

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: 23			
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>Sergio</b>	MI	<b>OFFICE USE ONLY</b>  <b>OCT 30 2017</b>		
	NICKNAME	LAST <b>Lira</b>	SUFFIX			
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>7001 Sloan St. Houston, TX 77087</b>					
	Date Received					
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>( 832 )</b>	PHONE NUMBER <b>541-6130</b>	EXTENSION	Date Hand-delivered or Date Postmarked		
	Receipt #			Amount \$		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Ms.</b>	FIRST <b>Liliana</b>	MI	Date Processed		
	NICKNAME	LAST <b>Lira</b>	SUFFIX	Date Imaged		
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>7002 Sloan Houston, TX 77087</b>					
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE <b>( 832 )</b>	PHONE NUMBER <b>851-7144</b>	EXTENSION			
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)					
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
<b>10</b> PERIOD COVERED	Month	Day	Year	Month	Day	Year
	<b>10</b>	<b>01</b>	<b>2017</b>	THROUGH	<b>10</b>	<b>28</b>
<b>11</b> ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
<b>11 / 07 / 2017</b>			<input type="checkbox"/> General	<input checked="" type="checkbox"/> Special		
<b>12</b> OFFICE	OFFICE HELD (if any)			<b>13</b> OFFICE SOUGHT (if known)  <b>HISD School Board Trustee, District III</b>		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

**14 C/OH NAME**  
Sergio Lira

**15 Filer ID (Ethics Commission Filers)**

**16 NOTICE FROM POLITICAL COMMITTEE(S)**


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

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,630.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,414.44
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,215.56
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

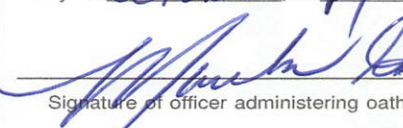
**18 AFFIDAVIT**

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

  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sergio Lira, this the 30th day of October, 2017, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath

Marsha G Clark  
 Printed name of officer administering oath

Notary  
 Title of officer administering oath

# SUBTOTALS - C/OH

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

<b>19 FILER NAME</b> Sergio Lira		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,630.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,992.84
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,414.44
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
14

**2** FILER NAME

Sergio Lira

**3** Filer ID (Ethics Commission Filers)

**4** Date

10/03/2017

**5** Full name of contributor

Erwin A. MCGOWEN

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

**7** Amount of contribution (\$)

\$100

**6** Contributor address;

1315 Lockwood Dr. Houston, TX 77020

City; State; Zip Code

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

10/05/2017

Full name of contributor

Santiago Vaquera

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

Amount of contribution (\$)

\$300

Contributor address;

6731 Ridegeway Dr. Houston, TX 77087

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/05/2017

Full name of contributor

Angus Macneil

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

Amount of contribution (\$)

\$100

Contributor address;

2810 Capitol St. Houston, TX 77003

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/05/2017

Full name of contributor

Victor Trevino III

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

Amount of contribution (\$)

\$100

Contributor address;

1406 Godwin St. Houston, TX 77023

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Sergio Lira		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/05/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Helen Ortega <hr/> <b>6</b> Contributor address; City; State; Zip Code 617 N. Eastwood St. Houston, TX 77011	<b>7</b> Amount of contribution (\$) \$350
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 10/05/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Victor and Sylvia Trevino <hr/> <b>Contributor address;</b> City; State; Zip Code 1406 Godwin St. Houston, TX 77023	<b>Amount of contribution (\$)</b> \$200
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 10/05/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lydia Carreon-Balderas <hr/> <b>Contributor address;</b> City; State; Zip Code 4702 Rusk St. Houston, TX 77023	<b>Amount of contribution (\$)</b> \$50
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 10/05/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Agustin Pinedo <hr/> <b>Contributor address;</b> City; State; Zip Code 7838 BattleCreek Dr. Houston, TX 77040	<b>Amount of contribution (\$)</b> \$25
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Sergio Lira

