

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 24
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST RONALD	MI A
	NICKNAME Ronnie	LAST VEAR	SUFFIX II
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6606 Fm 1488 STE 148-521 MAGNOLIA TX 77356		
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (713) 203 8307		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS	FIRST Becky	MI L
	NICKNAME VEAR	LAST VEAR	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 27600 Dry Creek Rd MAGNOLIA TX 77354		
	8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (281) 467 7628		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 08 / 11 / 2017 THROUGH 12 / 31 / 2017		
11 ELECTION	ELECTION DATE Month Day Year 03 / 06 / 2018		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Justice of the Peace PCT 3 Montgomery County

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Ronald A. Yerkes II

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 35,160.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 11,154.39

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

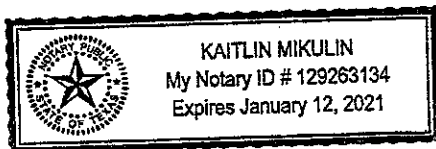
\$ 100,005.61

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 76,000.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ronald A. Yerkes II, this the 12 day of January 2018, to certify which, witness my hand and seal of office.

Kaitlin Mikulin

Signature of officer administering oath

Kaitlin Mikulin

Printed name of officer administering oath

Notary

Title of officer administering oath

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SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Remain A / ENTES II		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 35,160.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 76,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 11,006.96
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 147.43
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>7</u>
2 FILER NAME <u>Ronald A Yancey II</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/2/17</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>DIANE EGGERT</u> 6 Contributor address; City; State; Zip Code <u>3030 LOCUST ST. SAN DIEGO CA 92110</u>	7 Amount of contribution (\$) <input checked="" type="checkbox"/> <u>\$250.00</u>
8 Principal occupation / Job title (See instructions) <u>RETIRED</u>		9 Employer (See instructions) <u>RETIRED</u>
Date <u>10/31/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>SANDRA RANUATER</u> Contributor address; City; State; Zip Code <u>65 WILSHIRE SUITE PL. SPRING TX. 77378</u>	Amount of contribution (\$) <input checked="" type="checkbox"/> <u>\$103.00</u>
Principal occupation / Job title (See instructions) <u>TRUCKER</u>		Employer (See instructions) <u>DPS</u>
Date <u>11/28/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>CORY CREASHAW</u> Contributor address; City; State; Zip Code <u>8009 GLASS BEAUMONT TX 77606</u>	Amount of contribution (\$) <input checked="" type="checkbox"/> <u>\$1000.00</u>
Principal occupation / Job title (See instructions) <u>ATTY</u>		Employer (See instructions) <u>SELF</u>
Date <u>12/15/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>BOBBY GROSS</u> Contributor address; City; State; Zip Code <u>20114 WAY GRIZ PARK SPRING TX 77379</u>	Amount of contribution (\$) <input checked="" type="checkbox"/> <u>\$103.00</u>
Principal occupation / Job title (See instructions) <u>MACHINEY SPECIALIST</u>		Employer (See instructions) <u>LYONNET BESSILL</u>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Ronaldo A YERGES II		3 Filer ID (Ethics Commission Filers)
4 Date 12/14/17	5 Full name of contributor MISTI GIBSON <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; 2474 Thicket Knolls Spring Tx 77389 City; State; Zip Code	7 Amount of contribution (\$) \$103.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions) Klein Eye Care
Date 12/31/17	Full name of contributor William Bryant <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; 6506 Over Point Dr Spring Tx 77389 City; State; Zip Code	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) BYGNS Engineering
Date 9/22/17	Full name of contributor Leletha Blackburn <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; 333 N. Riverside Dr. STE 285 COMMERCE TX 77304 City; State; Zip Code	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 9/19/17	Full name of contributor Ronaldo YERGES <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; 27007 Dry creek Rd WACO TX 77354 City; State; Zip Code	Amount of contribution (\$) \$30,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Raulo A YERGEN II		3 Filer ID (Ethics Commission Filers)
4 Date 9/14/17	5 Full name of contributor Blake Meaux <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code 83 N. Royal Fern Dr. Spring Tx 77380	7 Amount of contribution (\$) \$1000.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) no! WSCLE
Date 10/11/17	Full name of contributor Cameron Peoples <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 4919 Park Lane Dr. Bryan Tx 77802	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Atty		Employer (See Instructions) Self
Date 10/20/17	Full name of contributor Douglas Atkinson <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 19194 Lake Trace Dr. Montgomery Tx 77356	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 11/11/17	Full name of contributor Will Calderon <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 5572 Pipers Meadow Columbus OH 43228	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Atty		Employer (See Instructions) SELF
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME *Rena A YEATES II*

