 6 Amount (\$) 7 Payee address; City; State; Zip Code \$8.00 North Hampton, NH 03862 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outs Check if Austin, To	X, officeholder living expense
6 Amount (\$) 7 Payee address; City; State; Zip Code 45 Lafayette RD North Hampton, NH 03862 8 PURPOSE OF CAtegory (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel out: Check if Austin, TO	X, officeholder living expense
\$8.00 45 Lafayette RD North Hampton, NH 03862 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Check if travel outs Check if Austin, To	X, officeholder living expense
\$8.00 45 Lafayette RD North Hampton, NH 03862 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Check if travel outs Check if Austin, To	X, officeholder living expense
8 PURPOSE OF Advertising Expense (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel out:	X, officeholder living expense
OF EXPENDITURE Advertising Expense Check if travel outs	X, officeholder living expense
EXPENDITURE Advertising Expense Check if Austin, To	X, officeholder living expense
l l	
Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH	Office held
Date Payee name	
10/11/2017 Calendar Wiz	
Amount (\$) Payee address; City; State; Zip Code	
\$8.00 45 Lafayette RD	
North Hampton, NH 03862	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	ille se Zanna Campileta Cabadula T
Advertising Expense	side of Texas. Complete Schedule T. K, officeholder living expense lendar
Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH	Office held
Date Payee name	
11/11/2017 Calendar Wiz	
Amount (\$) Payee address; City; State; Zip Code \$8.00 45 Lafayette RD	
North Hampton, NH 03862	
T Advertising Expense	side of Texas. Complete Schedule T. <, officeholder living expense endar
Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH	Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Poliing 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)

Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 4/34 Rpt: 12/42 Davenport, Stephanne Date Payee name 12/11/2017 Calendar Wiz Payee address; Amount (\$) City; State; Zip Code \$8.00 45 Lafayette Road North Hampton, NH 03862 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense EXPENDITURE Check if Austin, TX, officeholder living expense Community Calendar Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 08/24/2017 Conroe Blossom Shop Amount (\$) Payee address; City; State; Zip Code \$75.78 906 N Frazier St Conroe, TX 77301 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. Gift/Awards/Memorials Expense EXPENDITURE Check if Austin, TX, officeholder living expense Gift Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 11/29/2017 Conroe Incredible Pizza Payee address; City; State; Zip Code Amount (\$) \$6.50 230 S Loop 336 W Conroe, TX 77304 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Fees Check if Austin, TX, officeholder living expense **EXPENDITURE**

Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name

Office sought

Meetings/Lunch Montgomery County Association of

Office held

Business Women

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel in District Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee Legal Services 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 3 Filer ID Sch: 5/34 Rpt: 13/42 Davenport, Stephanne 4 Date Payee name 08/16/2017 Conroe Lake Area Chamber of Commerce 6 Amount (\$) Payee address; City; State; Zip Code \$120.00 505 W Davis Street Conroe, TX 77301 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Event Sponsor Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 07/28/2017 Conroe Noon Lions Club Payee address; State; Zip Code Amount (\$) \$55.00 1106 Wilson Road Conroe, TX 77304 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees EXPENDITURE Check if Austin, TX, officeholder living expense Meetings/Lunch Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name Conroe Noon Lions Club 08/29/2017 Payee address; City; State; Zip Code Amount (\$) 1106 Wilson Road \$55.00 Conroe, TX 77304 (b) Description PURPOSE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. ΩF **EXPENDITURE** Check if Austin, TX, officeholder living expense Meetings/Lunch Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services 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 3 Filer ID Sch: 6/34 Rpt: 14/42 Davenport, Stephanne 4 Date Payee name 09/28/2017 Conroe Noon Lions Club 6 Amount (\$) Payee address; City: State; Zip Code \$55.00 1106 Wilson Road Conroe, TX 77304 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Meetings/Lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/27/2017 Conroe Noon Lions Club Payee address; Amount (\$) City: State; Zip Code \$55.00 1106 Wilson Road Conroe, TX 77304 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Meetings/Lunch Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Pavee name 11/28/2017 Conroe Noon Lions Club State; Zip Code Payee address; City; Amount (\$) 1106 Wilson Road \$55.00 Conroe, TX 77304 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Meetings/Lunch Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services 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 3 Filer ID Sch: 7/34 Rpt: 15/42 Davenport, Stephanne Date Payee name 12/27/2017 Conroe Noon Lions Club Payee address; 6 Amount (\$) City; State; Zip Code \$55.00 1106 Wilson Road Conroe, TX 77304 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Meetings/Lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/13/2017 Eventbrite Amount (\$) Payee address; City; State: Zip Code 155 5th Street \$109.48 San Francisco, CA 94103 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Houston Strong Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name 07/01/2017 Facebook, Inc. State; Zip Code Payee address; City; Amount (\$) \$10.00 1601 Willow Rd. Menlo Park, CA 94025 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. ΩE Advertising Expense Check if Austin, TX, officeholder living expense **EXPENDITURE** Advertising

