### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

OAIIII AIGI			
The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS MR PERST	n 🔏	OFFICE USE ONLY
NAME	RODRE YEKE	SUFFIX IL	Date Recountly BLECTIONS RECEIVED TO
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	WHOLELIN TX	STE 48-521	FEB 2 6 2018
Change of Address		11221	In Call
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER  (713)  203 830	EXTENSION	Date Had delivered or Date postmarked
6 CAMPAIGN TREASURER NAME	MS MRS MR FIRST  SECK!	MI	Receipt # Amount \$  Date Processed
IVAIVIE	NICKNAME LAST	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); AFT / SI  27600 DM CIRCLE  WAGNOUN 7x	1	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 467 762	EXTENSION	
9 REPORT TYPE	January 15 30th day before electrical July 15 8th day before electrical strains and strains are strained as the strain strain strain strains are strained as the strain strain strain strains are strained as the strain st		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year / 26 / 18	THROUGH 2 /	Day Year 18
11 ELECTION	BLECTION DATE  Month Day Year Primary  General	ELECTION TYPE  Flunoff  Other  Description  Special	:
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IF KNOWN) DUSTICE & NOWGONEY	the Pore F PCT3 y lon. To Tx
	go то	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Courie	VERCES 1	5 Filer ID (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL SUPPORT THIS BOX IS FOR NOTICE OF POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.							
	COMMITTEE TYPE	COMMITTEE NAME					
	COMMITTEE ADDRESS						
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	8 80.00				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$0.00 \$ \$590.00				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED						
	4. TOTAL POLITICAL EXPENDITURES \$5565.97						
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$92,063.02						
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	\$76,000				
18 AFFIDAVIT							
			erjury, that the accompanying report is rmation required to be reported by me				
STATE PORT	LAURA ZARAGO	under Title 15 Election Øpde.					
	otary Public, State of My Commission Ex September 30, 2	pires 019	didate or Officeholder				
		Signature of Cano	lidate of Officerloides				
Sworn to and subscribed before me, by the said <u>ROTTIL WATE</u> , this the <u>Aloth</u>							
day of Fehruary, 20 2018, to certify which, witness my hand and seal of office.							
Harva Lar	ajója	Loura Karagoxa	Notary Public				
Signature of officer a	dininistering oath	Printed name of officer administering oath	Title of officer administering oath				



### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19 FILER NAME ) 20 Filer ID (Ethics Commis	ssion Filers)
160nnzi EMES	· · · · · · · · · · · · · · · · · · ·
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$	3590,00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	<u> </u>
3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
4. SCHEDULE E: LOANS \$	1
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	5565.97
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	- -
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Rowne V Exces	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
2/2/18	6 Contributor address; City; State; Zip Code	500.00
8 Principal occu	141SAMBERC Willis Tx 77378 pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
2/5/18	Contributor address; City; State; Zip Code	500.00
Date de la como	6 DEER BERRY CH The WOOD UNINGS (x	*
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	uoris)
Date	Full name of contributor	Amount of contribution (\$)
2/7/18	Samoy Hampton Contributor address; City; State; Zip Code Leld S SAfficon Halls Spring Tx 77379	100.00
Principal occuş	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2/7/18	Contributor address; City; State; Zip Code  (100 Fish hooks Cets. Smy Tx 7) 386	500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional	

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 100.00 8 Principal occupation / Job title (See Instructions) (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions Employer (See instructions) Date ut-of-state PAC (ID#; Amount of contribution (\$) 500,00 Principal occupation / Job title (See Instructions Employer (See Instructions) Date Amount of contribution (\$) out-of-state PAC (ID# 250.00 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.

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 500.00 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# Date Amount of contribution (\$) 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) out-of-state PAC (ID# 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.

	E	XPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/E y Gift/Av al Committee Legal \$	Expense Severage Expense vards/Memorials Expense Services Instruction Guide explai	Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salaries/Wages/Contract Labor ns 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)
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4 Date 1/26 18	5 Payee name	77	1 60 460	3
6 Amount (\$)	7 Payee address;		Zip Code	
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	Madaga	7 1607	TOMAS	Actum (zes
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0.30	Posex	85314 B	the Rouge La	. 70884
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	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
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Forms provided by Texas Eth	ics Commission www.ethic	s.state.tx.us	Revised 9/8/2015

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#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services	office Over xpense Polling Exp orials Expense Printing Exp	rhead/Rental Expense vense pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Cut Of District Other (enter a category not listed above)
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	ted at the top of this schedule)		de of Texas. Complete Schedule T.  TX, officeholder living expense
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	ATTACH ADDITIO	ONAL COPIES OF THIS S	SCHEDULE AS NEED	ED

EXPENDITURE CATEGORIES FOR BOX 8(a)

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politio Credit Card Payment	By Gift/Awa al Committee Legal S	everage Expense urds/Memorials Expense ervices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns 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)
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4 Date 14/18	5 Payee name	ML WAR	7	
6 Amount (\$) 38.59	7 Payee address;	City; State; Z	ty Code Kmy, Spring	Tx 77382
8	(a) Category (See Cat	egories listed at the top of this :		outside of Texas, Complete Schedule T.
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EXPENDITURE CATEGORIES FOR BOX 8(a)

#### SCHEDULE F1

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8 PURPOSE	(a) Category (See Category	ories listed at the top of th	·   ` · · · ·	t avel outside of Texas. Complet	e Schedule T.
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EXPENDITURE CATEGORIES FOR BOX 8(a)

EXPENDITURE CATEGORIES FOR BOX 8(a)					
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	Candidate / Officeholder name	PARKILO	Office held
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6 Amount (\$)	7 Payee address;	City; State; Zip Co	ode			
23.00	P.O. Box 72	94 (he	woodlaus	女 71387		
8	(a) Category (See Categories lis	ted at the top of this schedu	(b) Description			
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OF EXPENDITURE	Control hour	On Arm	Check if Austi	n, TX, officeholder living expense		
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholde	er name	Office sought	Office held		
Date	Payee name		·			
Amount (\$) Payee address; City; State; Zip Code						
	Category (See Categories list	ed at the top of this schedu	le) <u>Des</u> cription			
PURPOSE			Check if travel or	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE			Check if Austin	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholds	er name	Office sought	Office held		
Date	Payee name					
Amount (\$)	Payee address;	City; State; Zip Co	ode			
	Category (See Categories list	ed at the top of this schedu				
PURPOSE				utside of Texas. Complete Schedule T.		
OF EXPENDITURE	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate / Officehold	er name	Office sought	Office held		
expenditure to benefit C/OH						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						