3 Filer ID (Ethics Commission Filers)

4 Date

11/11/17

5 Full name of contributor

Jim Jones

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$ 400.00

6 Contributor address;

City; State; Zip Code

P.O. Box 1166, Bryan Tx 77806

8 Principal occupation / Job title (See Instructions)

Atty

9 Employer (See Instructions)

SELF

Date

12/7/17

Full name of contributor

James Willi

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 300.00

Contributor address;

City; State; Zip Code

10916 Palgrave Court Austin Tx 78739

Principal occupation / Job title (See Instructions)

Atty

Employer (See Instructions)

SELF

Date

12/28/17

Full name of contributor

Sunny Ellen

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

110 N Winking Fox Ave Bryan Tx 77803

Principal occupation / Job title (See Instructions)

Businessman

Employer (See Instructions)

SELF

Date

12/18/17

Full name of contributor

Darwin Carter

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 103.00

Contributor address;

City; State; Zip Code

22501 Goldstone Katy Tx 77450

Principal occupation / Job title (See Instructions)

Atty

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME

Ramiro A. Yencio II

3 Filer ID (Ethics Commission Filers)

4 Date

12/7/17

5 Full name of contributor

Laurie Sellers

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$ 30.00

6 Contributor address;

City; State; Zip Code

PO Box 260 Katy TX 77492

8 Principal occupation / Job title (See Instructions)

Att'y

9 Employer (See Instructions)

SETE

Date

11/11/17

Full name of contributor

MARSHA BANKS

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$ 50.00

Contributor address;

City; State; Zip Code

1206 WINDING RD College St. TX 77840

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

12/7/17

Full name of contributor

MAXWELL MATTHEWSEN

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$ 30.00

Contributor address;

City; State; Zip Code

19300 AMBASSADOR AVE CUNEO CA 92881

Principal occupation / Job title (See Instructions)

NEWS MANAGER

Employer (See Instructions)

K & N Engineering

Date

12/2/17

Full name of contributor

Shelly Peterkin

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$ 30.00

Contributor address;

City; State; Zip Code

25335 ORR HWY DR. Spring TX 77389

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Knoble Energy

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME: Paul A. Yates II		3 Filer ID (Ethics Commission Filers)
4 Date: 12/18/17	5 Full name of contributor: EDGAR BAQUERO <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address: 6023 TERRAVIVA DR. Spring Tx 77379 City: _____ State: _____ Zip Code: _____	7 Amount of contribution (\$): \$103.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date: 9/22/17	Full name of contributor: Charles Crosby <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$): \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date: 10/18/17	Full name of contributor: Chrystal Lege <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$): \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date: 12/3/17	Full name of contributor: Liane Thibodeaux <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: PO Box 523 Bryan Tx 77806 City: _____ State: _____ Zip Code: _____	Amount of contribution (\$): \$30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 9/22/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Hill 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$ 50.00
8 Principal occupation / Job title (See Instructions) PILOT		9 Employer (See Instructions) SELF
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Ronald A. Vercas II		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 10/8/17	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald A. Vercas II	9 Loan Amount (\$) \$70,000.00
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 21600 Dry creek Rd MAGNOLIA TX 77354	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Atty		13 Employer (See Instructions) Groves County
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 10/16/17	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald A. Vercas II	Loan Amount (\$) \$6000.00
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code 21600 Dry creek Rd MAGNOLIA TX 77354	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) Atty		Employer (See Instructions) Groves County
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12		2 FILER NAME Ramiro A YATES II		3 Filer ID (Ethics Commission Filers)	
4 Date 10/10/17		5 Payee name Office MAX			
6 Amount (\$) 44.90		7 Payee address; City; State; Zip Code 32954 FM 2978, STE 500, MAGNOLIA TX 77354			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office overhead		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense planner	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/7/17		Payee name AMAZON.COM			
Amount (\$) 6.99		Payee address; City; State; Zip Code PO BOX 81226, SEATTLE WA 98108			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) office overhead		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense card holder	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/9/17		Payee name Starbucks			
Amount (\$) 13.69		Payee address; City; State; Zip Code 6643 FM 1488, MAGNOLIA TX 77354			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food / Beverage		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/coffee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12	2 FILER NAME RURALD A. YERES II	3 Filer ID (Ethics Commission Filers)
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4 Date 10/10/17	5 Payee name The Woodlands Republican Women
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6 Amount (\$) 23.00	7 Payee address; City; State; Zip Code Po Box 7294 The Woodlands TX 77387
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution / Donation	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/21/17	Payee name TARGET
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Amount (\$) 38.59	Payee address; City; State; Zip Code 14302 FM 2920 Tomball TX 77375
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office overhead	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense phone
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/8/17	Payee name wright williams & Assoc.
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Amount (\$) 65.02	Payee address; City; State; Zip Code 14900 Avery Ranch Blvd C200-42 Austin TX 78717
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEB.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12	2 FILER NAME Ronald A. YEATES II	3 Filer ID (Ethics Commission Filers)
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4 Date 10/31/17	5 Payee name FACEBOOK.COM
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6 Amount (\$) 218.39	7 Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK CA. 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROMO.
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/31/17	Payee name The woodlans Republican Women
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Amount (\$) 23.00	Payee address; City; State; Zip Code PO BOX 7294 The woodlans Tx 77387
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) contribution / donation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luncheon
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/7/17	Payee name Ducks Unlimited
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Amount (\$) 40.00	Payee address; City; State; Zip Code 1 waterfowl way, Memphis TN 38120
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) contribution / donation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