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services 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 3 Filer ID Sch: 8/34 Rpt: 16/42 Davenport, Stephanne Date Payee name 08/01/2017 Facebook, Inc. Amount (\$) Payee address; City; State; Zip Code \$70.00 1601 Willow Rd. Menlo Park, CA 94025 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Advertising Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Facebook, Inc. 08/29/2017 State; Zip Code Amount (\$) Payee address; City; \$50.00 1601 Willow Road Menlo Park, CA 95131 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Network for Good Donation Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 08/29/2017 Facebook, Inc. City; State; Zip Code Amount (\$) Payee address; \$50.00 1601 Willow Road Menlo Park, CA 95131 (b) Description PURPOSE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Network for Good Donation Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consuling Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
	Sch: 9/34 Rpt: 17/42	Davenport, Stephanne	
4	Date	5 Payee name	
	08/31/2017	Facebook, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$40.83	1601 Willow Road	
		Menlo Park, TX 95131	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Advertising	
L			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
⊨	Date	Payee name	
	09/11/2017	Facebook, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.00	1601 Willow Road	
		Menlo Park, CA 95131	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By ☐ Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
		Network for Good Donation	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	experiorare to benefit C/Oi		
_	Date	Payee name	
	09/11/2017	Facebook, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.00	1601 Willow Road	
	Ψ20.00	2002 (7)1000 (1000)	
		Menlo Park, CA 95131	
	PURPOSE	I	
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		American Foundation Donation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OF		
	<u> </u>		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

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) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 10/34 Rpt: 18/42 Davenport, Stephanne Payee name 09/14/2017 Facebook, Inc. 6 Amount (\$) Payee address; City: State; Zip Code \$20.00 1601 Willow Road Menlo Park, CA 95131 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Network for Good Donation Office sought Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH Date Payee name Facebook, Inc. 09/22/2017 Amount (\$) Payee address; City: State: Zip Code 1601 Willow Road \$20.00 Menlo Park, CA 95131 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee The Salvation Army Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 09/25/2017 Facebook, Inc. State; Zip Code Payee address; City; Amount (\$) \$20.00 1601 Willow Road Menlo Park, CA 95131 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Network for Good Donation Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

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SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		ommittee	Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Salarie	Expen ://wage	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID
	Sch: 11/34 Rpt: 19/42		Davenport,	Stephanne					
4	Date	5	Payee name					1	
	10/02/2017		Facebook,						
6	Amount (\$)	7	Payee addre	ess; City;	State; Zip (ode			
	\$24.37		1601 Willow	w Road	•				
L		L		c, CA 95131					
8	PURPOSE OF	(a		ee Categories listed at the top	of this schedule)	(b)	Description		· CT Accordate Askendula T
	EXPENDITURE		Advertising	Expense			<u> </u>		de of Texas. Complete Schedule T. officeholder living expense
							Advertising		<u> </u>
	İ								
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	Office so	ught			Office held
┡		_							
	Date		Payee name						
	11/01/2017	<u> </u>	Facebook,						· · · · · · · · · · · · · · · · · · ·
	Amount (\$)	ĺ	Payee addre	· ·	State; Zip C	ode			
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	PURPOSE OF	(a)		ee Categories listed at the top	of this schedule)	(b)	Description Chack if travel	outeir	de of Texas, Complete Schedule T,
	EXPENDITURE		Advertising	Expense			브		officeholder living expense
							Advertising		
	Complete ONLY if direct	_	Candidate/Off	ceholder name	Office so	ught			Office held
	expenditure to benefit C/OI	-1							
	Date		Payee name						
	11/27/2017		Facebook,						
	Amount (\$)	\vdash	Payee addre	ss; City;	State; Zip C	ode			
	\$20.00		1601 Willov	v Road					
		İ	Menio Park	, CA 95131					
	PURPOSE	(a)	Category (s	ee Categories listed at the top	of this schedule)	(b)	Description		
	OF	``	Contribution	ns/Donations Made I	Зу				de of Texas. Complete Schedule T.
	EXPENDITURE		Candidate/0	Officeholder/Political	Committee				officeholder living expense Disease Donation
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		<u>_</u>		1.14	O#	Luglat			Office held
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	Office so	ugnt			Onice ficia
	CAPOTALIO TO COLORE OF OT			<u> </u>				_	<u> </u>

