# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to compl	ete this form.	)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Commissioner	FIRST Charlie	MI	DAN 1 2 2018
	NICKNAME	LAST Riley	SUFFIX	1 Page 3
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT 31803 CottonWood Lane	/SUITE#; CITY;	ZIP CODE	Date Hand delivered of Date Postma sed  Receipt # Amount
Change of Address	Magnolia, TX 77355			Date Processed  Date Imaged
5 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST JOAnne	MI	
	NICKNAME	LAST MOORC	SUFFIX	######################################
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO		APT/SUITE#; CITY;  Montgo	state; zip code mery TX 77316
7 CAMPAIGN TREASURER PHONE		E NUMBER EXTENSION 94 - 0593	N	
8 REPORT TYPE	X January 15  July 15	30th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 07/01/2017	THROUGH	Month Day 12/31/201	Year 7
10 ELECTION	ELECTION DATE Month Day Year 03/06/2018	X Primary General	ELECTION TYPE Runoff Special	Other
11 OFFICE	OFFICE HELD (if any) County Commissioner, Pc	t 2 Montgomery	12 OFFICE SOUGHT County Commiss	
		GO TO PAGE	2	

## CANDIDATE / OFFICEHOLDER REPORT:

### FORM C/OH COVER SHEET PG 2

SUPPORT	& IUIALS			2 of 61			
13 C / OH NAME	Riley, Charlie (Comm	issioner)	14 Filer ID				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without I officeholders are required to report this information	t the candidate's or office	eholder's knowledge or			
Additional Pages	COMMITTEE TYPE  GENERAL	COMMITTEE NAME					
	SPECIFIC	COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRE	ss	·			
16 CONTRIBUTION TOTALS							
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 37,570.00			
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLESS	S ITEMIZED	\$ 0.00			
	4. TOTAL POLITIC	<b>\$</b> 129,313.19					
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE I	AST DAY OF THE	\$ 88,225.25			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00			
17 AFFADAVIT	DEBORAH CLAIRE HE Notary Public, State of Comm. Expires 02-2 Notary ID 12890	of Texos 4-2020 IS14 Oho No Oil a	Il information required to	der			
Sworn to and subse	cribed before me by the sa	rtify which, witness my hand and seal of office.	, this the	day			
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath			

www.ethics.state.tx.us

#### FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 61 **18 FILER NAME** 19 Filer ID Riley, Charlie (Commissioner) 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 37,520.00 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 50.00 3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 4. SCHEDULE E: LOANS \$ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 5. $\square$ \$ 76,033.19 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS lxl \$ 53,280.00 SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS 7. \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 11. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. X \$ 400.00 TO FILER

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/7 Rpt: 4/61 2 FILER NAME 3 Filer ID Riley, Charlie (Commissioner) 5 Full name of contributor Date 7 Amount of Contribution (\$) out-of-state PAC (ID#:\_ 10/06/2017 \$250.00 Arevalo, Alice 6 Contributor address; City; State; Zip Code 43130 Sanders Cemetery Rd Magnolia, TX 77355 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Owner Country Air Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#:\_ 08/25/2017 Bell, Charlie \$150.00 Contributor address; City; State; Zip Code 30421 Old Hockley Road Magnolia, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions) Student Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 10/06/2017 Brooks, Freddie \$500.00 Contributor address; City; State; Zip Code 284 Jeffcote Rd Conroe, TX 77303 Principal occupation / Job title (See Instructions) Employer (See Instructions) HTS Consultants Engineer Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:\_ \$500.00 08/25/2017 Buckalew, Don A. Contributor address; City; State; Zip Code P.O Box 2627 Conroe, TX 77305 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Buckalew Chevrolet** President Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:\_ \$250.00 09/06/2017 Buckalew, Don A. Contributor address; City; State; Zip Code P.O. Box 500 Conroe, TX 77305 Principal occupation / Job title (See Instructions) Employer (See Instructions) President **Buckalew Chevrolet**

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/7 Rpt: 5/61 2 FILER NAME Filer ID Riley, Charlie (Commissioner) 7 Amount of Contribution (\$) Date 5 Full name of contributor out-of-state PAC (ID#:\_ 10/25/2017 Buckley, Glenn \$150.00 6 Contributor address; City; State; Zip Code 2427 Blue Lake Dr. Magnolia, TX 77354 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 10/25/2017 \$500.00 Cieslewicz, Bobby & Lori Contributor address; City; State; Zip Code 9320 Zaka Road Houston, TX 77054 Employer (See Instructions) Principal occupation / Job title (See Instructions) Dynamic Glass Vice President Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:\_ Date \$500.00 10/25/2017 Clarkson, Hugh Contributor address; City; State; Zip Code 21020 Park Row Katy, TX 77449 Employer (See Instructions) Principal occupation / Job title (See Instructions) West Belt Surveying Surveyor Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$250.00 10/25/2017 Cobb Fendley PAC Contributor address; City; State; Zip Code 13430 Northwest Freeway #1100 Houston, TX 77040 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_ Amount of Contribution (\$) \$500.00 08/25/2017 Costello PAC Contributor address; City; State; Zip Code 9990 Richmond Ave Suite 450-N Houston, TX 77042 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/7 Rpt: 6/61 2 FILER NAME 3 Filer ID Riley, Charlie (Commissioner) Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/25/2017 Cunningham, Brian \$500.00 6 Contributor address; City; State; Zip Code 9822 Whithor Dr, Suite A Houston, TX 77095 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Project Surveillance Owner Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/25/2017 Denio, Doris W. \$100.00 Contributor address; City; State; Zip Code 19 Robindale Cir The Woodlands, TX 77384 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 10/25/2017 \$1,000.00 Eastwood, David Contributor address; City; State; Zip Code 17407 Eastex Freeway Service Rd Houston, TX 77396 Principal occupation / Job title (See Instructions) Employer (See Instructions) Geotech Engineering President Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 12/21/2017 \$500.00 Free, Gerald Contributor address; City; State; Zip Code 25502 Candy Ln Magnolia, TX 77355 Principal occupation / Job title (See Instructions) Employer (See Instructions) President Jerrico Construction Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$5,000.00 10/12/2017 Frey, Paul Contributor address; City; State; Zip Code 30310 - B Tomball Parkway Tomball, TX 77375 Principal occupation / Job title (See Instructions) Employer (See Instructions) President Frey Inc.

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/7 Rpt: 7/61 2 FILER NAME Filer ID Riley, Charlie (Commissioner) Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$100.00 08/25/2017 Grable, Charles 6 Contributor address; City; State; Zip Code 30510 Green Forest Dr. Magnolia, TX 77354 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$200,00 10/25/2017 Grable, Charles Contributor address; City; State; Zip Code 30510 Green Forest Dr. Magnolia, TX 77355 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:\_ 10/02/2017 \$1,000.00 Henkel, Lyle & Vickie Contributor address; City; State; Zip Code 6915 Alderney Dr Houston, TX 77055 Principal occupation / Job title (See Instructions) Employer (See Instructions) Terra Associates Inc. Civil Engineer Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 10/02/2017 Hicks, Frank & Karen \$1,000.00 Contributor address; City; State; Zip Code 1534 Virgie Community Rd Magnolia, TX 77354 Employer (See Instructions) Principal occupation / Job title (See Instructions) Hughes Natural Gas Manager Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$1,500.00 10/25/2017 Holzworth, John Contributor address; City; State; Zip Code 103 Greenway Dr. Conroe, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) The Holzwarth Co Owner

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/7 Rpt: 8/61 2 FILER NAME 3 Filer ID Riley, Charlie (Commissioner) Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/14/2017 Home PAC \$1,000.00 6 Contributor address; City; State; Zip Code 9511 W. Sam Houston Pkwy N Houston, TX 77064 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 10/02/2017 Johnson, Virgil \$1,000.00 Contributor address; City; State; Zip Code 101 Elk Tracey Parkway Montgomery, TX 77316 Principal occupation / Job title (See Instructions) Employer (See Instructions) Vice President Johnson Development Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) Date 08/25/2017 \$500.00 King, Chopin Contributor address; City; State; Zip Code 11826 Live Oak Dr. Magnolia, TX 77354 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$2,500.00 10/02/2017 Kolluru, Prasad Contributor address; City; State; Zip Code 8303 Southwest Frwy #600 Houston, TX 77074 Employer (See Instructions) Principal occupation / Job title (See Instructions) President Amani Engineering Inc. Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$500.00 08/25/2017 LAN PAC Contributor address; City; State; Zip Code 2925 Briarpark Dr. 4th Floor Houston, TX 77042 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/7 Rpt: 9/61 3 Filer ID 2 FILER NAME Riley, Charlie (Commissioner) 5 Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: \$5,000.00 10/25/2017 Meadows, Scott 6 Contributor address; City; State; Zip Code 175 Stevin Straat Montgomery, TX 77356 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) IT Consultant Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 10/02/2017 \$1,000.00 Paderanga, Andrew Contributor address; City; State; Zip Code 26314 Crescent Cove Lane Katy, TX 77494 Principal occupation / Job title (See Instructions) Employer (See Instructions) Vice President R.G. Miller Engineers Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:\_ \$500,00 12/21/2017 Perdue Brandon Fielder Collins & Mott Contributor address; City; State; Zip Code 1235 North Loop West Suite 600 Houston, TX 77008 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$5,000.00 10/25/2017 Singh, Bobby Contributor address; City; State; Zip Code 12511 Still Harbor Dr. Houston, TX 77041 Employer (See Instructions) Principal occupation / Job title (See Instructions) Principal Isani Consultants Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$1,000.00 08/25/2017 Smith, Walter Contributor address; City; State; Zip Code 990 Village Square Dr. Suite P Tomball, TX 77375 Employer (See Instructions) Principal occupation / Job title (See Instructions) Engineer Arbor Leaf Engineering