11/24

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12	2 FILER NAME Rena In A / EALD II	3 Filer ID (Ethics Commission Filers)
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4 Date 11/2/17	5 Payee name Lake County Area Republican Union
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6 Amount (\$) 20.00	7 Payee address; City; State; Zip Code PO BOX 737 Montgomery TX 77356
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) contribution/union	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luncheon
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/15/17	Payee name USPS
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Amount (\$) 14.70	Payee address; City; State; Zip Code 122 N Holmworth Blvd Tumball TX 77375
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office overhead	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense postage
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/16/17	Payee name VISTA PRINT.COM
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Amount (\$) 20.48	Payee address; City; State; Zip Code 95 Hayden Ave Lexington MA 02421
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office overhead	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense stamp
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

15/24

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12	2 FILER NAME Renato A. Velasco II	3 Filer ID (Ethics Commission Filers)
4 Date 11/10/17	5 Payee name Big frog	
6 Amount (\$) 58.42	7 Payee address; City; State; Zip Code 14320 Fm 2920e, Tuckman Tx 77377	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T. Shute

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 11/21/17	Payee name MCRP Printing Acct	
Amount (\$) 1000	Payee address; City; State; Zip Code 310 metcalf, CONROE TX 77301	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 12/1/17	Payee name Incredible Pizza	
Amount (\$) 7.58	Payee address; City; State; Zip Code 230 S Loop 334 W CONROE TX 77304	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense dining

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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16/24

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12	2 FILER NAME Ramon A. / GARCIA II	3 Filer ID (Ethics Commission Filers)
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4 Date 12/9/17	5 Payee name TANGET
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6 Amount (\$) 38.59	7 Payee address; City; State; Zip Code 32858 FM 2978 MAGNOLIA TX 77551
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office overhead	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense phone
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/15/17	Payee name Office max
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Amount (\$) 27.21	Payee address; City; State; Zip Code 14424 FM 2920 TANKA 1 TX 77377
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office overhead	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hins
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/21/17	Payee name Dickens . Com
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Amount (\$) 48.79	Payee address; City; State; Zip Code 509 WICKERY BLVD FT WORTH TX 76104
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense shirts
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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17/24

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12		2 FILER NAME Ramiro A VERA II		3 Filer ID (Ethics Commission Filers)	
4 Date 12/28/17		5 Payee name OFFICE MAX			
6 Amount (\$) 15.14		7 Payee address; City; State; Zip Code 329th Fm 2978 STE 500 MAGNOLIA TX 77354			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office overhead		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BINS	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/28/17		Payee name WOODLANDS CHAMBER COUNCIL			
Amount (\$) 75.00		Payee address; City; State; Zip Code 9320 LAKESIDE ST # 200, The woodlands TX 77381			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contribution / donation		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/31/17		Payee name FACEBOOK			
Amount (\$) 72.15		Payee address; City; State; Zip Code 1 Hacker way menlo PARK CA 94025			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Promo	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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18/24

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12	2 FILER NAME Runko ALEXIS II	3 Filer ID (Ethics Commission Filers)
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4 Date 12/28/17	5 Payee name WRAP STARS
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6 Amount (\$) 1691.40	7 Payee address; City; State; Zip Code 1603 Rayburn Rd Spring Tx 77386
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8 PURPOSE OF EXPENDITURE Advertising	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/19/17	Payee name MATT SPENCE
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Amount (\$) 125.00	Payee address; City; State; Zip Code 9934 Wrig St. Carroll Tx 77385
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PURPOSE OF EXPENDITURE Advertising	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banners
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/26/17	Payee name First Transitions
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Amount (\$) 5000.00	Payee address; City; State; Zip Code 11600 Jones Rd 108 Houston Tx 77070
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PURPOSE OF EXPENDITURE Consulting Expense	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consultation
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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19/24

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12		2 FILER NAME Ramiro A. VERA II		3 Filer ID (Ethics Commission Filers)	
4 Date 12/15/17		5 Payee name Diliberto Photo			
6 Amount (\$) 634.13		7 Payee address; City; State; Zip Code 9218 Silver tip Dr. Spring Tx 77379			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T shirts	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/29/17		Payee name Friends of The NRA			
Amount (\$) 600.00		Payee address; City; State; Zip Code 11250 Waples mill rd Fairfax VA 22030			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contribution/donation		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/2/17		Payee name Mark Keong, L. for Cindy Jase			
Amount (\$) 100.00		Payee address; City; State; Zip Code 266 Woodmere Pl The Woodlands Tx 77381			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contribution/donation		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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20/24

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12		2 FILER NAME Runo A. Votaw II		3 Filer ID (Ethics Commission Filers)	
4 Date 9/26/17		5 Payee name The Republic Conille			
6 Amount (\$) 63.24		7 Payee address; City; State; Zip Code 30390 FM 2978, STE 800 The woodlands Tx 77382			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meet w/ constituents	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/6/17		Payee name Amazon. Com			
Amount (\$) 26.80		Payee address; City; State; Zip Code PO Box 81226, Seattle WA 98108			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAIDS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/16/17		Payee name VPS STORE			
Amount (\$) 212.00		Payee address; City; State; Zip Code 6606 FM 1488 STE 148 WACO TX 77354			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Rental expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MAIL BOX	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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21/24

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12		2 FILER NAME Runkin A. VORIGS II		3 Filer ID (Ethics Commission Filers)	
4 Date 9/30/17		5 Payee name FACEBOOK.COM			
6 Amount (\$) 6.58		7 Payee address; City; State; Zip Code 1 Hacker way, Menlo Park CA 94025			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense promo	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/28/17		Payee name FACEBOOK.COM			
Amount (\$) 50.09		Payee address; City; State; Zip Code 1 Hacker way Menlo Park CA 94025			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Promo	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/28/17		Payee name FACEBOOK.COM			
Amount (\$) 25.01		Payee address; City; State; Zip Code 1 Hacker way Menlo Park CA 94025			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Promo	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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22/24

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Ramiro A YERRES II		3 Filer ID (Ethics Commission Filers)	
4 Date 10/2/17		5 Payee name WAL MART			
6 Amount (\$) 91.63		7 Payee address; City; State; Zip Code 21150 Kuykendahl Rd Spring Tx 77379			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense phone	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/8/17		Payee name Rennie YERRES			
Amount (\$) 401.76		Payee address; City; State; Zip Code 27600 Dry Creek Rd Macomber Tx 77354			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Reimbursement		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense web, logo design, WTX, AB networks	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/31/17		Payee name Anedot.com			
Amount (\$) 101.68		Payee address; City; State; Zip Code PO Box 84314 Baton Rouge La 70884			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense transaction	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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23/24

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME RONALD A. VATES II	3 Filer ID (Ethics Commission Filers)
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4 Date 9/8/17	5 Payee name FRIENDS of NRA
6 Amount (\$) \$0.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 11250 Waples Mill Rd. Fairfax VA. 22030

8 PURPOSE OF EXPENDITURE CONTRIBUTION / DONATION	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION / DONATION	(b) Description EVENT <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/2/17	Payee name MARINE MAN PRESS
Amount (\$) \$4.13 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 17484 NW Fwy Houston TX 77040

PURPOSE OF EXPENDITURE ADVERTISING	Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description BADGES <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/18/17	Payee name MARINE MAN PRESS
Amount (\$) 43.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 17484 NW Fwy Houston TX 77040

PURPOSE OF EXPENDITURE ADVERTISING	Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description BADGES <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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24/24