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense
Transportation Equipment & Related Exp

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V		Travel in District Travel Out of District OTHER (enter a category not listed above)			
L		•	The Instruction Guide explains	how to co	mplete this form.		·		
1						3	Filer ID		
	Sch: 12/34 Rpt: 20/42	Davenport,	Stephanne						
4	Date	5 Payee name	<u> </u>						
	11/27/2017	Facebook,	Inc.						
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	đe				
	\$20.00	1601 Willov		,					
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		Menio Parl	c, CA 95 1 31						
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sci	hedule)	(b) Description				
	OF EXPENDITURE	Contributio	ns/Donations Made By				ide of Texas. Complete Schedule T.		
	EXPENDITORE	Candidate/	Officeholder/Political Comm	nittee	<u></u>		, officeholder living expense		
					Family Prom	ise	Donation		
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9	Complete ONLY if direct expenditure to benefit C/Ol		ïceholder name (Office sou	ght		Office held		
F	Date	Payee name							
	11/29/2017	Facebook,	Inc.						
_	Amount (\$)	Payee addre	ess; City; State	; Zip Co	de				
	\$10.00	1601 Willov		,					
	Ψ10.00	1001 0000	T T COSCS						
		Namia Dani	. CA DE131						
L.		Menio Park	c, CA 95131	_ 					
	PURPOSE		ee Categories listed at the top of this sch	nedule)	(b) Description				
	OF EXPENDITURE		ns/Donations Made By		<u></u>		de of Texas. Complete Schedule T. officeholder living expense		
		Candidate/	Officeholder/Political Comm	nuee	ш		cer Charities of America		
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	O LA CARLACTURA	Complied at a /Off	isahaldar nama (Office sou	abt		Office held		
	Complete ONLY if direct expenditure to benefit C/O		iceholder name (Silice Sout	Jiir		Office Ficia		
	Date	Payee name							
	11/29/2017	Facebook,	Inc.						
Г	Amount (\$)	Payee addre	ss; City; State	; Zip Co	de				
	\$10.00	1601 Willov	v Road						
		Menlo Park	, CA 95131						
\vdash	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	nedule)	(b) Description				
ļ	OF	Contribution	ns/Donations Made By				de of Texas. Complete Schedule T.		
	EXPENDITURE	Candidate/	Officeholder/Political Comm	rittee	ш		officeholder living expense		
					Montgomery	اەت	unty		
					<u></u>				
	Complete ONLY if direct		iceholder name C	Office sou	ght		Office held		
	expenditure to benefit C/OI	-1							