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 7/7 Rpt: 10/61 3 Filer ID 2 FILER NAME Riley, Charlie (Commissioner) 5 Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#:\_ \$500.00 10/06/2017 Springer, Bruce & Susie 6 Contributor address; City; State; Zip Code 19706 Timber Ridge Dr. Tomball, TX 77355 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 08/25/2017 Stuckey's Contract Services LP \$1,530.00 Contributor address; City; State; Zip Code P.O. Box 1204 Magnolia, TX 77353 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$1,000.00 10/25/2017 Whitney, Matt Contributor address; City; State; Zip Code 2040 N. Loop 336 #120 Conroe, TX 77304 Employer (See Instructions) Principal occupation / Job title (See Instructions) Whitney & Associates Owner out-of-state PAC (ID#: Amount of Contribution (\$) Date Full name of contributor 10/02/2017 William E. Dark DBA \$2,000.00 Contributor address; City; State; Zip Code 19221 IH-455 #370 Conroe, TX 77385 Principal occupation / Job title (See Instructions) Employer (See Instructions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form	1 Total pages Schedule A2: Sch: 1/1 Rpt: 11/61					
2 FILER NAME Riley, Charlie (Commissioner)	3 Filer ID					
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTION	sons \$					
Date 10/14/2017 Christ, Bryan Contributor address; City; State; Zip Code 29567 Tudor Way  Magnolia, TX 77355  B Amount of contribution contribution (\$) description \$50.00   Provided electrical work on day of event						
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 E	mployer (FOR NON-JUDICIAL) (See instructions)					
12 Contributor's principal occupation (FOR JUDICIAL)  13 C	ontributor's job title (FOR JUDICIAL) (See instructions)					
14 Contributor's employer/law firm (FOR JUDICIAL)  15 L	aw firm of contributor's spouse (if any) (FOR JUDICIAL)					
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

#### SCHEDULE F1

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

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

Food/Beverage Expense Gift/Awards/Memorials 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: 1/48 Rpt: 12/61 Riley, Charlie (Commissioner) 4 Date 5 Payee name 08/22/2017 **ABC Voter Contact** 6 Amount (\$) Payee address; City; State; Zip Code \$340.30 7941 Katy Freeway, #300 Houston, TX 77024 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Mailing List Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 12/18/2017 Amazon Payee address; State; Zip Code Amount (\$) City; 27010 Concho Trail \$28.12 Magnolia, TX 77355 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/18/2017 Amazon Payee address; State; Zip Code Amount (\$) City; \$52.18 27010 Concho Trail Magnolia, TX 77355 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held 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 Printing Expense

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

Travel Out of District 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 F1: 2 FILER NAME 3 Filer ID Sch: 2/48 Rpt: 13/61 Riley, Charlie (Commissioner) 4 Date Payee name 08/14/2017 Americans Stand United 6 Amount (\$) Payee address; City; State; Zip Code \$55.00 P.O. Box 58 Magnolia, TX 77353 **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 Donation: Purchased Auction Item at Fundraiser Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 08/21/2017 Back the Brave Amount (\$) Payee address; State; Zip Code City; \$120.00 11400 FM 2854 Conroe, TX 77304 **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** Chack if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation to Fundraiser Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/30/2017 **Bradshaw & Associates** Amount (\$) Payee address; City; State; Zip Code \$2,030.48 1110 Nasa Pkwy Houston, TX 77058 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense **Event mailout** Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

### SCHEDULE F1

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 Printing Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			,
_			
1	Total pages Schedule F1:		3 Filer ID
-	Sch: 3/48 Rpt: 14/61	Riley, Charlie (Commissioner)	
4	Date	5 Payee name	
_	09/21/2017	Brett Ligon Campaign	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00	P.O. Box 805	
	•	116.357.65	
		Montgomery, TX 77354	
_	DUDDAGE		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Captailly those (Depositions Model But)	avel outside of Texas, Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made by	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
	ı	• · · · · · · · · · · · · · · · · · · ·	to Annual Fundraiser
	ı		5 Attitude i dilutaco
_		Office country	3
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
-	experiuncie to sensin		
	Date	Payee name	
	11/21/2017	Brookshire Brothers	'
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,712.54	18535 Farm to Market Rd 1488	
	1	<b>2000</b> • • • • • • • • • • • • • • • • • •	
	ļ	Manaka TV 779EE	
		Magnolia, TX 77355	<del></del>
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Cite/Awards/wethoridis Expense	avel outside of Texas. Complete Schedule T.
	<u> </u>	<del>  </del>	ustin, TX, officeholder living expense Hams for Pct 2 Employees
	!	i uneyo a	Hairs for Fet 2 Employees
	The Course of the Land	- "I to	AB 1-13
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/15/2017	Brookshire Brothers	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.48	18535 Farm to Market Rd 1488	1
			1
		Magnolia, TX 77355	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
	1		Sign Materials
		Varipaign	Sign materials
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiulture to beliefit e.e.		

#### SCHEDULE F1

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

Event Expense Loan Repayme
Fees Office Overhee
Food/Beverage Expense Polling Expens
Gift/Awards/Memorials Expense Printing Expen

**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

	Contributions/ Donations Made By Candidate/Officeholder/Politica	Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract L	Travel Out of District  abor OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this fo	rm.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID
	Sch: 4/48 Rpt: 15/61	Riley, Charlie (Commissioner)	
4	Date	Payee name	
	12/18/2017	Build a Sign	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$251.14	11525 Stonehollow Dr Ste A100	
		Austin, TX 78758	
8	PURPOSE OF	a) Category (See Categories listed at the top of this schedule)     (b) Description	
	EXPENDITURE	Tilliang Expense	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
			ign Supplies
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	onpolitation to politoni or or		
	Date	Payee name	
	07/24/2017	City of Magnolia	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$825.00	18111 Buddy Riley Blvd	
		Magnolia, TX 77354	
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule)	
	EXPENDITURE	Event Expense	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
		II	Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol		
	Date	Payee name	
	10/10/2017	City of Magnolia	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$325.00	18111 Buddy Riley Blvd	
		Magnolia, TX 77354	
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Descript	
	EXPENDITURE	Event Expense	if travel outside of Texas. Complete Schedule T.  If Austin, TX, officeholder living expense
		Venue	- '
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
			Į
	mo provided by Toyon Et	ico Commission	Vareign V/1 0 E0E1

### 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 Re Fees Office C Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing Loral Sopines Salaries

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

	Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1:	
	Sch: 5/48 Rpt: 16/61	Riley, Charlie (Commissioner)
4		5 Payee name
	09/18/2017	Conroe Noon Lion's Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	1106 Wilson Rd
		Conroe, TX 77301
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas, Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation to Annual Fundraiser
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
	Date	Payee name
	12/11/2017	Conroe Professional Firefighters Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 306
		Conroe, TX 77305
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Donation: Coat Fundraiser
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	07/25/2017	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.97	1601 Trapelo Road
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fees - Monthly Newsletter
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

#### 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

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

Travel Out of District 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 F1: 2 FILER NAME 3 Filer ID Sch: 6/48 Rpt: 17/61 Riley, Charlie (Commissioner) 4 Date Payee name 08/25/2017 **Constant Contact** 6 Amount (\$) Payee address; City; State; Zip Code \$47.97 1601 Trapelo Road Waltham, MA 02451 **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 Fees - Monthly Newsletter Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 09/25/2017 Constant Contact Payee address; State; Zip Code Amount (\$) City; 1601 Trapelo Road \$47.97 Waltham, MA 02451 **PURPOSE** (b) Description (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 Newsletter Software Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/25/2017 Constant Contact Payee address; City; State; Zip Code Amount (\$) \$47.97 1601 Trapelo Road Waltham, MA 02451 **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 Newsletter Software Fees Complete ONLY if direct Office held Candidate/Officeholder name Office sought expenditure to benefit C/OH

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

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

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

	Candidate/Officeholder/Politica		nmittee	GilvAwarus/Memoriais E) Legal Services	kpense	Salaries/W		e/Contract Labor		OTHER (enter a category	y not listed above)
	Credit Card Payment			The Instruction Guid	de explains h	now to cor	mple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	
	Sch: 7/48 Rpt: 18/61		Riley, Charl	e (Commissioner	r)						
4	Date	5	Payee name								
	11/25/2017		Constant Co	ontact							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de				
	\$47.97		1601 Trapel	o Road							
			Waltham, M	A 02451							
8	PURPOSE	(a)	Category (Se	e Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Fees					<u></u>		e of Texas. Complete Scl officeholder living expense	
								Newsletter Sc			<b>5</b>
9	Complete ONLY if direct		andidate/Offic	ceholder name	0	ffice soud	aht			Office held	
	expenditure to benefit C/OI										
-	Date	Г	Payee name					· · · · · · · · · · · · · · · · · · ·		·_:	
	12/26/2017		Constant Co	ontact							
	Amount (\$)		Payee addres	s; City;	State;	Zip Cod	de				
	\$47.97		1601 Trapel	•	·	·					
			•								
			Waltham, M	A 02451							
	PURPOSE	(a)	Category (Se	e Categories listed at the	top of this sche	dule)	(b)	Description		<u>.</u>	
	OF EXPENDITURE		Fees	•				<b>-</b>		e of Texas. Complete Sch	
								Check if Austin, Newsletter Sc		officeholder living expense are Eees	9
								Newsletter Sc	J1 (44)	are i ces	
	Complete ONLY if direct		andidate/Offic	ceholder name	01	ffice souc	aht			Office held	
	expenditure to benefit C/OI						,				
	Date		Payee name					<u>-</u>			<del></del>
	07/21/2017	ļ .	Davenport, i	-loward							
	Amount (\$)		Payee addres		State:	Zip Cod	de				
	\$150.00		230 Lexingto	•	,	<b>—</b> ,,,					
	,		J								
			Conroe, TX	77385							
	PURPOSE	(a)	Category (Se	e Categories listed at the	top of this sche	dule)	(b)	Description			
	OF EXPENDITURE		Contribution	s/Donations Mad	е Ву	· ]		Check if travel o		e of Texas. Complete Sch	
	EXI ENDITORE		Candidate/C	fficeholder/Politic	cal Commi	ttee				officeholder living expense	
								טטומווטוו. רופו	ıhıı ıç	g Howard Benefit	
_	Complete ONLY if direct	<u></u>	andidate/Offic	eholder name	<u> </u>	ffice soug	ıht			Office held	
	expenditure to benefit C/O		a made One	Choice name	O.	3046	31.1L			Onio Hom	

#### 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
Confidence Symposium Expense
Popul/Reverse Expense
Popul/Reverse Expense

Food/Beverage Expense P
Gift/Awards/Memorials Expense P
Legal Services S

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide explains		Vages	s/Contract Labor		OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	∕IE				3	Filer ID	
	Sch: 8/48 Rpt: 19/61	Riley, Cha	arlie (Commissioner)				L		
4		5 Payee name			_	<del></del> -	_		
	09/26/2017	Davis, Ste	phanie				_		
6	Amount (\$)	7 Payee addr		te; Zip Cod	de				
	\$454.65	5106 Park	(View						
	!								
		Willis, TX	77318				_		
8		(a) Category	(See Categories listed at the top of this so	chedule)	(b)	Description			
	OF EXPENDITURE				l	_		ide of Texas. Complete Schedule T. , officeholder living expense	
	!			]	l	Campaign Ph			
	!				1	Garrille C	.~		
9			officeholder name	Office soug	ght		_	Office held	
	expenditure to benefit C/Oł	H 			_				
Г	Date	Payee name	ie				_		
l _	11/20/2017	Duane Ha	am Campaign						
	Amount (\$)	Payee addr	•	e; Zip Cod	de				
	\$250.00	168 Lake F	Point Blvd Suite #D101						I
İ	!								
		Montgome	ery, TX 77356						
	PURPOSE	1	(See Categories listed at the top of this so	chedule)	(b)	Description			
	OF EXPENDITURE		ons/Donations Made By	ممسد	i	_		ide of Texas. Complete Schedule T. , officeholder living expense	,
	,	Candidate	e/Officeholder/Political Comn	nittee	i	<del></del>		npaign Fundraiser	
	!				i	D 01.11111111111111111111111111111111111		ipagi i amaza	
<del> -</del>	Complete ONLY if direct		officeholder name	Office soug	ght			Office held	
	expenditure to benefit C/OF				•				
一	Date	Payee name			_		_		
	09/27/2017	1 *	e Mexican Restaurant						
	Amount (\$)	Payee addre	ress; City; State	e; Zip Coo	de		_	·	
	\$34.34	14543 TX-	-105 #7						
	!								
	1	Conroe, T	X 77304						
Г	PURPOSE	(a) Category (	(See Categories listed at the top of this scl	chedule)	(b)	Description			
	OF EXPENDITURE	1	erage Expense		ı	<u> </u>		de of Texas. Complete Schedule T.	
					ı	Check if Austin, Political Meal		officeholder living expense	
	1			Ī	ı	FUILLOW ITTO			
	Complete ONLY if direct	Candidate/O	fficeholder name	Office soug	aht		—	Office held	
ĺ	expenditure to benefit C/OF		Hothordor name	Onioo Dang	31.12			Omeo noic	
							_		
ĺ									
i									

### SCHEDULE F1

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 Printing Expense

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee	Git/Awards/Memorials Exper Legal Services  The Instruction Guide (	nse Printir Salari		se s/Contract Labor		Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	
	Sch: 9/48 Rpt: 20/61		ie (Commissioner)						
4	Date	<b>5</b> Рауее пате							
	10/13/2017	Ellisor Elem	entary						
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip	Code				
	\$150.00	33040 Egyp	ot Ln						
		Magnolia, T	X 77354						
8	PURPOSE		ee Categories listed at the top		(b)	Description			
	OF EXPENDITURE		ns/Donations Made I					le of Texas. Complete Schedule T. officeholder living expense	
		Candidate/C	Officeholder/Political	Committee		ш		ual Fundraiser	
						201144011107			
9	Complete ONLY if direct	Candidate/Offi	ceholder name	Office s	-   Sought			Office held	
Ī	expenditure to benefit C/O			2,,,,,	g				
	Date	Payee name				·		·	
	10/12/2017	Energy Ente	ertainment						
	Amount (\$)	Payee addres	ss; City;	State; Zip	Code				
	\$1,750.00	PO Box 132	361						
		The Woodla	ınds, TX 77391						
	PURPOSE	(a) Category (Se	e Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE		s/Donations Made &					e of Texas. Complete Schedule T. officeholder living expense	
		Candidate/C	Officeholder/Political	Committee		Donation: Co			
	Complete ONLY if direct		ceholder name	Office s	ought			Office held	
	expenditure to benefit C/OF	<del>1</del> 							
	Date	Payee name	• -						
	09/07/2017	Envatomark	et						
	Amount (\$)	Payee addres	ss; City;	State; Zip	Code				
	\$61.00	PO Box 161	.22 Collins Street						
		West Victor	a 8007 Australia						
	PURPOSE	(a) Category (Se	e Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Fees				<u> </u>		e of Texas. Complete Schedule T.	
						Website Plug		officeholder living expense	
						iug			
	Complete ONLY if direct	Candidate/Offic	ceholder name	Office s	ouaht			Office held	
	expenditure to benefit C/Oh				3				
						<del></del>			
									1

#### 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/Reimbu

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials Legal Services			/ages	s/Contract Labor		Travel Out of District OTHER (enter a category	y not listed above)
				The Instruction Gu	iide explains h	low to co	mple	ete this form.			
1	Total pages Schedule F1: Sch: 10/48 Rpt: 21/61	2		e (Commissione	er)				3	Filer ID	
4	Date	E	Payee name	•	•						
4	07/01/2017	3	Facebook								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de				
	\$122.88		1 Hacker W	ay							
				•							
	·		Menlo Park,	CA 94025							
8	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this sche	dule)	(b)	Description			
	OF EXPENDITURE		Advertising I			·		Check if travel	outsic	le of Texas. Complete Sci	hedule T.
	EXPERIENCE					ŀ		<u> </u>	, TX,	officeholder living expens	ė
						İ		Advertising			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	Of	ffice sou	ght			Office held	
	experiditure to beliefit croi	1									
	Date		Payee name								
	08/01/2017		Facebook								
	Amount (\$)	┢	Payee addres	s; City;	State;	Zip Co	de				
	\$300.62		1 Hacker Wa	ау							
			Menlo Park,	CA 94025							
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this sche	dule)	(b)	Description			
	OF EXPENDITURE		Advertising I	Expense				<del></del>		e of Texas. Complete Sci	
								Advertising	, IX, (	officeholder living expense	<del>2</del>
						ł		Advertising			
	One was a control of the same	Ļ	Samulialanta /Offic	-6-14						Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		andidate/Offic	eholder name		ffice sou	gnt			Office neid	
	Date		Payee name								
	09/01/2017		Facebook								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de				
	\$403.72		1 Hacker Wa	ay							
			Menlo Park,	CA 94025							
	PURPOSE OF			e Categories listed at th	e top of this sched	dule)	(b)	Description		_	
	EXPENDITURE		Advertising I	Expense		- 1		<u></u>		e of Texas. Complete Sch	
									1X, C	officeholder living expense	2
								Advertising			
	0		handlide (1975	-ll-l		#	L.+			045-4-1-1-1	
	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offic	eholder name	Of	ffice soug	<b>jnt</b>			Office held	
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	ma provided by Tayon Fi	d_ !	- 6		and othion of						Vorcion VI 0 E0E1

### SCHEDULE F1

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 Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	al Co	mmittee Legal Services The Instruction Guide ex			s/Contract Labor ete this form.	OTHER (enter a category not listed abo	ove)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	
	Sch: 11/48 Rpt: 22/61		Riley, Charlie (Commissioner)					
4	Date	5	Payee name					
	10/02/2017		Facebook					
6	Amount (\$)	7	Payee address; City;	State: Zip Co	ode	•		
	\$315.18		1 Hacker Way					
			Menlo Park, CA 94025					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of	f this schedule)	(b)	Description	de d'Europe de contra de la dela E	
	EXPENDITURE		Advertising Expense		İ		de of Texas. Complete Schedule T. officeholder living expense	
						Advertising	<b>~</b> '	
						_		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ıght		Office held	
	Date		Payee name			···		
	11/01/2017		Facebook					
Т	Amount (\$)		Payee address; City;	State; Zip Co	ode			
	\$477.87		1 Hacker Way					
			Menlo Park, CA 94025			·		
	PURPOSE OF	(a)	Category (See Categories listed at the top of	f this schedule)	(b)	Description		
	EXPENDITURE		Advertising Expense			<b>—</b>	de of Texas. Complete Schedule T. officeholder living expense	
						Advertising		
						_		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ight		Office held	
_	Data	<u> </u>	P					
	Date 12/01/2017		Payee name Facebook					
				Otata: 7in Oa				
	Amount (\$)		Payee address; City;	State; Zip Co	oge			
	\$332.67		1 Hacker Way					
			Menlo Park, CA 94025					
	PURPOSE	(a)	Category (See Categories listed at the top o	f this schedule)	(b)	Description		
	OF EXPENDITURE		Advertising Expense			<u> </u>	de of Texas. Complete Schedule T. officeholder living expense	
						Advertising	officerious avera expense	
i	Complete ONLY if direct		Candidate/Officeholder name	Office sou	L Ight		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)** 

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 Travel Out of 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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Riley, Charlie (Commissioner) Sch: 12/48 Rpt: 23/61 Date Payee name Gilmore's Florist 12/15/2017 Payee address; State; Zip Code 6 Amount (\$) City; \$64.84 2411 N Frazier St Conroe, TX 77303 **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 Benevolence gift for community member in auto accident Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 10/11/2017 **Gravis Marketing** Payee address; City; State; Zip Code Amount (\$) \$450,00 910 Belle Ave, STE #1180 Winter Springs, FL 32708 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) 0 =Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Robocalling about event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/04/2017 Greater Magnolia Parkway Chamber of Commerce Payee address; State: Zip Code Amount (\$) City: \$60.00 18935 FM 1488 Magnolia, TX 77355 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Parade Entry for addtl vehicle Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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/Politics Credit Card Payment	7- Gift/Awards/Memorials Expense Printing Expense Travel Out of District I Committee 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: 13/48 Rpt: 24/61	Riley, Charlie (Commissioner)
4	Date	5 Payee name
	09/03/2017	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.38	7988 Farm to Market Road 1488
		Magnolia, TX 77354
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
l	LAFLINDITORL	Candidate/Officeholder/Political Committee
		Food for Hurricane Vicitims
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/13/2017	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$128.10	7988 Farm to Market Road 1488
		Magnolia, TX 77354
L	DUDDOOT.	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made Ry  Contributions/Donations Made Ry
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder (iving expense)
		Food Donation to TUFF
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
┢	Date	Payee name
	11/16/2017	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$84.01	7988 Farm to Market Road 1488
	Ψ04.01	7300 Faith to Warket Nodu 1400
		Magnolia, TX 77354
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)
	·	Candidate/Officeholder/Political Committee
		1 ood Donation to 1011
$\vdash$	Complete CALLY if allows	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	•	
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#### 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

Candidate/Officeholder/Politica Credit Card Payment	Committee 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: 14/48 Rpt: 25/61	Riley, Charlie (Commissioner)
4 Date	5 Payee name
12/16/2017	HEB
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$40.00	7988 Farm to Market Road 1488
	Magnolia, TX 77354
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Food Donation to the MWHS Football Team
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/28/2017	High Meadow Golf Club
Amount (\$)	Payee address; City; State; Zip Code
\$16.43	37300 Golf Club Trail
	Magnolia, TX 77355
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Political Meal
	1 Olded Wed
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data 1	P
Date	Payee name
09/21/2017	Hometown Junction
Amount (\$)	Payee address; City; State; Zip Code
\$1,962.03	18434 Buddy Riley Blvd #4
	Magnolia, TX 77354
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
EXFENDITORE	Check if Austin, TX, officeholder living expense
	Campaign T-Shirts
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Event Expense

Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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 F1: 2 FILER NAME 3 Filer ID Sch: 15/48 Rpt: 26/61 Riley, Charlie (Commissioner) Date 5 Payee name 09/27/2017 Hometown Junction 6 Amount (\$) Payee address; City; State; Zip Code \$337.50 18434 Buddy Riley Blvd #4 Magnolia, TX 77354 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign T-Shirts Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 10/12/2017 Hometown Junction Payee address; Amount (\$) City; State; Zip Code 18434 Buddy Riley Blvd #4 \$2,425.00 Magnolia, TX 77354 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign T-Shirts Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/13/2017 Hometown Junction Payee address; Amount (\$) City; State; Zip Code \$98.51 18434 Buddy Riley Blvd #4 Magnolia, TX 77354 **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** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation of auction items for Wayne Mack Annual **Fundraiser** Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising 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. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 16/48 Rpt: 27/61 Riley, Charlie (Commissioner) 4 Date Рауее пате 08/09/2017 Hope for the Hollow Pavee address: 6 Amount (\$) City: State: Zip Code \$100.00 37002 Whipstock Road Magnolia, TX 77354 **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 Donation to Neighborhood Cleanup Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/23/2017 IHOP Amount (\$) Payee address; City; State: Zip Code \$38.56 1508 Interstate 45 S 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. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Political Meal - Pastor's Breakfast Office sought Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH Date Payee name 07/14/2017 Intercept Amount (\$) Payee address; City; State; Zip Code \$250.00 P.O. Box 736 Magnolia, TX 77373 **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 Donation to Fundraiser Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Legal Service	demorials Expense		rpens /ages	e /Contract Labor	Travel Out of District OTHER (enter a categor	y not listed above)
1	Total pages Schedule F1:	2	FILER NAME					3 Filer ID	·
	Sch: 17/48 Rpt: 28/61		Riley, Charlie (Comn	nissioner)					
4	Date	5	Payee name						
	10/23/2017		Jeffrey Ingram Memo	orial Foundation					
6	Amount (\$)	7	Payee address; Cit	y; State;	Zip Co	de		•	- " -
	\$500.00		P.O. Box 698						
			Magnolia, TX 77353						
8	PURPOSE	(a)	Category (See Categories	listed at the top of this sche	edule)	(b)	Description		
	OF EXPENDITURE		Contributions/Donation				<u> </u>	outside of Texas. Complete Sc	
			Candidate/Officeholo	er/Political Commi	ittee			.TX, officeholder living expens Innual Fundraiser	e
							Dolladol1 to A	amuan unataisei	
_	Consider CMM V Felicant	ᆫ			ffine en u		· · · · · · · · · · · · · · · · · · ·	Office held	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder n	ате С	ffice sou	gnı		Office field	
	•								
	Date	ı	Payee name						
	10/26/2017		Jones, Wendy					·	
	Amount (\$)		Payee address; Cit	y; State;	Zip Co	de			
	\$462.36		18806 Roberts Rd						
ŀ									
			Hockley, TX 77447				<u></u>		···-
	PURPOSE OF		Category (See Categories		edule)	(b)	Description		
	EXPENDITURE		Contributions/Donation				<u></u>	outside of Texas. Complete Sc TX, officeholder living expens	
			Candidate/Officehold	enPolitical Comm	щее			loys & Girl's Country	
					ŀ		_ **	- <b>,</b>	
	Complete ONLY if direct		andidate/Officeholder n	ame O	ffice sou	aht		Office held	
	expenditure to benefit C/O		on parameter of moon of the			J			
	Doto	Г	Davida no					·	
	Date		Payee name Lake Conroe Area R	anublican Maman					
	07/27/2017			•		_			
	Amount (\$)	ı	Payee address;       Cit	y; State;	Zip Co	de			
	\$200.00		P. O. Box 737						
	:	ļ	Montgomery, TX 773	56					
	PURPOSE	(a)	Category (See Categories	listed at the top of this sche	edule)	(b)	Description		
	OF EXPENDITURE		Contributions/Donation					outside of Texas. Complete Sci	
	EXPERIENCE		Candidate/Officehold	er/Political Commi	ttee		<b>□</b>	TX, officeholder living expens	
					ĺ		Fundraiser	rchased Auction Item	i at Annuai
			p- 1		<i>(C</i>			055-1-11	
	Complete ONLY if direct expenditure to benefit C/OH		andidate/Officeholder n	ame O	ffice sou	gnt		Office held	
		•							
									İ
Cor	me provided by Tayas F	thic	Commission	MANN Othics S	tata tv ili	~			Version V1.0.5051

## 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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee 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: 18/48 Rpt: 29/61	Riley, Charlie (Commissioner)
4	Date	5 Payee name
	09/29/2017	Lake Conroe Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$160.00	505 W Davis St
	!	
		Conroe, TX 77301
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
	!	Donation to Annual Fundraiser
	!	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	09/08/2017	Las Fuentes
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.66	18306 FM 1488 Rd
	!	
		Magnolia, TX 77354
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	!	Political Meal
	!	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/02/2017	Liberty Belles Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	29815 S. Legends Chase Cir.,
		,
		Spring, TX 77386
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee
	!	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation to Annual Fundraiser
	1	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	

### SCHEDULE F1

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 Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Is untitle Legal Services Salaries/ The Instruction Guide explains how to co	Wages/Contra	ract Labor	Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	FILER NAME		3	Filer ID	
	Sch: 19/48 Rpt: 30/61	Riley, Charlie (Commissioner)				
4	Date	Payee name				
L	10/16/2017	Lonestart Chapter LEMC				-
6	Amount (\$)	Payee address; City; State; Zip Co	ode			
İ	\$250.00	13319 SOUTHSHORE DR				
	!					
		Conroe, TX 77304				
8	PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Desc	•		
	OF EXPENDITURE	Contributions/Donations Made By	1 -		e of Texas. Complete Schedule T.	
		Candidate/Officeholder/Political Committee			officeholder living expense ual Fundraiser	
	1		501	iduon to Ami	idi Fullulaisei	ļ
Ļ			<u> </u>			_
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sou	ıght		Office held	
Γ	Date	Payee name				
	08/18/2017	MHS Football Booster Club				
$\vdash$	Amount (\$)	Payee address; City; State; Zip Co				$\dashv$
	\$500.00	14350 FM 1488	де			
	φυσυισο	14550 FW 1466				
		Magnolia, TX 77354				
	PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Desc	-		_
	OF EXPENDITURE	Contributions/Donations Made By			e of Texas. Complete Schedule T.	
	MAN MINE TO THE	Candidate/Officeholder/Political Committee			officeholder living expense	
			חסמ	nation to Boos	ster Club	
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sou	ight		Office held	
	experimitate to periorit 0/0/			· · · · · · · · · · · · · · · · · · ·		
	Date	Payee name			11-11-11-11-11-11-11-11-11-11-11-11-11-	
	08/18/2017	MWHS Fillies Booster				
	Amount (\$)	Payee address; City; State; Zip Co	ode	•	.,	
	\$100.00	42202 FM 1774				
		72.02				
		Magnolia, TX 77355				
	PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Desc	cription		
l	OF	Contributions/Donations Made By	I□□□	Check if travel outsid	e of Texas. Complete Schedule T.	-
	EXPENDITURE	Candidate/Officeholder/Political Committee	. —		officeholder living expense	
'	1		Don	ation to Boos	ter Club	
	,					
	Complete ONLY if direct	andidate/Officeholder name Office sou	ight		Office held	
	expenditure to benefit C/OF					
			<del></del> -	** **		

#### SCHEDULE F1

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

Printing Expense Travel Out of District 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 F1: 2 FILER NAME 3 Filer ID Sch: 20/48 Rpt: 31/61 Riley, Charlie (Commissioner) 4 Date Payee name 11/14/2017 Magnolia Area Republican Women 6 Amount (\$) Payee address; City; State; Zip Code \$15.00 P.O. Box 729 Pinehurst, TX 77362 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Membership Dues Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 09/28/2017 Magnolia Community Foundation Payee address; City; State; Zip Code Amount (\$) 18434 Buddy Riley Blvd #4 \$2,000.00 Magnolia, TX 77354 **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** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation to Miss Magnolia Scholarship Pageant Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/23/2017 Magnolia Diner Payee address; City; State; Zip Code Amount (\$) \$51.87 18423 FM 1488 Rd G Magnolia, TX 77354 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Political Meal 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/Reimbur
Fees Office Overhead/Rental E