3 Filer ID (Ethics Commission Filers)

4 Date

10/05/2017

5 Full name of contributor

Bertha Urteaga

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

7 Amount of contribution (\$)

\$50

6 Contributor address; City; State; Zip Code

2938 Ashford Trail Dr. Houston, TX 77082

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/05/2017

Full name of contributor

Joann Delgado

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

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

2106 Three Wood Dr. Houston, TX 77089

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/05/2017

Full name of contributor

Gregorio Jimenez

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

Amount of contribution (\$)

\$20

Contributor address; City; State; Zip Code

11025 Smallwood Ln Houston, TX 77023

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/05/2017

Full name of contributor

Martina Garcia

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

Amount of contribution (\$)

\$40

Contributor address; City; State; Zip Code

13907 Lantern Ln Houston, TX 77015

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:

**2** FILER NAME  
Sergio Lira

**3** Filer ID (Ethics Commission Filers)

**4** Date  
10/05/2017

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Eric Ramirez

**7** Amount of contribution (\$)  
\$100

**6** Contributor address; City; State; Zip Code  
3323 S Braeswood Blvd. Houston, TX 77025

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
10/05/2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Michael Reyes

Amount of contribution (\$)  
\$200

Contributor address; City; State; Zip Code  
11614 Tilia Houston, TX 77029

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/05/2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Richard Lira

Amount of contribution (\$)  
\$200

Contributor address; City; State; Zip Code  
1102 Smallwood Ln Houston, TX 77023

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/05/2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Rafael Chavez