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services 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 3 Filer ID Sch: 13/34 Rpt: 21/42 Davenport, Stephanne Date Payee name 11/29/2017 Facebook, Inc. 6 Amount (\$) Payee address; City; State; Zip Code \$20.00 1601 Willow Road Menlo Park, CA 95131 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Network for Good Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/29/2017 Facebook, Inc. Amount (\$) Payee address; City; State; Zip Code \$20.00 1601 Willow Road Menlo Park, CA 95131 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense The Breast Cancer Charities of America Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name Facebook, Inc. 12/01/2017 Payee address; City; State: Zip Code Amount (\$) 1601 Willow Road \$25.00 Menlo Park, CA 95131 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Advertising Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Polling Expense
Printing Expense
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: FILER NAME 3 Filer ID Sch: 14/34 Rpt: 22/42 Davenport, Stephanne Date Payee name 12/04/2017 Facebook, Inc. Payee address; City: 6 Amount (\$) State; Zip Code \$100.00 1601 Willow Road Menlo Park, CA 95131 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check it travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Network for Good Donation Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name HEB 11/17/2017 Amount (\$) Payee address; City: State; Zip Code \$71.40 3875 W Davis St Conroe, TX 77304 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Committee Lunch for The Woodlands Charities Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 12/20/2017 HEB State; Zip Code Amount (\$) Payee address; City; 3875 W Davis St \$312.99 Conroe, TX 77304 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Gift Cards for Community Fundraiser Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guid	Office O Polling B pense Printing Salaries	verhea Expens Expens (Wage:	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travei in District Travei Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAM					3	Filer ID			
	Sch: 15/34 Rpt: 23/42		, Stephanne					. 10.10			
4	Date	5 Payee name	e	· ·		······································					
	10/16/2017	I Promote									
6	Amount (\$) \$95.10		ess; City; erloch Place Suite : lands, TX 77380	State; Zip C 200 PMB 113	ode						
_					(a)						
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. C Check if Austin, TX, officeholder ii Advertising							de of Texas. Complete Schedule ⊤. officeholder living expense				
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught			Office held			
┢	Date	Payee name						·			
	10/21/2017	Joes Pizza	and Pasta								
	Amount (\$) \$80.37	Conroe, TX	azier Street	State; Zip C	<u>.</u>						
	PURPOSE OF EXPENDITURE	Contributio	see Categories listed at the to ins/Donations Made 'Officeholder/Politic	: Ву	(b)	ш	, TX,	de of Texas. Complete Schedule T. officeholder living expense ing			
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office held			
H	Date	Payee name	:	· 							
	08/07/2017		oe Area Republican	Women							
_	Amount (\$) \$40.00	Payee addre		State; Zip C	ode						
		Montgome	ry, TX 77356			<u></u>					
	PURPOSE OF EXPENDITURE	(a) Category (s Fees	See Categories listed at the to	pp of this schedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office so	ught			Office held			
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SCHEDULE F1

Version V1.0.5389

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Travel in District Travel Out of District

Transportation Equipment & Related Expense Printing Expense 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 3 Filer ID Sch: 16/34 Rpt: 24/42 Davenport, Stephanne Date Payee name Lake County Area Republican Women 11/10/2017 Payee address; State; Zip Code 6 Amount (\$) City; \$40.00 PO Box 737 Montgomery, TX 77356 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Meetings/Lunch Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name Liberty Belles Republican Women 10/30/2017 State; Zip Code Amount (\$) Payee address; City; \$20.00 73 Greenbriar Drive Conroe, TX 77304 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Meetings/Lunch Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name 07/10/2017 Lone Star Boxer Rescue State; Zip Code Payee address; City; Amount (\$) \$50.00 21175 Tomball Parkway Suite 389 Houston, TX 77070 (b) Description PURPOSE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Charitable Donation Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Fees

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: FILER NAME 3 Filer ID Sch: 17/34 Rpt: 25/42 Davenport, Stephanne 4 Date Payee name 11/07/2017 MD Anderson BB All Houston Payee address; 6 Amount (\$) City: State; Zip Code \$35.00 1515 Holcombe Blvd Houston, TX 77030 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee MD Anderson BB Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name Magnolia West High School Fillies Dance Team 09/22/2017 State: Zip Code Amount (\$) Payee address; City: 42202 FM 1774 \$100.00 Magnolia, TX 77354 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Sponsor Fillies Dance Team Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Montgomery Bakehouse 09/14/2017 State; Zip Code Payee address; City; Amount (\$) 240 Longmire Road \$64.50 Conroe, TX 77304 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule \top . ΩE Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Gift Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic		Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services	Polling Expen e Printing Expe		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
	Credit Card Payment		The Instruction Guide ex	plains how to comp	lete this form.					
1	Total pages Schedule F1:	2 FILER NAM	E		3	Filer ID				
	Sch: 18/34 Rpt: 26/42	Davenport	, Stephanne							
4	Date	5 Payee name	9							
	12/22/2017	Montgome	ry Bakehouse							
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Code						
	\$192.00	240 Longn	nire Road							
		Conroe, To	K 77304							
3	PURPOSE	(a) Category (See Categories listed at the top of	this schedule) (b) Description					
	OF EXPENDITURE	Contribution	ns/Donations Made By	/		ide of Texas. Complete Schedule T.				
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					Sportsor Meet a	ina Greet				
_	a Laboration	011-1-1-105	ficeholder name	Office sought		Office held				
9	Complete ONLY if direct expenditure to benefit C/O		ncendider name	Onice sough	L	Onice neid				
	Date 08/02/2017	Payee name	e ry County Fair							
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	\$200.00	19755 Alrp	ort Parkway							
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	PURPOSE OF		See Categories listed at the top of	,	Description	ide at Toyon Complete Schoolille T				
	EXPENDITURE		ns/Donations Made By Officeholder/Political C		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Candidate/	Onicendiden Political C	Ommittee	Charitable Donation NLS					
_	Complete ONLY if direct	Candidate/Of	iceholder name	Office sought		Office held				
	expenditure to benefit C/O									
_	Date	Payee name		<u></u>	···-					
	12/13/2017	1 ,	ry County Republican I	Party						
	Amount (\$)	Payee addre		State; Zip Code	. <u>_</u>					
	\$1,250.00	310 Metcal		o						
	\$1,230.00	310 Wiction	1 Street							
		Course T	77201							
		Conroe, T	(77301	I (to)						
	PURPOSE OF	1	See Categories listed at the top of	this schedule)	Description Check if travel outs	ide of Texas. Complete Schedule T.				
	EXPENDITURE	Fees				, officeholder living expense				
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	Complete ONLY if direct	Candidate/Off	iceholder name	Office sought		Office held				
	expenditure to benefit C/OI									
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Travel Out of District

Transportation Equipment & Related Expense Travel in District Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 19/34 Rpt: 27/42 Davenport, Stephanne Date Payee name 10/20/2017 Montgomery Fire Department Payee address; City; State; Zip Code 6 Amount (\$) \$40.00 20590 Eva Street Montgomery, TX 77356 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 12/12/2017 Montomgery County Children's Advocacy Center Pavee address: State; Zip Code Amount (\$) 1519 Oddfello Street \$50.00 Conroe, TX 77301 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. OF Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Charitable Contribution Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name New Danville 07/17/2017 State: Zip Code Payee address; City: Amount (\$) 10951 Shepard Hill Road \$166.67 Willis, TX 77318 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Contributions/Donations Made By Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate/Officeholder/Political Committee Founders Contribution Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District
OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 20/34 Rpt: 28/42 Davenport, Stephanne 4 Date Payee name New Danville 08/16/2017 Payee address; City; State; Zip Code 6 Amount (\$) 10951 Shepard Hill Road \$166.67 Willis, TX 77318 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Founders Contribution Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 09/18/2017 New Danville Payee address; City; State; Zip Code Amount (\$) 10951 Shepard Hill Road \$166.67 Willis, TX 77318 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) ΩE Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Founders Contribution Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name New Danville 10/17/2017 Payee address; City; State; Zip Code Amount (\$) 10951 Shepard Hill Road \$166.67 Willis, TX 77318 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Founders Contribution Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: | 2 FILER NAME 3 Filer ID Sch: 21/34 Rpt: 29/42 Davenport, Stephanne Payee name 11/22/2017 New Danville Payee address; 6 Amount (\$) City; State: Zip Code \$166.67 10951 Shepard Hill Road Willis, TX 77318 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Founders Contribution Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name New Danville 12/17/2017 State: Zip Code Amount (\$) Payee address; City; \$166.67 10951 Shepard HillRoad Willis, TX 77318 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Founders Contribution Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 08/08/2017 PayPal State: Zip Code Payee address; City; Amount (\$) 2211 N First St \$23.00 San Jose, CA 95131 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense The Woodlands Republican Women Meetings/Lunch Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense
Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/ The Instruction Guide explains how to complet			ise is/Contract Labor		Travel Out of District OTHER (enter a category not listed above)	
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4	Date	5 Payee name	9						
	09/05/2017	PayPal							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode				
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ĺ		San Jose,	CA 95131						
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8	PURPOSE OF	I .	See Categories listed at the t		1(2)	Description Check if travel	l outsid	de of Texas. Complete Schedule T.	
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		San Jose,	CA 95131	·					
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	Date	Payee name							
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		San Jose,	^A 05131						
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	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Onice 30	agrit				
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions' Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment Total pages Schedule F1: 2 FILER NA			Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains how to complete this for					· · · · · · · · · · · · · · · · · · ·				
1	Total pages Schedule F1:	2	FILER NAME					•	3	Filer ID	<u></u>		
	Sch: 23/34 Rpt: 31/42		Davenport,	Steph	anne								
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	11/01/2017		PayPal										
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İ													
			San Jose, (CA 95:	131								
8	PURPOSE	(a)	Category (s	ee Categ	ories listed at the top or	fthis schedule)	(1	Description					
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	Date 11/14/2017		Payee name PayPal		•								
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L			San Jose, C	A 95.	131								
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l										Magnolia Area Rep	ublican Women		
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F	Date		Payee name			-							
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┝	PURPOSE	(a)	Category (se	o Catago	ories listed at the top of	this schedule)	{t) Description					
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L	expenditure to benefit C/OH												

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 24/34 Rpt: 32/42	Davenport, Stephanne
4	Date	5 Payee name
	07/31/2017	PayPal AmericanSST
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.88	2211 North First Street
		San Jose, CA 95131
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Charital Contribution to the American SST
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
-	Date	Payee name
	07/12/2017	PayPal North County Football League Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	2211 North First Street
		San Jose, CA 95131
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	EM EMBRIONE	Candidate/Officeholder/Political Committee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/08/2017	Pizza Hut
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.48	25701 45 North
		The Woodlands, TX 77380
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Printing Expense
Salaries/Wages/Contract Labor Travel Out of District 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 3 Filer ID Sch: 25/34 Rpt: 33/42 Davenport, Stephanne Date Payee name 09/29/2017 Proven Results Marketing Payee address; 6 Amount (\$) City; State; Zip Code \$135.00 27351 Blueberry Hill Dr Conroe, TX 77385 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Advertising Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Proven Results Marketing 09/29/2017 Payee address; State; Zip Code City: Amount (\$) \$172.82 27351 Blueberry Hill Dr Conroe, TX 77385 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Banners Office sought Office held Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Pavee name 07/15/2017 Send Out Cards State: Zip Code City; Amount (\$) Payee address; 413 Prattwood Court \$42.22 League City, TX 77573 (b) Description PURPOSE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Gift/Awards/Memorials Expense EXPENDITURE Check if Austin, TX, officeholder living expense Subscription Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services 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 3 Filer ID Sch: 26/34 Rpt: 34/42 Davenport, Stephanne 4 Date Payee name 08/15/2017 Send Out Cards Payee address; City: State; Zip Code 6 Amount (\$) \$42.22 413 Prattwood Court League City, TX 77573 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Gift/Awards/Memorials Expense EXPENDITURE Check if Austin, TX, officeholder living expense Subscription Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name Send Out Cards 09/15/2017 State: Zip Code Amount (\$) Payee address; City; 413 Prattwood Court \$42.22 League City, TX 77573 (b) Description PURPOSE (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense EXPENDITURE Check if Austin, TX, officeholder living expense Subscription Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Send Out Cards 10/14/2017 State; Zip Code Payee address; Amount (\$) 413 Prattwood Court \$42.22 League City, TX 77573 (b) Description PURPOSE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Subscription Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Advertising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Legal Services 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 3 Filer ID Sch: 27/34 Rpt: 35/42 Davenport, Stephanne Date Payee name Send Out Cards 11/15/2017 Payee address; City; State; Zip Code 6 Amount (\$) \$42.22 413 Prattwood Court League City, TX 77573 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense EXPENDITURE Check if Austin, TX, officeholder living expense Subscription Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 12/15/2017 Send Out Cards Payee address; City; State: Zip Code Amount (\$) \$42.22 413 Prattwood Court League City, TX 77573 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Subscription Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Square 12/01/2017 Pavee address; City; State; Zip Code Amount (\$) 1455 Market Street Suite 600 \$44.38 San Francisco, CA 94103 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Theck if travel outside of Texas. Complete Schedule T. OF Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Fully Promoted** Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salarles/Wages/Contract Labor			Travel in Di Travel Out	Travel in District Travel Out of District OTHER (enter a category not listed above)		
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6 Amount (\$) \$310.00	7 Payee address; City; State; Zip Code 1455 Market Street							
\$310.00	1455 (VIAI)	ter alleer						
	San Franc	isco, CA 94103						
8 PURPOSE	(a) Category	See Categories listed at the top of this	s schedule) {	b) Description				
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Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office sough	nt	Office	e held		
Date	Payee nam	e			·-··			
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	Conroe, T.	X 77304						
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Date	Payee nam	e						
11/13/2017	The Wood	lands Republican Womer	ì					
Amount (\$)	Payee addr	ess; City; St	ate; Zip Code	е	•			
\$22.00	PO Box 72							
•								
	The Wood	lands, TX 77387						
PURPOSE	(a) Category (See Categories listed at the top of this	s schedule) (I	Description	- maide -47	Sampleta Crised de T		
OF EXPENDITURE	Fees				outside of Texas. (n, TX, officeholder l	Complete Schedule T.		
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Complete ONLY if direct		ficeholder name	Office sough	IL	Onice	s new		
expenditure to benefit C/OI								

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Ex

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID							
	Sch: 29/34 Rpt: 37/42	Davenport, Stephanne							
4	Date	5 Payee name							
	07/11/2017	Tracey Jowers							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$135.00	10619 Twin Oaks Dr							
		Conroe, TX 77385							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.							
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9	Complete ONLY if direct expenditure to benefit C/O	Carrier and Carrie							
	Date	Payee name							
	07/17/2017	Tracey Jowers							
Г	Amount (\$)	Payee address; City; State; Zip Code							
	\$165.00	\$165.00 10619 Twin Oaks Dr							
		Conroe, TX 77385							
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Accounting/Banking							
	EXPENDITORL	Check if Austin, TX, officeholder living expense Bookkeeping							
<u> </u>	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeroaci frame							
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	Date	Payee name							
	08/08/2017	Tracey Jowers							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$165.00	10619 Twin Oaks Drive							
		Conroe, TX 77385							
	PURPOSE	(a) Category (see Categories listed at the top of this schedule) Accounting (Denking) Check if travel outside of Texas. Complete Schedule T.							
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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		nmittee Legal Services	Fees Office Overhead/Rental Expense Polling Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID
	Sch: 30/34 Rpt: 38/42	Davenport, Stephanne						
4	Date	5	Payee name	·				 -
	08/14/2017		Tracey Jowers					
6	Amount (\$)	7	Payee address; City;	State; Zip	Code			
	\$135.00		10619 Twin Oaks Drive Conroe, TX 77385					
Ļ	DUDDOOF	ļ			100			
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of t Accounting/Banking	his schedule)	(0)	<u></u>		de of Texas, Complete Schedule T officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O		candidate/Officeholder name	Office s	ought			Office held
	Date		Payee name					
	09/20/2017		Tracey Jowers					
	Amount (\$) \$225.00	ı	Payee address; City; 9 10619 Twin Oaks Drive	State; Zip	Code			
			Conroe, TX 77385					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of t Accounting/Banking	his schedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	_	andidate/Officeholder name	Office s	ought			Office held
_	Date		Payee name					
	10/17/2017	.	Tracey Jowers					
	Amount (\$) \$300.00	l	Payee address; City; S 10619 Twin Oaks Drive	State; Zip	Code			
			Conroe, TX 77385					
	PURPOSE OF EXPENDITURE	1	Category (See Categories listed at the top of t Accounting/Banking	his schedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	Office s	ought			Office held
•								

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Political Committee Credit Card Payment Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 31/34 Rpt: 39/42 Davenport, Stephanne Date Payee name Tracey Jowers 11/16/2017 Payee address; City; State; Zip Code 6 Amount (\$) \$255.00 10619 Twin Oaks Drive Conroe, TX 77385 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description ΩF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Bookkeeping Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/27/2017 Tracey Jowers State: Zip Code Amount (\$) Payee address; City; \$187.50 10619 Twin Oaks Dr. Conroe, TX 77385 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Bookkeeping Office sought Office held Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/20/2017 Walden Ladies Golf Association State: Zip Code City: Amount (\$) Payee address; 13101 Walden Road \$100.00 Montgomery, TX 77356 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Hole Sponsor Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		Il Committee Legal Services Saiaries/Wages/Contract			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:			3	Filer ID			
	Sch: 32/34 Rpt: 40/42	Davenport, Stephanne						
4	Date	5 Payee name						
	09/01/2017	WePay						
6	Amount (\$) \$50.00	7 Payee address; City; State; 350 Convention Way 200 Redwood, CA 94063	Zip Code	•				
8	PURPOSE	(a) Category (See Categories listed at the top of this sched	ule) (b)	Description				
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Commit		Check if travel outside	le of Texas, Complete Schedule T. officeholder living expense ing Hands			
9	Complete ONLY if direct expenditure to benefit C/O		ice sought		Office held			
	Date	Payee name						
	09/08/2017	WePay						
	Amount (\$) \$40.00	Payee address; City; State; 350 Convention Way 200 Redwood, CA 95131	Zip Code					
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this sched Contributions/Donations Made By Candidate/Officeholder/Political Committ	,	<u>Ll</u>	le of Texas. Complete Schedule T. officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/O	= ·	ice sought		Office held			
	Date	Payee name						
	09/21/2017	WePay						
	Amount (\$) \$300.00	Payee address; City; State; 350 Convention Way 200	Zip Code					
		Redwood, CA 95131	170					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Contributions/Donations Made By Candidate/Officeholder/Political Committee		Check if Austin, TX,	e of Texas. Complete Schedule T. officeholder living expense er Charities of America			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Called Co.	ce sought		Office held			

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SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F1: Sch: 33/34 Rpt: 41/42	2 FILER NAME Davenport, Stephanne		3 Filer ID
4 Date 10/21/2017	5 Payee name WePay		
6 Amount (\$) \$5.00	7 Payee address; City; State 350 Convention Way 200	; Zip Code	
	Redwood, CA 95131		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm	Check if travel of	outside of Texas. Complete Schedule T. TX, officeholder living expense Onation
Complete ONLY if direct expenditure to benefit C/O		Office sought	Office held
Date 10/21/2017	Payee name WePay		
Amount (\$) \$150.00	Payee address; City; State; 350 Convention Way 200	; Zip Code	
	Redwood, CA 95131		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school Contributions/Donations Made By Candidate/Officeholder/Political Comm	ittee Check if travel o	utside of Texas, Complete Schedule T. TX, officeholder living expense Vey Relief Fund
Complete ONLY if direct expenditure to benefit C/O		Office sought	Office held
Date 11/04/2017	Payee name WePay		
Amount (\$) \$2.50	350 Convention Way 200	Zip Code	
	Redwood, CA 95131		<u> </u>
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school Contributions/Donations Made By Candidate/Officeholder/Political Comm	Check if travel o	utside of Texas. Complete Schedule T. TX, officeholder living expense DNAtiON
Complete ONLY if direct expenditure to benefit C/O		Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Fees Office Overhead/Rental Expense Food/Beverage Expense Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Finting Expense Legal Services Salaries/Wages/Contract Labor		Transportation Equipment & Related Expense Travel in District Travel Out of District 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				3 Filer ID		
	Sch: 34/34 Rpt: 42/42	Davenport, S	Stephanne					
4	Date	5 Payee name						
	11/04/2017	WePay						
6	Amount (\$)	7 Payee address	s; City; Sta	ate; Zip Code	е			
	\$25.00	350 Convent	ion Way 200					
		ļ						
		Redwood, C	A 95131					
8	PURPOSE	(a) Category (See	Categories listed at the top of this	schedule) (t	Description			
	OF		/Donations Made By		Check if travel	outside of Texas. Complete	e Schedule T.	
	EXPENDITURE		fficeholder/Political Con	nmittee		, TX, officeholder living exp	ense	
					Trey Jennifer	Baxt Donation		
						4		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	eholder name	Office sough	nt	Office held		
	expenditure to benefit C/O							
	Date	Payee name						
	11/01/2017	Willis Band E	oosters					
	Amount (\$)	Payee address	; City; Sta	ite; Zip Code	2			
	\$50.00	PO Box 1245	i					
		Willis, TX 773	378					
_	PURPOSE	(a) Category (See	Categories listed at the top of this	schedule) (b) Description	·		
	OF THE PERSON		/Donations Made By			outside of Texas, Complete		
	EXPENDITURE	Candidate/Of	ficeholder/Political Con	nmittee	<u> </u>	TX, officeholder living expense		
					Sponsor Will	s High School Bar	10	
						Off []-	· -	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Office	eholder name	Office sough	ŧ	Office held		
	expenditure to benefit 6/6/			·				
	Date	Payee name						
	08/04/2017	Wise Confere	ence					
	Amount (\$)	Payee address	; City; Sta	te; Zip Code	:			
	\$250.00	6700 Woodla	nds Parkway 230 191					
		The Woodlan	ds, TX 77382					
	PURPOSE	(a) Category (see	Categories listed at the top of this	schedule) (b) Description			
	OF		/Donations Made By		ட	outside of Texas. Complete		
	EXPENDITURE		ficeholder/Political Com	nmittee	<u> </u>	TX, officeholder living exp	ense	
	•				Event Sponso	or		
					<u> </u>			
	Complete ONLY if direct	Candidate/Office	eholder name	Office sough	t	Office held		
	expenditure to benefit C/OI	٦						
		thios Commission	Langue othics	s state ty us			Version V1.0.5389	