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category and listed shave)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services		Vages/	Contract Labor	Travel Out o OTHER (en	of District ater a category not liste	d above)
			The Instruction Guide expl	ains now to co	mple	te this form.			
1	Total pages Schedule F1: Sch: 21/48 Rpt: 32/61		≣ lie (Commissioner)				3 Filer ID		
4	Date	5 Payee name							
	10/14/2017	Magnolia H	ardware			· · · · · · · · · · · · · · · · · · ·			
6	Amount (\$) \$64.94	7 Payee addre 19025 FM :	· ·	tate; Zip Co	de				
		Magnolia, 7							
8	PURPOSE OF	1	ee Categories listed at the top of th	is schedule)	(b)	Description		0	
	EXPENDITURE	Event Expe	ense			l	TX, officeholder	Complete Schedule T.  Iving expense	
						Hardware for		g,p	
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ght		Office	e held	
	Date	Payee name							
	12/08/2017	Magnolia H	ardware						
	Amount (\$)	Payee addre	ss; City; S	tate; Zip Co	de				
	\$324.04	19025 FM :	L488 Rd						
		Magnolia, T	X 77355						
	PURPOSE	(a) Category (S	ee Categories listed at the top of thi	s schedule)	(b)	Description		· · · ·	
	OF EXPENDITURE				ļ		utside of Texas. ( TX, officeholder l	Complete Schedule T.	
					L	Campaign Sig			
							,		
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	ght		Office	e held	
	expenditure to benefit C/Oł	-f			-				
	Date	Payee name							
	12/14/2017	Magnolia H							
	Amount (\$)	Payee addre	<del> </del>	tate; Zip Co	de			<u> </u>	
	\$15.04	19025 FM 1		,,					
	,								
		Magnolia, T							
	PURPOSE OF	(a) Category (S	ee Categories listed at the top of thi	s schedule)	(b)	Description		Complete Calcabilla =	
	EXPENDITURE				ļ		TX, officeholder i	Complete Schedule T. Iwiga expense	
					L	Campaign Sig			
						<sub>1</sub> g., a.g			
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	ght		Office	e held	
	expenditure to benefit C/OF				<u></u>				
		<del></del>							
	me provided by Tayas Fi	(	"	aa atata tir ii				) /	on V/1 0 5051

#### 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
Git/Awards/Memorials Expense

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

Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Solicitation/Fundraising Expense

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 F1: 2 FILER NAME 3 Filer ID Sch: 22/48 Rpt: 33/61 Riley, Charlie (Commissioner) 4 Date 5 Payee name 12/15/2017 Magnolia Hardware 6 Amount (\$) Payee address; City; State; Zip Code \$18.21 19025 FM 1488 Rd Magnolia, TX 77355 **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** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Food Supplies - Donation to MWHS Football Team Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 10/24/2017 Magnolia ISD Payee address; State; Zip Code Amount (\$) City; 31141 Nichols Sawmill Road \$100,00 Magnolia, TX 77355 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Transportation fee for band equipment at event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/15/2017 Magnolia ISD Livestock Show Payee address; State; Zip Code Amount (\$) City; \$2,500.00 31141 Nichols Sawmill Road Magnolia, TX 77355 **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 Donation to Show Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

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 Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee 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: Sch: 23/48 Rpt: 34/61	2 FILER NAME Riley, Charlie (Commissioner) 3 Filer ID
4	Date 11/15/2017	5 Payee лаme Magnolia ISD Livestock Show
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 31141 Nichols Sawmili Road  Magnolia, TX 77355
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation to Show
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/31/2017	Magnolia Lion's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$160.00	27010 Concho Trail
	ŕ	
_		Magnolia, TX 77355
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense
		Membership Dues
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/20/2017	Magnolia Party Depot
-	Amount (\$)	Payee address; City; State; Zip Code
	\$910.92	1010 Magnolia Blvd # M
		Magnolia, TX 77355
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Tents, moonwalks, obstacle courses, tables, chairs
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name 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 Loan Repayment/Reimbu

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER Contral assessment part listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 24/48 Rpt: 35/61	Riley, Charlie (Commissioner)
4	Date	5 Payee name
	10/26/2017	Magnolia Rotary Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	31141 Nichols Sawmill Road
		Magnolia, TX 77355
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation to Magnolia Bowl Fundraiser
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	perializate to serious ever	
	Date	Payee name
	08/02/2017	Magnolia West Football Booster Club
-	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	P.O. Box 1672
		Magnolia, TX 77353
	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
		Donation to Booster Club
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oh	
	Date	Payee name
	11/14/2017	Magnolia West High School
	Amount (\$)	
	\$150.00	42202 FM 1774
		Magnolia, TX 77355
	PURPOSE	
	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	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense
		Donation to School Yearbook
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	<del>-</del>

### SCHEDULE F1

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 Printing Expense Salaries/Manas/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	d Committee	Legal Services The Instruction Guide expla		_	cte this form.	ÖTH	IER (enter a category not listed a	bove)
1	Total pages Schedule F1:	2 FILER NAME					3 File	r ID	
	Sch: 25/48 Rpt: 36/61	Riley, Char	lie (Commissioner)					100 100 1	
4	Date	5 Payee name							
	09/18/2017		/est Volleyball						
6	Amount (\$)	7 Payee addre	<del>-</del>	tate; Zip Co	ode				
	\$100.00	42202 FM 1	L774						
	!								
		Magnolia, T	X 77355		,				
8	PURPOSE OF		ee Categories listed at the top of this	s schedule)	(b)	Description		To the Committee Cahadula T	
	EXPENDITURE		ns/Donations Made By Officeholder/Political Co	mmittee				Texas, Complete Schedule T. cholder living expense	
	!	- Caranaco	JIIICENOIGEN OILLOG CO	minuce		Donation to A			
	!								
9	Complete ONLY if direct expenditure to benefit C/OH		ceholder name	Office sou	ight			Office held	-
	experience to perion 5.5.			·				· · · · · · · · · · · · · · · · · · ·	
<u> </u>	Date	Payee name							
	09/18/2017	Magnolia W	/est Volleyball						
	Amount (\$)	Payee addre	•	tate; Zip Co	de		_		
	\$50.00	42202 FM 1	.774						
	1								
		Magnolia, T	X 77355			·			
	PURPOSE OF		ee Categories listed at the top of this	s schedule)	(b)	Description			
	EXPENDITURE		ns/Donations Made By Officeholder/Political Co	mmittee		<b>-</b>		Texas. Complete Schedule T. holder living expense	
		Canuluater	Jiliceriolaen romacar com	II)IIIIIIIEE		Donation to A			
	Complete ONLY if direct		ceholder name	Office sou	ght		•	Office held	
	expenditure to benefit C/OF	1							
	Date	Payee name							
	12/06/2017	Magnolia Y	outh Livestock Show						
	Amount (\$)	Payee addres	ss; City; St	tate; Zīp Co	de				
	\$200.00	31141 Nich	ols Sawmill Road						•
		Magnolia, T	X 77355						
	PURPOSE	(a) Category (Si	ee Categories listed at the top of this	s schedule)	(b)	Description			
	OF EXPENDITURE		ns/Donations Made By			<u></u>		Texas. Complete Schedule T. holder living expense	
		Candidate/C	Officeholder/Political Co	mmittee		<u> </u>		a Youth Livestock Sho	ow.
							16-9	W 1 V W W 1 P 1 P 1 P 1 P 1 P 1 P 1 P 1 P 1 P	
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	aht			Office held	
	expenditure to benefit C/OF				3				

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services	Salaries/Wa	OTHER (enter a category not listed above)		
			The Instruction Guide explains	s how to com	plete this form.	<u></u> .	
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID	
	Sch: 26/48 Rpt: 37/61	Riley, Charli	e (Commissioner)				
4	Date	5 Payee name					
	08/29/2017	Mama Juani	ta's				
6	Amount (\$)	7 Payee addres	s; City; State	e; Zip Cod	e		
	\$104.96	5405 Farm t	o Market Rd 1488				
		Magnolia, T	X 77354				
8	PURPOSE	(a) Category (Se	e Categories listed at the top of this so	chedule) (	b) Description		
	OF EXPENDITURE		age Expense		<u> </u>	outside of Texas. Complete Schedule	ŧΤ.
						TX, officeholder living expense Responder Meal	
					i ala ioi i noc	rtoopondor mod	
9	Complete ONLY if direct	Candidate/Offic	eholder name	Office soug	ht	Office held	
•	expenditure to benefit C/O			y			
	Date	Payee name			<del></del>		
	07/25/2017	Marsha's Zo	0				
	Amount (\$)	Payee addres		e; Zip Cod	e		
	\$1,000.00	P.O. Box 77	•	o, _p coc			
	42,000.00		•				
		New Caney,	TX 77357				
	PURPOSE	(a) Category (Se	e Categories listed at the top of this so	chedule) (	b) Description		
	OF EXPENDITURE	Event Exper	nse		<b>-</b>	outside of Texas. Complete Schedule , TX, officeholder living expense	• T.
					Animals and		
	Complete ONLY if direct	Candidate/Offic	eholder name	Office soug	ht	Office held	
	expenditure to benefit C/OH	4					
_	Date	Payee name	·				
	10/14/2017	Marsha's Zo	o				
	Amount (\$)	Payee addres	s; City; State	e; Zip Cod	e	· · · · · · · · · · · · · · · · · · ·	
	\$3,430.00	P.O. Box 77	4				
		New Caney,	TX 77357				
	PURPOSE	(a) Category (See	e Categories listed at the top of this so	cheduie) (	b) Description	· · · · · · · · · · · · · · · · · · ·	
	OF EXPENDITURE	Event Exper			쁘	outside of Texas. Complete Schedule	•т.
	LA LIBITORE				Check if Austin, Animals and	, TX, officeholder living expense	
					Ammais and	Hall	
	Complete ONLY if direct	Candidate/Offic	eholder name	Office soug	ht	Office held	
	expenditure to benefit C/Ol		GIQIGEI HAINE	Onice soug	116	Onice field	
	<u></u>						
						<b>*7</b> =	rolon V/I O EOE1

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Communions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		nmittee	Legal Services  The Instruction Gu			Vages	s/Contract Labor			Well Out of District HER (enter a category not listed	above)
1	Total pages Schedule F1:	2	FILER NAME						3	File	er ID	
<u> </u>	Sch: 27/48 Rpt: 38/61	_		- lie (Commissione	er)							
4	Date	5	Payee name									
	07/29/2017	L	McKenzie's									
6	Amount (\$) \$31.55	7	Payee addres 1501 N. Fra	=	State;	Zip Co	de					
			Conroe, TX	77301								
8	PURPOSE	(a)	Category (Si	ee Categories listed at the	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			age Expense	•	· · ·	ı	Check if travel of	outsio	ide of	Texas. Complete Schedule $T$ .	
	EXPENDITURE			-		I	ı	<u> </u>		, offic	eholder living expense	
	•					1	ı	Political Meal	1			
l _		l				l						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Offi	ceholder name	0	Office sout	ght				Office held	
	Date		Рауее пате		<del></del> -							
	08/10/2017	ŀ	•	y County Republ	ican Party							
	Amount (\$)	Г	Payee addres	ss; City;	State;	Zip Co	de					
	\$500.00		310 Metcalf	Street								
	!	ļ										
		├	Conroe, TX									
	PURPOSE OF			ee Categories listed at the		edule)	(b)	Description				
	EXPENDITURE			ns/Donations Mad							Texas. Complete Schedule T.	
	_		Candidate/C	ical Commi	ittee		Donation to A			eholder living expense Fundraicer		
	!							Donation to A	M II PC	lutu	Fullulaisei	
		<u> </u>			<del> </del>							
	Complete ONLY if direct expenditure to benefit C/Oh		:andidate/Omo	ceholder name	· · · · · · · · · · · · · · · · · · ·	office soug	ght				Office held	
	Date		Payee name									
	11/22/2017		Montgomer	y County Republi	ican Party							
	Amount (\$)	<u> </u>	Payee addres			Zip Cod	de					
	\$1,250.00	1	310 Metcalf									
	<b>41,200,0</b>		OLO INICION	Jucci								
			Conroe, TX	77301				<del></del>				
	PURPOSE	(a)	Category (Se	ee Categories listed at the	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees								Texas. Complete Schedule T.	
	EXI LIBITORIL							_	TX,	office	eholder living expense	
	1							Filing Fees				
	Complete ONLY if direct		andidate/Office	ceholder name	0	ffice soug	ght				Office held	
	expenditure to benefit C/OF	-1										

#### SCHEDULE F1

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 Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	il Con	-	l Services Instruction Guide exp		_	s/Contract Labor ete this form.	OTHER (enter a ca	ategory not listed above)	
1	Total pages Schedule F1:	2	FILER NAME	••			3	Filer ID		_
	Sch: 28/48 Rpt: 39/61		Riley, Charlie (C	Commissioner)						_
4	Date		Payee name							
L	08/15/2017		Montgomery Co	ounty Republican \						_
6	Amount (\$)	1	Payee address;	City;	State; Zip Co	ode				_
	\$325.00	İ	PO BOX 1766							
	1							•		
			Conroe, TX 773	:05						_
8	PURPOSE			tegories listed at the top of t		(b)	Description			
	OF EXPENDITURE			onations Made By eholder/Political C				side of Texas. Comple X, officeholder living e		
	!		Carioluate/Onic	enoidei/Pohiicai C	.Ommuee		Donation to Ann	_	·	
	!									
9	Complete ONLY if direct		Candidate/Officeho	older name	Office sou	<u>l</u> ⊔ght		Office held	d	-
	expenditure to benefit C/O	Н			<u> </u>					
	Date	Π	Payee name							Ī
	08/01/2017		Montgomery Co	ounty Young Repu	ıblicans					
	Amount (\$)		Payee address;	City;	State; Zip Co	ode				1
	\$110.00		310 Metcalf Stre	eet						
	ļ									
			Conroe, TX 773	)01 						
	PURPOSE			tegories listed at the top of t		(b)	Description			•
	OF EXPENDITURE			onations Made By			<u>—</u>	side of Texas. Comple K, officeholder living e		
	<u> </u>		Candidate/Officeholder/Political Committee				Donation to Gal	-	expense	
	!							<b>-</b>		
	Complete ONLY if direct	Ц	Candidate/Officeho	ulder name	Office sou	<u>l</u> ⊔ght		Office held	d	
	expenditure to benefit C/OI	Н								
	Date	abla	Payee name							=
	11/20/2017		NameBadges.co	om						
	Amount (\$)	$\vdash$	Payee address;	City;	State; Zip Co	ode			<u>.</u>	_
	\$90.33		12240 SW 53rd	Street Suite 511						
			Cooper City, FL	. 33030						
	PURPOSE	(a)	Category (See Cat	- tegories listed at the top of t	this schedule)	(b)	Description			_
	OF EXPENDITURE		Printing Expens		,			side of Texas. Comple		
	L/G WISHT.				,		Check if Austin, TX Name Badges for	K, officeholder living e: for Campaign I		
							Name Dauges i	or Campaign	i edin	
	Complete ONLY if direct	ᆫ	Candidate/Officeho		Office sou	saht		Office held		_
	expenditure to benefit C/OF	_	al fuluater Officer to	luer name	Omoo oo.	ıy		Onico no.c	u	
		—				—				_

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 29/48 Rpt: 40/61	2 FILER NAME Riley, Charlie (Commissioner)  3 Filer ID
4	Date 12/18/2017	5 Payee name NameBadges.com
6	Amount (\$) \$37.89	7 Payee address; City; State; Zip Code 12240 SW 53rd Street Suite 511  Cooper City, FL 33030
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Printing Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Name Badges for campaign team members
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 08/24/2017	Payee name North Shore Republican Women
	Amount (\$) \$300.00	Payee address; City; State; Zip Code  30 Fairway Park  Montgomery, TX 77356
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation to Fundraiser
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 07/03/2017	Payee name Office Depot
	Amount (\$) \$10.39	Payee address; City; State; Zip Code 14424 Farm to Market 2920
	PURPOSE OF EXPENDITURE	Tomball, TX 77377  (a) Category (See Categories listed at the top of this schedule) Printing Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense Printing Campaign Report - 1 Copy
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
٠Or	ms provided by Texas Fi	hics Commission www.ethics.state.tx.us Version V1.0.5051

### 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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee 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: 30/48 Rpt: 41/61	Riley, Charlie (Commissioner)
4	Date	5 Payee name
	10/14/2017	Olga Robertson Photography
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	10519 Clubhouse Circle
		Magnolia, TX 77354
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder Iving expense
		Photography at event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	09/05/2017	Papa John's
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.49	18640 FM 1488 C
		Magnolia, TX 77355
	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
		Food for Hurricane Workers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
_	expenditure to benefit C/O	1
	Date	Payee name
	07/15/2017	Pecos Grilling
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.90	28900 Tomball Pkwy
		Tomball, TX 77375
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Political Meal - Planning Meeting
		i Ondow wod - I learning weeding
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officeholder/Poli Credit Card Payment	cal Committee Legal Services Salanes/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: 31/48 Rpt: 42/63	Riley, Charlie (Commissioner)
4 Date	5 Payee name
07/15/2017	PostNet
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$24.68	18535 Farm to Market Rd 1488
	Magnolia, TX 77354
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense
	Check if Austin, TX, officeholder living expense Printing Campaign Report - 2 copies
	Finding Campaign Report - 2 copies
A. Committee CAU V if direct	On all lates (Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
10/13/2017	PostNet
Amount (\$)	Payee address; City; State; Zip Code
\$35.17	18535 Farm to Market Rd 1488
	Magnolia, TX 77354
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Family fun day posters
	Talling fall day posters
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/	
Date	Payee name
11/02/2017	PostNet
Amount (\$)	Payee address; City; State; Zip Code
\$37.33	18535 Farm to Market Rd 1488
	Magnolia, TX 77354
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Thank you letters
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate/Officeholder name Office sought Office held
experience to betterit C/	

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising 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: 32/48 Rpt: 43/61 Riley, Charlie (Commissioner) Date Payee name 12/04/2017 PostNet 6 Amount (\$) Payee address: City: State: Zip Code \$24.55 18535 Farm to Market Rd 1488 Magnolia, TX 77354 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Fundraiser Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/21/2017 **PostNet** Payee address; State; Zip Code Amount (\$) City; \$36.83 18535 Farm to Market Rd 1488 Magnolia, TX 77354 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Tickets for Annual Fundraiser Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/21/2017 PostNet Amount (\$) Payee address; City; State; Zip Code \$278.64 18535 Farm to Market Rd 1488 Magnolia, TX 77354 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Push Cards for ReElection Campaign Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Departs

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Fees

Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Candidate/Officeholder/Politica			Cili/Awards/Memorials EX Legal Services	pense Prin Sala	uries/Wa	ges/Contract Labor	OTHER (er	nter a category not listed above	)
	Credit Card Payment			The Instruction Guid	le explains how	to com	plete this form.			
1	Total pages Schedule F1:	2	FILER NAME					3 Filer ID		
	Sch: 33/48 Rpt: 44/61		Riley, Charli	e (Commissioner)	)					
4	Date	5	Payee name							
	08/23/2017		Premier We	dding						
6	Amount (\$)	7	Payee addres	s; City;	State; Ziņ	Code	e			
	\$871.41		700 McCale	b Rd # F,						
		ĺ								
			Montgomery	. TX 77316						
8	PURPOSE	(a)				10	Description		· .	<del></del> -
•	OF	`"	Event Exper	e Categories listed at the t	top of this schedule)	`		el outside of Texas.	Complete Schedule T.	
	EXPENDITURE		Zvene zxper					tin, TX, officeholder	living expense	
		İ					Rental Fees	S		
9	Complete ONLY if direct		Candidate/Offic	eholder name	Office	sough	nt	Offic	e held	
	expenditure to benefit C/O	1								
	Date		Payee name				· · · · · · · · · · · · · · · · · · ·	····		
	09/26/2017		Proforma	-						
	Amount (\$)		Payee addres	s; City;	State; Zip	Code	<del></del>			
	\$473.72		8800 E. PLE	ASANT VALLEY	ROAD					
			Cleveland, C	DH 44131						
	PURPOSE	(a)	Category (Se	e Categories listed at the t	top of this schedule)	(I	Description			
	OF EXPENDITURE	Printing Expense					<u> </u>		Complete Schedule T.	
								tin, TX, officeholder d Campaign		
								+		
	Complete ONLY if direct		Candidate/Offic	eholder name	Office	soual	 nt	Offic	e held	
	expenditure to benefit C/Ol					J				
:	Date		Payee name							
	07/27/2017		Rotary Club	of Magnolia						
	Amount (\$)		Payee addres		State; Zip	Code	<u> </u>			
	\$210.00		=	ls Sawmill Road			-			
	Q210.00									
			Magnolia, T	¢ 77355						
	DUDDOST					10	N. Daniel Mari			
	PURPOSE OF	(a)	_	e Categories listed at the t	top of this schedule)	10	<ul> <li>Description</li> <li>Check if trave</li> </ul>	el outside of Texas.	Complete Schedule T.	
	EXPENDITURE		Fees				<u></u>	tin, TX, officeholder		ı
							Membership	Dues		
	Complete ONLY if direct		andidate/Offic	eholder name	Office	sough	nt	Offic	e held	
	expenditure to benefit C/OI	H								J

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	al Committee 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: 34/48 Rpt: 45/61	Riley, Charlie (Commissioner)
4	Date	5 Payee name
	09/02/2017	Sam's Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$234.53	7950 Cypress Creek Pkwy
	!	
		Houston, TX 77070
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
	!	Food for Hurricane Vicitims
	!	
9		Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
i 	12/14/2017	Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$355.90	7950 Cypress Creek Pkwy
	•	
		Houston, TX 77070
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee
		Food Donation to the MWHS Football Team
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
	Date	Payee name
	10/14/2017	Scott, Sammy
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	39315 FM 149 RD
		Magnolia, TX 77354
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Trolley Driver
	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

**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			Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.						Travel Out of District OTHER (enter a category not listed at	ove)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	
	Sch: 35/48 Rpt: 46/61		Riley, Char	lie (Commissione	er)						
4	Date	5	Payee name								
	10/04/2017		ShakeFX								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de				
	\$108.25		541 Phillips	Dr.							
		]									
			Boca Rator	ı, FL 33432							
8	PURPOSE	(a)	Category (S	ee Categories listed at th	e top of this sch	redule)	(b)	Description			
	OF EXPENDITURE		Fees					<b>=</b>		de of Texas. Complete Schedule T.	
								Website	, TX,	officeholder living expense	
								website			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	ceholder name	(	Office soug	ght			Office held	
L											
	Date		Payee name								
	10/13/2017		Signs of Ma	ignolia							
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de				
	\$221.91		511 Magno	lia Blvd							
			Magnolia, T	X 77355							
	PURPOSE OF			ee Categories listed at the	top of this sch	iedule)	(b)	Description			
	EXPENDITURE	l	Event Expe	nse						le of Texas. Complete Schedule T. officeholder living expense	
								Signs for ever		omeendaer kung expense	
	Complete ONLY if direct		`andidate/Offi	ceholder name		Office soug	thr		-	Office held	
	expenditure to benefit C/O	_	-				····				
	Date		Payee name								
	11/17/2017		Signs of Ma	ıgnolia							
	Amount (\$)		Payee addre	ss; City;	State	; Zip Cod	de				
	\$2,043.76	ĺ	511 Magno	lia Blvd							
			Magnolia, T	X 77355							
	PURPOSE	(a)	Category (S	ee Categories listed at the	top of this sch	edule)	(b)	Description			
	OF EXPENDITURE	l	Printing Exp	oense						le of Texas. Complete Schedule T.	
		ĺ								officeholder living expense	
								Campaign Sig	JUS.		
	O	بــــــــــــــــــــــــــــــــــــــ	and december			<u> </u>				Office hold	
	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offi	ceholder name	C	Office soug	ınt			Office held	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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		e Legal S	vards/Memorials Exp Services Instruction Guide			es/Contract Labor		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 36/48 Rpt: 47/61	1		ommissioner)				3	Filer ID
4	Date 12/08/2017		ee name s of Magnoli	a				<u></u>	
6	Amount (\$) \$2,257.01	511	e address; Magnolia Blo nolia, TX 77;		State; Zip	Code			
8	PURPOSE OF EXPENDITURE		gory (See Cate) ting Expense	gories listed at the to	pp of this schedule)	(b)	<u>  </u>	, TX,	de of Texas. Complete Schedule T. officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		date/Officeholo	der name	Office s	ought			Office held
	Date 10/14/2017		e name God Product	tions					
	Amount (\$) \$650.00	2714	e address; 4 Afton Oaks ng, TX 77386		State; Zip	Code			
	PURPOSE OF EXPENDITURE	1	gory (See Care, nt Expense	gories listed at the to	p of this schedule)	(b)	<b>₩</b>	, TX,	de of Texas. Complete Schedule 7. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholo	ier name	Office s	ought			Office held
	Date 07/05/2017		e name thern Heritag	re Consulting					
	Amount (\$) \$1,500.00	_	e address; Box 558	City;	State; Zip (	Code			
		Pine	hurst, TX 77	362	· <u>-</u>				
	PURPOSE OF EXPENDITURE		gory (see cates sulting Exper	gories listed at the to	p of this schedule)	(b)		, TX,	ie of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholo	ler name	Office se	ought			Office held

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense J - Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explains h	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)
4 marinana 61 11 ma	<u> </u>	<u> </u>	Files ID
1 Total pages Schedule F1: Sch: 37/48 Rpt: 48/61	2 FILER NAME Riley, Charlie (Commissioner)	l <sup>3</sup>	B Filer ID
4 Date	5 Payee name		* ***
08/01/2017	Southern Heritage Consulting		
6 Amount (\$) \$1,500.00	7 Payee address; City; State; P.O. Box 558 Pinehurst, TX 77362	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Consulting Expense	Check if travel ou	tside of Texas. Complete Schedule T. X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI		ffice sought	Office held
Date	Payee name		
09/07/2017	Southern Heritage Consulting		
Amount (\$)	,	Zip Code	
\$2,000.00	P.O. Box 558		
	Pinehurst, TX 77362	<b>I</b>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Consulting Expense	Check if travel out	tside of Texas. Complete Schedule T. X, officeholder living expense R
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Of	ffice sought	Office held
Date	Payee name		
10/03/2017	Southern Heritage Consulting		
Amount (\$) \$2,000.00	Payee address; City; State; P.O. Box 558	Zip Code	
	Pinehurst, TX 77362		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schee Consulting Expense	Check if travel out	tside of Texas. Complete Schedule T. X, officeholder living expense nt
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ffice sought	Office held

## SCHEDULE F1

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 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/Politica Credit Card Payment	el Cor	l Committee Legal Services Salaries/Wages/C The Instruction Guide explains how to complete									
1	Total pages Schedule F1:	2	FILER NAME			c		3 Filer ID				
	Sch: 38/48 Rpt: 49/61			(Commissioner)								
4	Date	5	Payee name									
	11/06/2017		Southern Heri	tage Consulting								
6	Amount (\$) \$2,000.00	7	Payee address; P.O. Box 558 Pinehurst, TX		State; Zip	Code						
8	PURPOSE OF	(a)	Category (See C	Categories listed at the to	p of this schedule)	(b)	Description  Check if travel of	outside of Texas, Complete Schedu	le Т.			
	EXPENDITURE		Consuling Ex	репос			<b>_</b>	TX, officeholder living expense				
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Office	holder name	Office	sought		Office held				
	Date	Γ	Payee name									
	11/06/2017		Southern Heri	tage Consulting								
Г	Amount (\$)		Payee address;	City;	State; Zip	Code						
	\$3,577.00		P.O. Box 558									
			Pinehurst, TX									
	PURPOSE OF	(a)		Categories listed at the to	p of this schedule)	(b)	Description	outside of Texas. Complete Schedu	αT			
	EXPENDITURE		Event Expens	e			ш	TX, officeholder living expense	e i.			
=	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officel	nolder name	Office	sought		Office held				
	Date		Payee name									
	12/04/2017		Southern Heri	tage Consulting								
	Amount (\$) \$2,000.00		Payee address; P.O. Box 558	City;	State; Zip	Code						
			Pinehurst, TX	77362								
	PURPOSE	(a)	Category (See C	Categories listed at the to	p of this schedule)	(b)	Description					
	OF EXPENDITURE		Consulting Ex	репѕе			<u></u>	outside of Texas. Complete Schedu TX, officeholder living expense	е Т.			
							Campaign Ma					
							**************************************					
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officel	nolder name	Office	sought		Office held				

### SCHEDULE F1

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 Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment						OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 =11 =	R NAME				3	Filer ID	
	Sch: 39/48 Rpt: 50/61		y, Charlie (Commissione	r)					
4	Date	5 Paye	e name						
	10/11/2017	Spri	nt to Print	·		· · · · · · · · · · · · · · · · · · ·		· <del>-</del> ··	
6	Amount (\$) \$1,569.63	8748	ee address; City; 3 Clay Rd #300 ston, TX 77080	State; Zip Ci	ode				
8	PURPOSE	(a) Cate	GOTY (See Categories listed at the	ton of this schedule)	(b)	Description		· · ·	
	OF		ting Expense	100 01.01.000.000.000			outsid	ie of Texas, Complete Schedule T.	
1	EXPENDITURE	' ' ' ' '	ang Expense		ŀ	Check if Austin,	, TX, i	officeholder living expense	
					l	Campaign Sig	ans		
					l	, , ,	•		
9	Complete ONLY if direct expenditure to benefit C/O		date/Officeholder name	Office sou	l ught			Office held	
	Date	Pave	e name			· <del>-</del> · · · ·			
	11/03/2017		nt to Print						
L				a = = =	-				
	Amount (\$)	Paye	e address; City;	State; Zip Co	ode				
	\$75.00	8748	3 Clay Rd #300						
			ston, TX 77080		l ,, ,				
	PURPOSE	(a) Cate	GOTY (See Categories listed at the	top of this schedule)	(b)	Description			
	OF EXPENDITURE	Printing Expense				<u></u>		e of Texas. Complete Schedule T.	
	Ed Eddi ott				Check if Austin, TX, officeholder living expense				
Camapaign Signs					S				
l									
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								Office held	
	Date	Pave	e name			<del>/</del>			
	10/15/2017	_	age Stop						
	Amount (\$)	Paye	e address; City;	State; Zip Co	ode				
\$70.00 38201 FM 1774									
		Mag	nolia, TX 77355					•	
	PURPOSE	(a) Cate	JOTY (See Categories listed at the	top of this schedule)	(p)	Description			
ļ	OF	Offic	e Overhead/Rental Expe	ense				e of Texas. Complete Schedule T.	
EXPENDITURE Check if Austin, TX, officeholder living expense							officeholder living expense		
						Storage of Re	-Ele	ection Campaign Items	
	a de la constanta de la consta		lea-tosse-ballian	200-	1. *			Office health	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late/Officeholder name	Office sou	ignt			Office held	
	expenditure to pendit of OTT								
-									

#### SCHEDULE F1

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

Event Expense
Fees
Food/Beverage Expense
Girt/Awards/Mernorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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
OTHER (enter a category not listed above)

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 Filer ID Sch: 40/48 Rpt: 51/61 Riley, Charlie (Commissioner) Date 4 Payee name 11/27/2017 Storage Stop City; Amount (\$) Payee address; State; Zip Code \$70.00 38201 FM 1774 Magnolia, TX 77355 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description **OF** Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Storage of Re-Election Campaign Items Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/18/2017 Storage Stop Amount (\$) Payee address; State; Zip Code \$70.00 38201 FM 1774 Magnolia, TX 77355 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Storage of Re-Election Campaign Items Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name TWCP Touchdown Club 08/01/2017 Amount (\$) Payee address; City; State; Zip Code \$950.00 P.O. Box 8571 The Woodlands, TX 77387 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description 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 Donation to Booster Club Complete ONLY if direct Candidate/Officeholder name Office sought Office held 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

Solicitation/Fundraising Expense Travel in District

Loan Repayment/Reimbursement Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel Out of District 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 F1: 2 FILER NAME 3 Filer ID Sch: 41/48 Rpt: 52/61 Riley, Charlie (Commissioner) 4 Date 5 Payee name 10/10/2017 The Gingerbread House 6 Amount (\$) Payee address; City; State; Zip Code \$420.00 20502 Forestview Dr. Magnolia, TX 77355 **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** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Cakes for 6 month to Friendship Center/Senior Citizens Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/10/2017 The Men's Warehouse Payee address; State; Zip Code Amount (\$) Citv: \$162.37 7696 Cypress Creek Pkwy Houston, TX 77070 **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 Tux Rental for Gala Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/10/2017 The Seventh Seal LEMC Payee address; City; State; Zip Code Amount (\$) \$250.00 P.O. Box 248 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** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation to Annual Fundraiser Candidate/Officeholder name Office sought Office held 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/Reimbu

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

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 Riley, Charlie (Commissioner) Sch: 42/48 Rpt: 53/61 4 Date Payee name 12/19/2017 The Woodlands Area Chamber of Commerce 6 Amount (\$) Payee address; City; State; Zip Code \$240.00 9320 Lakeside Blvd, #200 The Woodlands, TX 77381 **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 Membership Dues Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 12/27/2017 The Woodlands Area Chamber of Commerce Payee address; State; Zip Code Amount (\$) City; \$110.00 9320 Lakeside Blvd, #200 The Woodlands, TX 77381 **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 Whisltestop Tour Registration and Ticket Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/05/2017 The Yates Company Amount (\$) Payee address; City; State; Zip Code \$2,000.00 P.O. Box 75190 Houston, TX 77234 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Consulting Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH

### SCHEDULE F1

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

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Solicitation/Fundraising Expense 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	<del></del>		3 Filer ID		
	Sch: 43/48 Rpt: 54/61		Riley, Charlie (Commissioner)			1		
4	Date	5	Payee name					
	08/17/2017		The Yates Company					
6	Amount (\$)	7	Payee address; City; Sta	ate; Zip Co	de			
	\$2,000.00		P.O. Box 75190					
	į							
	,		Houston, TX 77234					
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description		
	OF EXPENDITURE		Consulting Expense			Check if travel outside of Texas. Complete Schedule T.		
						Check if Austin, TX, officeholder living expense Political Consultant		
	,					Political Consultant		
9	Complete ONLY if direct	ــــــــــــــــــــــــــــــــــــــ	Candidate/Officeholder name	Office sou	aht	Office held		
5	expenditure to benefit C/O		alluluate/Onicepolue/ harro	Onice see	yı.	Office Heid		
-	Date	$\overline{}$	Paris name		_			
	10/06/2017		Payee name The Yates Company					
<b>—</b>		₩	<u> </u>	-to: Zin Co	40	<del>-</del>		
l	Amount (\$) \$2,000.00	1	Payee address; City; Sta P.O. Box 75190	ate; Zip Co	ae			
	<b>Φ</b> Ζ, <b>Ο</b> ΟΟ,ΟΟ		P.O. Box 19190					
			************************************					
L		+	Houston, TX 77234					
	PURPOSE OF		Category (See Categories listed at the top of this	schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedu Check if Austin, TX, officeholder living expense				<u>'</u>		
	7			1		Political Consultant		
	!			1				
	Complete ONLY if direct		Candidate/Officeholder name	Office sout	ght	Office held		
	expenditure to benefit C/OF	H 						
Γ	Date	П	Payee name					
	11/13/2017		The Yates Company					
	Amount (\$)	$\vdash$	Payee address; City; Sta	ate; Zip Co	de			
	\$2,000.00	1	P.O. Box 75190					
	!							
	1		Houston, TX 77234					
	PURPOSE	╄	Category (See Categories listed at the top of this	echadiilg)	(b)	Description		
l	OF EXPENDITURE		Consulting Expense	Sulleua.c,	•	Check if travel outside of Texas. Complete Schedule T.		
l	EXPENDITORE			1		Check if Austin, TX, officeholder living expense		
l	1			1		Political Consultant		
		لِـــــــــــــــــــــــــــــــــــــ						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office soug	ght	Office held		
:		<u>.                                    </u>						
ł								

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 44/48 Rpt: 55/61 Riley, Charlie (Commissioner) Date Payee name 12/15/2017 The Yates Company 6 Amount (\$) Payee address; City; State: Zip Code \$2,000,00 P.O. Box 75190 Houston, TX 77234 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Political Consultant Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/24/2017 Theriot Creative Payee address; State; Zip Code Amount (\$) \$167.39 431 Pompano Street Bayou Vista, TX 77563 **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 Professional Photo Editing Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/29/2017 Twist It Amount (\$) Payee address; City; State; Zip Code \$420.00 PO Box 41254 Houston, TX 77421 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Balloon artists and face painters Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

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

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 F1: 2 FILER NAME 3 Filer ID Sch: 45/48 Rpt: 56/61 Riley, Charlie (Commissioner) 4 Date 5 Payee name 10/14/2017 Twist It Payee address; State; Zip Code 6 Amount (\$) City; \$740.00 PO Box 41254 Houston, TX 77421 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense balloon artists and face painting Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 09/25/2017 United States Postal Service State; Zip Code Payee address; Amount (\$) City; \$166.00 815 Goodson Rd Magnolia, TX 77353 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense P.O. Box Fees for 1 Year Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name United States Postal Service 11/06/2017 State; Zip Code Amount (\$) Payee address; City; \$49.00 815 Goodson Rd Magnolia, TX 77353 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Stamp Roll Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

### SCHEDULE F1

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 Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID						
	Sch: 46/48 Rpt: 57/61	Riley, Charlie (Commissioner)						
4	Date	5 Payee name						
	12/14/2017	Vista Print						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$279.21	95 Hayden Ave						
		Lexington, MA 02451						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense						
		Re-Election Campaign Printed Material						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	experiorare to bertent c/Oi							
	Date	Payee name						
	12/23/2017	Walgreens						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$289.50	18850 Farm to Market Rd 1488						
		Magnolia, TX 77355						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE		Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Gifts for Employees						
		Onis to Employees						
	Commiste ONLY if direct	Candidate/Officeholder name Office sought Office held						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	<b>y</b>						
	•							
	Date	Payee name						
	11/29/2017	Willis Ag Booster Club						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$100.00	P.O. Box 1735						
		Willis, TX 77318						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Contributions/Donations Made By						
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense						
		Donation to Ag Booster Club						
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held						
	experience to belieff O/Or							

#### 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 Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Gift/Awards/Memorials Expense Travel Out of District 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. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 47/48 Rpt: 58/61 Riley, Charlie (Commissioner) Date 5 Payee name 08/01/2017 Woodlands Chamber State; Zip Code 6 Amount (\$) Payee address; City; \$150.00 9320 Lakeside Blvd #200 The Woodlands, TX 77381 **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 Donation to Gala Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 08/01/2017 Woodlands Chamber Payee address; State; Zip Code Amount (\$) City: 9320 Lakeside Blvd #200 \$150.00 The Woodlands, TX 77381 **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 Donation to Gala Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/02/2017 Yankee Doodle Donuts State; Zip Code Payee address; Amount (\$) \$31.50 327 Magnolia Blvd Magnolia, TX 77355 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Breakfast for County Employees** Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

### SCHEDULE F1

Advertising Expense

Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense
Transportation Equipment & Relat

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - ਮੀ Committee	Food/Beverage Expense Git/Awards/Memorials Expense Legal Services The Instruction Guide explains	Polling Expense Printing Expens Salaries/Wages	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 NAME	Ē	_	3	Filer ID		
	Sch: 48/48 Rpt: 59/61	1	rlie (Commissioner)					
4	Date	5 Payee name						
	12/26/2017		oublicans Club of the Magno	olia High Sch	nools			
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Code				
	\$1,075.00	P.O. Box 6:						
		Magnolia, T	ΓX 77353					
8	PURPOSE	(a) Category (S	See Categories listed at the top of this sch	hedule) (b)	Description			
	OF EXPENDITURE	Contribution	ns/Donations Made By		Li	tside of Texas. Complete Schedule T.		
		Candidate/	Officeholder/Political Comm	nittee	<b></b>	x, officeholder living expense nsor Republican Review Magazine		
					Donadon op.	iou riopublicari rioriorig		
9	Complete ONLY if direct expenditure to benefit C/O		īceholder пате (	Office sought		Office held		
	Date	Payee name						
	10/13/2017	Yount, Ed						
	Amount (\$)	Payee addre	ess; City; State	e; Zip Code				
	\$333.00	21249 Fore	st View					
		Magnolia, T	TX 77355	- <u>-</u>				
	PURPOSE OF	1	See Categories listed at the top of this sch	nedule) (b)	Description			
	OF EXPENDITURE	Event Expe	ense		<b>—</b>	tside of Texas. Complete Schedule T. X, officeholder living expense		
					Wooden Cutouts for fall decor			
	Complete ONLY if direct expenditure to benefit C/Oh		iceholder name (	Office sought		Office held		

### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District OTHER (enter a category not listed above) Legal Services The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID Sch: 1/1 Rpt: 60/61 Riley, Charlie (Commissioner) \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 6 Payee name Date 12/28/2017 Schneider & McKinney Law Firm Amount (\$) Payee address; City; State; Zip Code 440 Louisiana, Suite 800 \$53,280.00 Houston, TX 77002 9 TYPE OF Non-Political $\square$ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Legal Services **EXPENDITURE** Check if Austin, TX, officeholder living expense Legal Fees Associated with Political Office 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 61/61 2 FILER NAME 3 Filer ID Riley, Charlie (Commissioner) Date 5 Name of person from whom amount is received 8 Amount (\$) 10/25/2017 \$400.00 City of Magnolia 6 Address of person from whom amount is received; City; State; Zip Code 18111 Buddy Riley Blvd. Magnolia, TX 77354 Purpose for which amount is received ☐ Check if political contribution returned to filer Return of security deposit on Unity Park Rental