Amount of contribution (\$)  
\$100

Contributor address; City; State; Zip Code  
10002 Morocco Rd. Houston, TX 77041

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Sergio Lira		3 Filer ID (Ethics Commission Filers)
4 Date 10/05/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alejandra Torres	7 Amount of contribution (\$) \$50
6 Contributor address; City; State; Zip Code 7500 Hollister St. #738 Houston, TX 77040		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/05/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cecilia Fontenont	Amount of contribution (\$) \$55
Contributor address; City; State; Zip Code 5958 Southington Houston, TX 77033		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baltazar Salazar	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 8814 Brae Acres Houston, TX 77074		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jadira Riojas	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 13907 Lantern Houston, TX 77015		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Liliana Lira		3 Filer ID (Ethics Commission Filers)
4 Date 10/05/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Rodriguez	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 23 Delmar St. Houston, TX 77011		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/05/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanca Rodriguez	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 23 Delmar St. Houston, TX 77011		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arturo Eureste	Amount of contribution (\$) \$800
Contributor address; City; State; Zip Code 122 Tuam #100 Houston, TX 77006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yolanda Ramos	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 23 Delmar St. Houston, TX 77011		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Sergio Lira		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/5/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geovanny Ponce	<b>7</b> Amount of contribution (\$) \$100
<b>6</b> Contributor address; City; State; Zip Code 1706 Ardkinglas Richmond, TX 77407		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 10/05/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Guadalupe Reed	<b>Amount of contribution (\$)</b> \$100
<b>Contributor address; City; State; Zip Code</b> 4914 Mahjen CT. Pearland TX 77584		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 10/05/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Mendoza	<b>Amount of contribution (\$)</b> \$10
<b>Contributor address; City; State; Zip Code</b> 5003 Falvey Houston, TX 77017		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 10/05/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Naomi Molina	<b>Amount of contribution (\$)</b> \$100
<b>Contributor address; City; State; Zip Code</b> 602 West Sealy Alvin Tx, 77511		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Sergio Lira		3 Filer ID (Ethics Commission Filers)
4 Date 10/05/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emma Guerra <hr/> 6 Contributor address; City; State; Zip Code 1227 Abigail Ln Houston, TX 77546	7 Amount of contribution (\$) \$50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/05/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria Rodriguez <hr/> Contributor address; City; State; Zip Code 7500 Hollister St. #738 Houston, TX 77040	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luis Alcaron <hr/> Contributor address; City; State; Zip Code 6700 Richardson Rd. Unit 104 Houston, TX 77040	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan and Leisa Lovy <hr/> Contributor address; City; State; Zip Code 9506 Bevlyn Dr. Houston, TX 77025	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Sergio Lira		3 Filer ID (Ethics Commission Filers)
4 Date 10/05/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guadalupe Padilla	7 Amount of contribution (\$) \$50
6 Contributor address; City; State; Zip Code 6701 Burkett Houston, TX 77021		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/05/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Perez Boston	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code 9630 Carousel Ln Houston, TX 77080		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria Moreno	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 311 Hawthorne St. Houston, TX 77006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veronica Arredondo	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 7210 Ashburn St. Houston, TX 77061		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Sergio Lira		3 Filer ID (Ethics Commission Filers)
4 Date 10/07/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aubrey Locke	7 Amount of contribution (\$) \$300
6 Contributor address; City; State; Zip Code 3433 N. Parkwood Dr. Houston, TX 77021		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/09/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guillermo Villareal	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 703 N. 75th St. Houston, TX 77011		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debora Bimbaun	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 8100 Cambridge St. Apt.5 Houston, TX 77054		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/12/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Smith	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 6700 Belmont #3 Houston, TX 77005		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Sergio Lira		3 Filer ID (Ethics Commission Filers)
4 Date 10/17/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeanette Lira	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 1955 Larkspur Dr. Apt.1932 San Antonio, TX 77005		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/17/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Cortez	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 20418 Verde Canyon Katy, TX 77450		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/19/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leah Stolar	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 2904 Saint St. Houston, TX 77027		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/20/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Wolff	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 2706 Sharpview Ln. Dallas, TX 75228		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Sergio Lira		3 Filer ID (Ethics Commission Filers)
4 Date 10/20/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose Garcia	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code Laredo, TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/20/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zandra Trevino	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 6507 Silky Moss Dr. Houston, TX 77064		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/20/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darryl B. Carter	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 306 W Pierce St. Houston, TX 77019		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Pena	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 10535 Waving Fields Dr. Houston, TX 77064		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Sergio Lira		3 Filer ID (Ethics Commission Filers)
4 Date 10/21/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alma Bennegas	7 Amount of contribution (\$) \$60
6 Contributor address; City; State; Zip Code 3306 Rochdale Houston, TX 77025		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/21/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Cocina	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 7022 Gillen, Houston, TX 77087		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Kerrissey	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code 11224 Craighead Drive Houston, TX 77025		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolores Torres	Amount of contribution (\$) \$40
Contributor address; City; State; Zip Code 7814 Grahamcrest Dr. Houston, TX 77061		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Sergio Lira		3 Filer ID (Ethics Commission Filers)
4 Date 10/23/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eduardo E. Colon	7 Amount of contribution (\$) \$250
6 Contributor address; City; State; Zip Code 4601 Washington Ave. 200 Houston, TX 77007		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/23/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diana Rodriguez	Amount of contribution (\$) \$30
Contributor address; City; State; Zip Code 1200 Knight St. Houston, TX 77022		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A2: 1
<b>2</b> FILER NAME Sergio Lira		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0
<b>5</b> Date 10/05/2017	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria Lira	<b>8</b> Amount of Contribution \$ \$692.84
	<b>7</b> Contributor address; City; State; Zip Code 7001 Sloan Houston, TX 77087	<b>9</b> In-kind contribution description Fundraising Event Food/Drink Expense
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See Instructions)
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See Instructions)
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

<b>Date</b> 10/26/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Baltazar Salazar	<b>Amount of Contribution \$</b> \$2,300
	<b>Contributor address; City; State; Zip Code</b> 8814 Brae Acres Houston, TX 77074	<b>In-kind contribution description</b> Early Voting Mail Outs
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
<b>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</b>		<b>Employer (FOR NON-JUDICIAL) (See Instructions)</b>
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL) (See Instructions)</b>
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5	<b>2</b> FILER NAME Sergio Lira	<b>3</b> Filer ID (Ethics Commission Filers)
--	------------------------------------	--

<b>4</b> Date 10/05/2017	<b>5</b> Payee name Sprint 2 Print
-----------------------------	---------------------------------------

<b>6</b> Amount (\$) \$487.13	<b>7</b> Payee address; City; State; Zip Code 8748 Clay Rd.Ste.300 Houston,TX 77080
----------------------------------	--

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

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

Date 10/05/2017	Payee name Loryn Arcos
--------------------	---------------------------

Amount (\$) \$100	Payee address; City; State; Zip Code 1022 Globe St. Houston, TX 77034
----------------------	--

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

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

Date 10/10/2017	Payee name Office Depot
--------------------	----------------------------

Amount (\$) \$33.56	Payee address; City; State; Zip Code 6888 Gulf Fwy #300 Houston, TX 77087
------------------------	--

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Sergio Lira	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/13/2017	<b>5</b> Payee name Armando Gonzales	
<b>6</b> Amount (\$) \$90	<b>7</b> Payee address; City; State; Zip Code 731 E. 10th St. Houston, TX 77008	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Postcards, Inserts
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10/13/2017	Payee name Sprint 2 Print	
Amount (\$) \$866	Payee address; City; State; Zip Code 8748 Clay Rd.Ste.300 Houston, TX 77080	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Signs
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10/14/2017	Payee name Texas Democratic Party	
Amount (\$) \$730	Payee address; City; State; Zip Code 1106 Lavaca, St 100 Austin, TX 78701	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Other-Software	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Voter File
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Sergio Lira		3 Filer ID (Ethics Commission Filers)	
4 Date 10/14/2017		5 Payee name Loryn Arcos			
6 Amount (\$) \$200		7 Payee address; City; State; Zip Code 1022 Globe St. Houston, TX 77034			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photo Services	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

Date 10/17/2017		Payee name Loryn Arcos			
Amount (\$) \$125		Payee address; City; State; Zip Code 1022 Globe St. Houston, TX 77034			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postcard Design	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

Date 10/18/2017		Payee name Julio Prado			
Amount (\$) \$625		Payee address; City; State; Zip Code 14518 Moss Creek Ln Cypress, TX 77429			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Shirts	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Sergio Lira	<b>3</b> Filer ID (Ethics Commission Filers)
-----------------------------------	------------------------------------	--

<b>4</b> Date 10/18/2017	<b>5</b> Payee name Sprint 2 Print
-----------------------------	---------------------------------------

<b>6</b> Amount (\$) \$317.81	<b>7</b> Payee address; City; State; Zip Code 8748 Clay Rd.Ste.300 Houston,TX 77080
----------------------------------	--

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

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

Date 10/25/2017	Payee name Karina Guzman
--------------------	-----------------------------

Amount (\$) \$300	Payee address; City; State; Zip Code 5423 N Shady Creek Dr. Houston, TX 77017
----------------------	--

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

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

Date 10/26/2017	Payee name Copy Source 1 LLC
--------------------	---------------------------------

Amount (\$) \$265.88	Payee address; City; State; Zip Code 6703 Chimney Rock Rd Bellaire,TX 77401
-------------------------	--

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Sergio Lira	<b>3</b> Filer ID (Ethics Commission Filers)
-----------------------------------	------------------------------------	--

<b>4</b> Date 10/27/2017	<b>5</b> Payee name Copy Source 1 LLC
-----------------------------	--

<b>6</b> Amount (\$) \$405.94	<b>7</b> Payee address; City; State; Zip Code 6703 Chimney Rock Rd Bellaire, TX 77401
----------------------------------	--

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

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

Date 10/27/2017	Payee name Sprint 2 Print
--------------------	------------------------------

Amount (\$) \$300	Payee address; City; State; Zip Code 8748 Clay Rd.Ste.300 Houston, TX 77080
----------------------	--

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

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

Date 10/27/2017	Payee name Sprint 2 Print
--------------------	------------------------------

Amount (\$) \$568.12	Payee address; City; State; Zip Code 8748 Clay Rd.Ste.300 Houston, TX 77080
-------------------------	--

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED