CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 55
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. Robert NICKNAME LAST LAINdin	A. SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	3 (2000)	oity; state; zip code n, TX 77279	OCT 3 0 2017
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (844) 447-3725	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MIT. Terry NICKNAME LAST Bruner	C. SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 3730 Kirby Dr., Suite 1200		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 834-1175	EXTENSION	
9 REPORT TYPE	January 15 30th day before elections and statement of the statement of th		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 9 / 29 / 17		Day Year 28 / 17
11 ELECTION	ELECTION DATE Month Day Year Primary 11 7 17 X General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) Houston I.S.D. I	District VI Trustee
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

14 C/OH NAME			COVER SHEET PG 2
Robert A. Lu	ındin		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDING A COMPANY OF THE PROPERTY OF	15 Filer ID (Ethics Commission Filers) TURES MADE BY POLITICAL COMMITTEES TO ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S IS INFORMATION ONLY IF THEY RECOMMEND.
	COMMITTEE TYPE	COMMITTEE NAME	THEY RECEIVE NOTICE
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	LD \$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 8146.57
EXPENDITURE TOTALS	 TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 		\$
	4. TOTAL POLITICAL EXPENDITURES		\$ 13,398.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 10,602.46
OUTSTANDING LOAN TOTALS	6. TOTAL P	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	\$
AFFIDAVIT		I swear, or affirm, under penalty of per	rjury, that the accompanying report is
OVER	Marsha G Clark	true and correct and includes all inform	nation required to be reported by me
	Notary Public State of Texas	under Title 15, Election Code.	
M	y Comm. Exp. 9/12/2	Mati	1/2
G CF I	Notary ID 408928-4		date or Officeholder
V1000000000000000000000000000000000000	000000000000000000000000000000000000000	olgitatoro di cama	
AFFIX NOTARY STAM		Robert A. Cundi	$\frac{3074}{}$
Sworn to and subso		to certify which, witness my hand and seal of office.	
day of October			
Marila	Q=1	Musson C Clark	Title of officer administering oath
Of the state of officer	administering eath	Printed name of officer administering oath	Title of officer administrating odds

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	5 Filer ID (Ethics Commission Filers)
Robert A. Lur	ndin		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANI	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI- DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WI DIDATE / CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THI URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		and the same of th	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION	4 70741		
TOTALS	1. TOTAL P PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	N ED \$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8146.57
EXPENDITURE			
TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 13,398.63
CONTRIBUTION BALANCE	5. TOTAL F	\$ 10,602.46	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$
18 AFFIDAVIT	200000000000000000000000000000000000000	I swear or affirm under penalty of or	erjury, that the accompanying report is
	Marsha G Clark Notary Public State of Texas		rmation required to be reported by me
G .	y Comm. Exp. 9/12/21 Notary ID 408928-4	Oly Ci	1/20
000000000000000000000000000000000000000	000000000000000000000000000000000000000	Signature of Cand	lidate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		
Sworn to and subsc	ribad bafara '	by the said Robert A. Cund	3000
day of ctober	A	to certify which, witness my hand and seal of office.	, this the
n /		o certify writers, writtess my hand and seal of office.	
Manha	45/	Mursnu & Clank	NO TARA
Signature of offices of	dministering ath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 F	mmission Filers)				
Robert A. Lundin					
		JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT	
1.	x	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8146.57	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$	
4.	4. SCHEDULE E: LOANS			\$	
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$ 13,398.63	
6.	6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$ 6074.82	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$	
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$	
10.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$	
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$	

SCHEDULE A1

			and a supplied that the supplied in the suppli
Th	e Instruction Guide explains how to complete th	nis form.	1 Total pages Schedule A1: Page 1 of 21
Robert A. Lundin			3 Filer ID (Ethics Commission Filers)
1 Date 9/29/17	5 Full name of contributor John Quinn 6 Contributor address; 831 Island Meadow Ct., Houston, TX 77062		7 Amount of contribution (\$) \$25.00
Principal occ I'eache <i>i</i> :	cupation / Job title (See Instructions)	9 Employer (See Instruction Clear Creek, I.S.	
Date /29/17	Full name of contributor out-of-state Religion Heather Harding Contributor address; City; State 5020 Sargent Rd. NE, Washington	ate; Zip Code	Amount of contribution (\$) \$25.00
Principal occi	upation / Job title (See Instructions) ficer	Employer (See Instruc Bill & Melinda G	
Date /29/17	Full name of contributor Jose Covarrubia Contributor address; City; Sta 7510 Horrwood Dr., #306E, Houst	ate; Zip Code	Amount of contribution (\$) \$25.00
Principal occ rincipal	 upation / Job title (See Instructions)	Employer (See Instruc Houston I.S.D.	tions)
Date 9/29/17	Full name of contributor Melissa Patin Contributor address; City; Sta 207 Briar Manor Lin., Houston, T	ate; Zip Code	Amount of contribution (\$) \$50.00
		The second second second	

SCHEDULE A1

	and the second s	e in Pales Common and the large	
Th	e Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1: Page 2 of 21
2 FILER NAMI Robert A.			3 Filer ID (Ethics Commission Filers)
4 Date 9/29/17	5 Full name of contributor out-of-state PAC (ID#:) Stuart Katz 6 Contributor address; City; State; Zip Code 1927 Schoettler Valley Dr., Chesterfield, MO 63017		7 Amount of contribution (\$) \$25.00
8 Principal occ Retired	cupation / Job title (See Instructions)	9 Employer (See Instruction SBC Communication	
Date 9/29/17	Full name of contributor		Amount of contribution (\$) \$50.00
	upation / Job title (See Instructions) gram Officer	Employer (See Instruct Meadows Foundation	
Date 9/29/17	Full name of contributor Crystal Usoro Contributor address; 39 Cadence Court Cout-of-state PA City: State		Amount of contribution (\$) \$25.00
Principal occu Tax Assoc	 upation / Job title (See Instructions) i ate	Employer (See Instruct	ions)
Date 9/29/17	Full name of contributor Mario Marquez Contributor address; City; State 3202 Markstone Court, Katy, TX	e; Zip Code	Amount of contribution (\$) \$25.00
Principal occu Director of	upation / Job title (See Instructions) f School Support	Employer (See Instruct Energized for Exc	ions) cellence Academy

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Page 3 of 21
2 FILER NAME Robert A. I	undin		3 Filer ID (Ethics Commission Filers)
4 Date 9/29/17			7 Amount of contribution (\$) \$25.00
8 Principal occu General Mari	pation / Job title (See Instructions) lager:	 btions)	
Date 9/30/17	Full name of contributor out-of-state PAG Jason Bernal Contributor address; City; State 806 W. 41st St., Houston, TX 770	Amount of contribution (\$) \$100.00	
	pation / Job title (See Instructions) port Officer	Employer (See Instruction Houston I.S.D.	tions)
Date 10/3/17	- Amount of contribution (ϕ)		
Principal occup Principal	pation / Job title (See Instructions)	Employer (See Instruction I.S.D.	tions)
Date 10/7/17	Full name of contributor Mubeen Khumawala Contributor address; City; State 3722 Garnet St. Houston, TX	; Zip Code	\$250.00 (\$)
Property of the contract of th		Employer (See Instruc Deloitte	tions)

SCHEDULE A1

The	Instruction Guide explains how to complete this	1 Total pages Schedule A1: Page 4 of 21	
2 FILER NAME Robert A. L	undin		3 Filer ID (Etl Commission Filers)
4 Date 10/8/17	5 Full name of contributor		7 Amount of contribution (\$) \$50.00
	6 Contributor address; City; State 1723 Gilpin Avenue, Wilmington,		
8 Principal occupation / Job title (See Instructions) Attorney 9 Employer (See Instructions) Womble, Carlyle,			tions) Sandridge, & Rice
Date 10/10/17	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 2 Constitution Court, #1109 Hoboken, NJ 07030		
		Employer (See Instruct KIPP New Jersey	cions)
Date 10/11/17	Full name of contributor out-of-state PAC (ID#:) Jacqueline Walkow Contributor address; City; State; Zip Code		Amount of contribution (\$) \$150.00
	5911 Annud Way Sacramento,		
	pation / Job title (See Instructions) f Legislation	Employer (See Instruct State of Californ	
Date 10/12/17	Chelsea St. Julien	e; Zip Code Z 77396	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Teacher:		Employer (See Instruct Humble I.S.D.	ions)

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Page 5 of 21)
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Robert A.	Lundin	n = v	
4 Date 10/12/17	5 Full name of contributor out-of-state PAC (ID#:) Angle Miranda 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$) \$200.00
	5 Timber In. West Columbia,	TX 77486	
	upation / Job title (See Instructions) port Officer	9 Employer (See Instruction Houston I.S.D.	tions)
Date 10/12/17	Full name of contributor	e; Zip Code	Amount of contribution (\$) \$200.00
Principal occup Librarian	pation / Job title (See Instructions)	Employer (See Instruct YES Prep Public	tions) Schools
Date 10/14/17	Full name of contributor out-of-state PAC Michael Rumbaugh Contributor address; City; State 420 East Nelson Ave. Alexandria,	; Zip Code	Amount of contribution (\$) \$25.00
Principal occup Consultant	pation / Job title (See Instructions)	Employer (See Instruct Accenture	tions)
Date 10/15/17	Full name of contributor Shin-Yueh Lee Contributor address; City; State 4341 Betty St. Bellaire, Ty	e; Zip Code	Amount of contribution (\$) \$250.00
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Instruct ENGIE North Ame)	tions) rica

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: Page 6 of 21
2 FILER NAME Robert A.	Lundin		3 Filer ID (Ethics Commission Filers)
4 Date 10/15/17	5 Full name of contributor		7 Amount of contribution (\$) \$25.00
	6 Contributor address; City; State 1725 I St. NW Washingto	e; Zip Code n, DC 20006	
8 Principal occur Political	pation / Job title (See Instructions) Consนltant	9 Employer (See Instruc Field Strategies	
Date Full name of contributor out-of-state PAC (ID#:) 10/17/17 Gregory Travis			Amount of contribution (\$) \$200.00
	Contributor address; City; State 11416 Riverview Dr. Houston,	e; Zip Code TX 77077	
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Instruction Hoover: Slovacek:	tions)
Date 10/19/17	Full name of contributor	C (ID#:)	Amount of contribution (\$) \$200.00
	Contributor address; City; State 1731 13th St. South Arlington,	y Zip Code VA 22204	
Principal occup Senior Poli	pation / Job title (See Instructions) @y Advisor	Employer (See Instruc American Petrole	
Date 10/19/17	Full name of contributor	C (ID#:)	Amount of contribution (\$) \$150.00
	Contributor address; City; State 4314 Harbord Dr. Oakland, CA	e; Zip Code 94618	
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Instruc ReneSola	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

e Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
Lundin	Page 7 of 21 3 Filer ID (Ethics Commission Filers)	
5 Full name of contributor Out-of-state PAC (ID#:) /17 Roland Flores		7 Amount of contribution (\$) \$200.00
upation / Job title (See Instructions)	9 Employer (See Instruc University of Co	l olorado
Kirsten Schatz Contributor address; City; State	e; Zip Code	Amount of contribution (\$) \$50.00
oation / Job title (See Instructions) Organizer	Employer (See Instruction The Public Inter	ions) est Network
Full name of contributor	C (ID#:)	Amount of contribution (\$) \$150.00
Contributor address; City; State 1063 Neilson St. Albany, CA	e; Zip Code 94706	
ation / Job title (See Instructions)		
Contributor address; City; State	; Zip Code	\$200.00 (\$)
ation / Job title (See Instructions)	X 77035 Employer (See Instructi	ons) od Gulf Coast
	5 Full name of contributor Roland Flores 6 Contributor address; City: State 2461 S. Adams St. Denver, Contributor Address; City: State Part Contributor Address; City: State Part Contributor Address; City: State Part Contributor address; City: State Denver, Contributor address; City: State Denver, Contributor Address: City: State Denver, Contributor Address: City: State Denver, Contributor Address: City: State Part Contributor Address: City: State Albany, CAnton / Job title (See Instructions) Contributor address: City: State Albany, CAnton / Job title (See Instructions) Ker: Full name of contributor Albany, CAnton / Job title (See Instructions) Ker: Contributor address: City: State Part Contributor Address: City: State Part Contributor Address: City: State City:	S Full name of contributor Roland Flores Out-of-state PAC (ID#:

SCHEDULE A1

			30 2022 / (1
	e Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: Page 8 OF 21
Robert A.		3 Filer ID (Ethics Commission Filers)	
4 Date 10/19/17	5 Full name of contributor □ out-of-state PA Bria Mertens	AC (ID#:)	7 Amount of contribution (\$) \$100.00
	8027 S. Top of the World Dr.,	e; Zip Code Salt Lake City, UT 84121	
8 Principal occu Attorney	upation / Job title (See Instructions)	9 Employer (See Instruc BioFire Diagnos	ctions) tics
Date 10/19/17	Full name of contributor	C (ID#:)	Amount of contribution (\$) \$1000.00
	Contributor address; City; State	e; Zip Code	
	1106 Marbrook Court Houston,	'I'X 77077	5 -
Principal occup Business O	pation / Job title (See Instructions)	Employer (See Instruc Self-Employed	tions)
Date 10/19/17	I Juli-ol-state PAC (II)#		Amount of contribution (\$) \$100.00
	Contributor address; City; State 3750 Glen Haven Blvd. Houston,	e; Zip Code 'I'X 77025	
Principal occup Attorney	oation / Job title (See Instructions)	Employer (See Instruc Orrick, Herringto	tions) On, & Sutcliffe IIIP
Date 10/20/17	Full name of contributor	C (ID#:)	Amount of contribution (\$) \$250.00
	Contributor address; City; State 6719 Sylvan Rd. Houston, TX	e; Zip Code 77023	
Principal occupation / Job title (See Instructions) Attorney Employer (See Instructions) Katten Muchin F			Trop. 1981 19.*
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SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Page 9 of 21
2 FILER NAME Robert A.	Lundin		3 Filer ID (Ethics Commission Filers)
4 Date 10/20/17	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$) \$30.00
	6 Contributor address; City; State 2913 Village Brook Ln., Pearlan	Olerania de la constante de la	
8 Principal occup Assistant	pation / Job title (See Instructions) Superintendent	9 Employer (See Instruction I.S.D.	etions)
Date 10/20/17	Full name of contributor out-of-state PAC Karim Jamal	C (ID#:)	Amount of contribution (\$) \$100.00
	Contributor address; City; State 3133 E. Claremont Ave. Phoenix,	e; Zip Code AZ 85016	
Principal occup Physician	ation / Job title (See Instructions)	Employer (See Instruc Retinal Consulta	etions) ants of Arizona
Date 10/20/17	Full name of contributor out-of-state PACE Deterio Cruz	C (ID#:)	Amount of contribution (\$) \$100.00
	Contributor address; City; State 4118 Buras Pass Lin., Houston, T		
Principal occup Principal	ation / Job title (See Instructions)	Employer (See Instruction I.S.D.	tions)
10/21/17	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$) \$150.00
	Contributor address; City; State 4022 Tennyson St. Houston,	; Zip Code TX 77005	
Principal occupation / Job title (See Instructions) Chief Advancement Officer Employer (See Instructions) YES Prep Public			
			1

SCHEDULE A1

			SOMEDOLE AT
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Page 10 of 21
2 FILER NAME Robert A	. Lundin		3 Filer ID (Ethics Commission Filers)
4 Date 10/21/17	5 Full name of contributor out-of-state PAC Ventura Rodriguez	; (ID#:)	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State 75 Pleasant St. Malden, MA	e; Zip Code . 021484906	
	pation / Job title (See Instructions) istant to Commissioner	9 Employer (See Instruc Massachusetts De	ept. of El. & Sec. Education
Date 10/22/17	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$) \$100.00
	Contributor address; City; State 12502 Gable Mills Dr. Cypress,	; Zip Code TX 77433	
Principal occup Educator:	nation / Job title (See Instructions)	Employer (See Instruct Fort Bend I.S.D.	tions)
Date 10/22/17	Full name of contributor	C (ID#:)	Amount of contribution (\$) \$100.00
	Contributor address; City; State 2121 Dunstan Rd. Houston, T		
	oation / Job title (See Instructions) of Lateral Recruitment	Employer (See Instruc Vinson Elkins L.L.	tions) J ^C
Date 10/23/17	Full name of contributor	; (ID#:)	Amount of contribution (\$) \$100.00
	Contributor address; City; State 6343 E. Mystic Meadow Houston	e; Zip Code , 'I'X 77021	
	stion / Job title (See Instructions) stitute Administrator	Employer (See Instruct Rice University	tions)
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDI II F AS NE	FDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

with the second			CONEDULE 741
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Page 11 of 21
2 FILER NAME Robert A.	Lundin		3 Filer ID (Ethics Commission Filers)
4 Date 10/23/17	5 Full name of contributor Out-of-state PACE Christopher Claflin	C (ID#:)	7 Amount of contribution (\$) \$100.00
2	6 Contributor address: City: State 1431 Canyon Edge San Antonio	e, Zin Code 0, TX 78248	
8. Principal occu Head of Sci	pation / Job title (See Instructions) hools	9 Employer (See Instruc KIPP San Antonio	stions) Public Schools
Date 10/23/17	Full name of contributor out-of-state PAC Josephine Smith	C (ID#:)	Amount of contribution (\$) \$100.00
	Contributor address; City; State 2307 Avalon Place Houston,	e; Zip Code TX 77019	
Principal occup Retired Tea	oation / Job title (See Instructions) acher	Employer (See Instruc	tions)
Date 10/24/17	Full name of contributor out-of-state PAG James Guthrie Contributor address; City; State 1661 Pine St. San Francisco,		Amount of contribution (\$) \$50.00
Principal occup Professor	pation / Job title (See Instructions)	Employer (See Instruc I.ynn University	
Date 10/24/17	Full name of contributor out-of-state PAC Jon Eckert		Amount of contribution (\$) \$25.00
	Contributor address; City; State 501 College Ave. Wheaton, II.	e; Zip Code 60187	
Principal occup Professor	pation / Job title (See Instructions)	Employer (See Instruc Wheaton College	tions)

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Page 12 of 21
2 FILER NAME Robert A. I	Lundin		3 Filer ID (Ethics Commission Filers)
4 Date 10/26/17	5 Full name of contributor □ out-of-state PAG Robert Hawke	C (ID#:)	7 Amount of contribution (\$) \$25.00
¥	6 Contributor address; City; State 123 Fort Hale Rd. New Haven,	e; Zip Code CT' 06512	
8 Principal occupation / Job title (See Instructions) Principal 9 Employer (See Instructions) Achievement Firs			
Date 10/26/17	Esther Omogbehin	e; Zip Code AZ 85042	Amount of contribution (\$) \$250.00
		Employer (See Instruc Roosevelt Elemen	tary School District
Date 10/26/17	Full name of contributor out-of-state PAG Tonyel Simon Contributor address; City; State 2115 Runnels St. Houston, TX	; Zip Code	Amount of contribution (\$) \$50.00
Principal occup Program Of	nation / Job title (See Instructions)	Employer (See Instructions) Houston Endowment	
Date 10/26/17	Full name of contributor Tallon Clancy Contributor address; City; State 1425 S. Patton Ct. Denver, CO		Amount of contribution (\$) \$20.00
Principal occup Coordinator	nation / Job title (See Instructions)	Employer (See Instruc Leadership for E	tions) ducational Equity

SCHEDULE A1

The In	nstruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Page 13 of 21
2 FILER NAME Robert A. Lu	ındin		3 Filer ID (Ethics Commission Filers)
10/26/17	7		7 Amount of contribution (\$) \$100.00
5	5326 Rutherglenn Dr. Houston, S	PX 77096	
8 Principal occupation / Job title (See Instructions) Executive Director 9 Employer (See Instruct Yellowstone Acade			
×	Contributor address; City; State; Zip Code 210 Craighead Avenue Nashville, TN 37205		Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Senior Education Fellow Employer (See Instructions) Armold Foundation		tions) N	
5 S	Pate PAC (ID#:) 27/17 Brett Shiel		Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Consultant Employer (See Instructions) Coaching & Conve			
,	Full name of contributor out-of-state PAC Robert Lundin Contributor address; City; State 9200 Westheimer Rd., #1702 House	; Zip Code ston, TX 77063	\$11.57
Principal occupation / Job title (See Instructions) Faculty Member: Employer (See Instructions) Rice University			tions)

SCHEDULE A1

The	Instruction Guide explains how to complete this	1 Total pages Schedule A1: Page 14 of 21	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Robert A. L	undin		
4 Date 10/27/17	5 Full name of contributor □ out-of-state PAC Harsha Grunes	(ID#:)	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State 18245 SW Santoro Dr., Beavertor		
8 Principal occur Engineering	pation / Job title (See Instructions) Manager:	9 Employer (See Instruc Intel	tions)
Date 10/27/17	Full name of contributor		\$50.00 Amount of contribution (\$)
	Contributor address; City; State 620 W. 141st St., #3E New York	•	
Principal occupation / Job title (See Instructions) Partner - Regional Operations Teach For American			
Date 10/27/17	Full name of contributor out-of-state PAC Kimberlin Sturgiss	(ID#:)	Amount of contribution (\$) \$50.00
	Contributor address; City; State 3015 Clearview Circle Houston,	to the second se	
Principal occupation / Job title (See Instructions) Educational Consultant Educational Consultant Employer (See Instructions) Self-Employed		Employer (See Instruc Self-Employed	tions)
Date 10/27/17	Full name of contributor out-of-state PAC (ID#:) Threnice West-Raymond Contributor address; City; State; Zip Code 4 Mira Loma Dr. Manvel, TX 77578		Amount of contribution (\$) \$50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Instruction	nal Coach	Houston I.S.D.	

			SCHEDULE A
	ne Instruction Guide explains how to complete t	this form.	1 Total pages Schedule A1: Page 15 of 21
2 FILER NAM Robert A.			3 Filer ID (Ethics Commission Filers)
1 Date 0/28/17	5 Full flame of contributor		7 Amount of contribution (\$) \$150.00
	6 Contributor address; City; St 419 Pecore Houston,	ate; Zip Code IX 77009	
Principal occ rincipal	cupation / Job title (See Instructions)	9 Employer (See Instruction I.S.D.	ctions)
Date 0/28/17	Full name of contributor	PAC (ID#:)	\$50.00 Amount of contribution (\$)
	Contributor address; City; Sta 10 Tappan Court Orinda, C	ate; Zip Code CA 94563	
Principal occu Retired A	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 0/28/17	Full name of contributor Michael Bader Contributor address; City; State 1607 Belvedere Blvd. Silver S	P: Zin Codo	Amount of contribution (\$) \$100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi American Univers	ions) i ty
Date /28/17	Full name of contributor Anastasia Lindo Anderson Contributor address; City; State 11114 Wishaw Way Richmond, T	e; Zip Code	Amount of contribution (\$) \$50.00
)	ation / Job title (See Instructions)	Employer (See Instruction Baker Ripley	ons)

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME Robert A. Lundin			3 Filer ID (Ethics Commission Filers)
4 Date \$0/28/17	5 Full name of contributor □ out-of-state PAC Juan Duenas	C (ID#:)	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State	; Zip Code ty, TX 77459	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Executive I	Director	Sheldon I.S.D.	
Date 10/28/17	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$) \$100.00
	Contributor address; City; State		\$100.00
	13222 Champions Centre Dr., #30		
Principal occupation / Job title (See Instructions) Principal Employer (See Instruct Houston I.S.D.		tions)	
10/28/17	Full name of contributor		Amount of contribution (\$) \$50.00
	Contributor address; City; State 2210 Viking Dr. Houston, TX		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Retired Pri	incipal	Houston I.S.D.	
Date 10/28/17	Full name of contributor		Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 6031 McKnight St. Houston, TX 77035		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Principal		Houston I.S.D.	

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Page 17 of 21
2 FILER NAME Robert A.			3 Filer ID (Ethics Commission Filers)
10/28/17	5 Full name of contributor Harrison Peters 6 Contributor address; 12523 Safari In. Riverview,	7 Amount of contribution (\$) \$40.00	
8 Principal occupation / Job title (See Instructions) Head of Schools 9 Employer (See Instructions) Hillsborough Cou			
Date 10/28/17	Full name of contributor out-of-state PAGE Matt Frost Contributor address; City; State 19315 Pine Cluster In. Atascoci	e: Zip Code	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Teacher: Employer (See Instructions) Humble I.S.D.		tions)	
Date 10/28/17	Full name of contributor out-of-state PACIDOWARD Hudlow Contributor address; City; State 2529 Wordsworth Houston, Ti	; Zip Code	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Director of Development Employer (See Instructions) Rice University		ions)	
Date 10/28/17	Full name of contributor Trealla Epps Contributor address; 5755 Bellfort Contributor address; City; State; Zip Code Houston, TX 77033		Amount of contribution (\$) \$100.00
Principal occupa Principal	ation / Job title (See Instructions)	Employer (See Instruction Houston I.S.D.	ons)
,*			

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Page 18 of 21
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Robert A. I	undin	1	
4 Date 10/28/17	5 Full name of contributor out-of-state PAC	7 Amount of contribution (\$) \$50.00	
	6 Contributor address; City; State 237 1/2 Eureka St. San Francisc		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Manager	1	Google	
Date 10/28/17	Full name of contributor		Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)
Retired		N/A	
Date 10/28/17	Full name of contributor out-of-state PAC (ID#:) Nadya Espinoza Contributor address; City; State; Zip Code 12302 Lancelot Dr. Houston, TX 77031		Amount of contribution (\$) \$20.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Teacher:		YES Prep Public	Schools
Date 10/28/17	Full name of contributor out-of-state PAC (ID#:) Edmund Lewis Contributor address; City; State; Zip Code		Amount of contribution (\$) \$100.00
	2033 S. Gessner, #2106 Houston	n, TX 77063	
Principal occup Principal	Dation / Job title (See Instructions)	Employer (See Instruc Spring I.S.D.	tions)

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: Page 19 of 21
2 FILER NAME Robert A.	Lundin		3 Filer ID (Ethics Commission Filers)
4 Date 10/28/17	5 Full name of contributor Tracy Scholz 6 Contributor address; City; State 11852 Taylorcrest Rd. Houston	7 Amount of contribution (\$) \$50.00	
	cademics Coordinator	9 Employer (See Instruction Alief I.S.D.	tions)
10/28/17	Full name of contributor Sydney Bay Contributor address; City; State; Zip Code 14823 West 70th Dr., #A, Arvada, CO 80007		Amount of contribution (\$) \$10.00
language all line	ation / Job title (See Instructions)	Employer (See Instruc	
Director of	Recruitment	Teach For Americ	ca
Date 10/28/17	Full name of contributor out-of-state PAC (ID#:) Aledwina Townsend Contributor address; City; State; Zip Code 7426 S. Santa Fe Dr. Houston, EX 77061		Amount of contribution (\$) \$10.00
Principal occup Teacher:	nation / Job title (See Instructions)	Employer (See Instruction I.S.D.	tions)
Date 10/28/17	Full name of contributor Justin Jones Contributor address; 12501 Broadway St., #2102	***********	Amount of contribution (\$) \$100.00
		Employer (See Instruction Spring I.S.D.	tions)

SCHEDULE A1

The	Instruction Guide explains how to	1 Total pages Schedule A1: Page 20 of 21			
2 FILER NAME Robert A. 1	Lundin			3 Filer ID (Ethics Commission Filers)	
4 Date 10/28/17	5 Full name of contributor Cassandra Anderson	out-of-state PAC	(ID#:)	7 Amount of contribution (\$) \$100.00	
	6 Contributor address; 5326 Botany	City; State; Houston, T			
			9 Employer (See Instruc Kandy Stripe Ac		
Date 10/28/17	Full name of contributor Joshua Hale	out-of-state PAC	(ID#:)	\$1.00.00 (\$)	
	Contributor address; 219 Cardinal Dr.	City; State			
Principal occupation / Job title (See Instructions) Pastor: Employer (See Instructions) United Methodis					
Date 10/28/17	Full name of contributor Johnny 0'Connor	out-of-state PAC	(ID#:)	Amount of contribution (\$) \$100.00	
	Contributor address; P.O. Box 535	City; State; Channelvie	; Zip Code W, 'I'X 77530		
Principal occup	Dation / Job title (See Instructions)		Employer (See Instruc Lamar Universit		
Date 10/28/17	Full name of contributor Nathan Truong	out-of-state PAC	(ID#:)	Amount of contribution (\$) \$40.00	
	Contributor address; 3310 Shadowfern Dr.	City; State Houston,	; Zip Code TX 77082		
Principal occupation / Job title (See Instructions) Student		Employer (See Instruc National Taiwan	tions) Normal University		

SCHEDULE A1

			2							
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: Page 21 of 21							
2 FILER NAME Robert A.	Lundin	3 Filer ID (Ethics Commission Filers)								
4 Date 10/28/17	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$) \$250.00							
	6 Contributor address; City; State; Zip Code 39 Cadence Court Richmond, TX 77469									
8 Principal occu Administra	pation / Job title (See Instructions)	9 Employer (See Instruc St. Agnes Health								
Date Full name of contributor Out-of-state PAC (ID#:)										
Principal occup Consultant	pation / Job title (See Instructions)	tions) Urban School Transform.								
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)							
	Contributor address; City; State	e; Zip Code								
Principal occup	nation / Job title (See Instructions)	Employer (See Instruc	tions)							
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)							
Contributor address; City; State; Zip Code										
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED										

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Office Ove e Polling Expense Printing Ex		Solicitation/Fundraising Expense Transportation Equipment & Related Ex Travel In District Travel Out Of District Other (enter a category not listed above						
Credit Card Payment	The Instruction Go	uide explains how to c	omplete this form.							
1 Total pages Schedule F1: Page 1 of 30	Total pages Schedule F1: 2 FILER NAME Robert A. Lundin 3 Filer ID (Ethics Commission Filers)									
4 Date 9/29/17	5 Payee name Wildfire Contact									
6 Amount (\$) \$2832.79	7 Payee address; City; 290 Broadway, Suite	State; Zip Code e 132 Methue	en, MA 01844		=					
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 Campaign Literature									
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder na	me	Office sought	Office held						
Date 9/29/17	Payee name PayPal									
Amount (\$) \$1.03	Payee address; City; 2211 North First St	State; Zip Code	CA 95131							
PURPOSE OF EXPENDITURE	Category (See Categories listed at Contribution Proces			ntside of Texas. Complete Schedule T. n, TX, officeholder living expense ปาว i ไวเว t i Oก						
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder na	me	Office sought	Office held						
9/29/17	Payee name PayPa1									
\$1.75 ^t (\$)	Payee address; City; 2211 North First St	State; Zip Code	CA 95131							
	Category (See Categories listed at	the top of this schedule)	Description							
PURPOSE OF EXPENDITURE	Contribution Proces	ssing Fee		uside of Texas. Complete Schedule T. n, TX, officeholder living expense ontribution						
Complete ONLY if direct	Candidate / Officeholder na	ame	Office sought	Office held						
	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH									
	ATTACH ADDITIONA	L COPIES OF THIS	SCHEDULE AS NEI	EDED						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Robert A. Lundin Page 2 of 30 4 Date 9/29/17 5 Payee name PayPa1 6 Amount (\$) 7 Payee address; City; State; Zip Code 2211 North First St., San Jose, CA 95131 \$1.03 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. Contribution Processing Fee PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE C. Usoro Contribution Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Cadillac Bar Restaurant 9/29/17 Amount (\$) Payee address; City; State; Zip Code 1802 Shepherd Dr., Houston, TX 77007 \$60.00 Category (See Categories listed at the top of this schedule) Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Planning Lunch for Volunteers Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 9/29/17 PayPa1 Amount (\$) Payee address; City; State; Zip Code 2211 North First St., San Jose, CA 95131 \$1.03 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Contribution Processing Fee OF Check if Austin, TX, officeholder living expense **EXPENDITURE** M. Marquez Contribution Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expe Printing Exp		Travel In District Travel Out Of Distri	ipment & Related Expense ict gory not listed above)
Credit Card Payment		The Instruction Guide explain	ns how to co	mplete this form.	- W	20
1 Total pages Schedule F1:	Robert N	A. Lundin			3 Filer ID (Ethic	cs Commission Filers)
1. Age 3 01 30 4 Date	5 Payee na	ame				
9/29/17	PayPa	1				
6 Amount (\$) \$1.03	7 Payee ac 2211 N	ddress; City; State; Z Torth First St., San	ip Code I Jose,	CA 95131		
8	(a) Category	y (See Categories listed at the top of this s	schedule)	(b) Description		
PURPOSE	Contrib	ution Processing Fe	ee	Check if travel ou	utside of Texas. Complete S	Schedule T.
OF EXPENDITURE		2772			n, TX, officeholder living	j expense
			-	J. Quinn Con	ıtribution	
9 Complete ONLY if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
9/29/17	PayPa1					
Amount (\$)	Payee ac	ddress; City; State; Z	ip Code			
\$1.03	2211 N	orth First St., San	ı Jose,	CA 95131		
	Category	(See Categories listed at the top of this s	schedule)	Description		7
PURPOSE	Contrib	ution Processing Fe	е		tside of Texas. Complete S	
OF EXPENDITURE				Check if Austin,	, TX, officeholder living	expense
				H. Harding C	ontribution	1
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name	-	Office sought		Office held
Date 9/29/17	Payee na PayPa1	ame				
Amount (\$)	Payee ac	ddress; City; State; Zi	ip Code			
\$1.03	2211 No	orth First St., San	Jose, C	A 95131		
	Category	(See Categories listed at the top of this s	schedule)	Description		
PURPOSE	Contrib	oution Processing Fe	e	Check if travel out	tside of Texas. Complete S	chedule T.
OF EXPENDITURE				Check if Austin,	, TX, officeholder living	expense
EXPENDITORE			J	J. Covarrubia	Contributi	.on
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	ΔΤ	TACH ADDITIONAL COPIES	OF THIS S	CHEDIII E AS NEE	DED	

	EXPENDITURE CATEGO	DIES EOD BOY 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Lo Fees Or Food/Beverage Expense Po Gift/Awards/Memorials Expense Pr	oan Repayment/Reimbursement iffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor	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: Page 4 of 30	2 FILER NAME Robert A. Lundin		3 Filer ID (Ethics Commission Filers)			
4 Date 9/29/17	5 Payee name PayPal					
6 Amount (\$) \$1.75	7 Payee address; City; State; Zip C 2211 North First St., San Jo					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Processing Fee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense M. Patin Contribution					
9 Complete ONLY if direct						
Date 9/29/17	Payee name PayPal					
Amount (\$) \$1.03	Payee address; City; State; Zip C 2211 North First St., San Jo					
PURPOSE OF EXPENDITURE	OF Check if Austin, TX, office					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date 9/30/17	Payee name !Pay!Pa1					
Amount (\$) \$3.20	Payee address; City; State; Zip C 2211 North First St., San Jo		* IL			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Check if travel out	side of Texas. Complete Schedule T. TX, officeholder living expense อกปาว์ ไอเวปร่อก			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Legal Services

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Credit Card Payment 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 (Ethics Commission Filers) Page 5 of 30 Robert A. Lundin 4 Date 5 Payee name 10/2/17 City of Houston Parking Meters 6 Amount (\$) 7 Payee address; City; State; Zip Code Houston, TX 77003 \$3.00 2020 McKinney 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Travel in District Check if Austin, TX, officeholder living expense **EXPENDITURE** Parking 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Date Payee name 10/2/17 Cool Stop Amount (\$) Payee address; City; State; Zip Code \$52.91 8875 W. Bellfort, Houston, TX 77071 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for Volunteers Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Date Payee name 10/2/17 LPC Parking Block 142 Amount (\$) Payee address; City; State; Zip Code \$15.00 710 Walker St., Houston, TX 77002 Category (See Categories listed at the top of this schedule) **PURPOSE** Description Check if travel outside of Texas. Complete Schedule T. Travel in District EXPENDITURE Check if Austin, TX, officeholder living expense Parking Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

1 Total pages Schedule F1 Page 6 of 30 4 Date 10/2/17 6 Amount (\$) \$19.31	The Instruction Guide explains how to 2 FILER NAME Robert A. Lundin 5 Payee name Facebook 7 Payee address; City; State; Zip Code 1601 Willow Rd., Menlo Park, Ca	3	3 Filer ID (Ethics Commission Filer
Page 6 of 30 4 Date 10/2/17 6 Amount (\$) \$19.31	Robert A. Lundin 5 Payee name Facebook 7 Payee address; City; State; Zip Code		Filer ID (Ethics Commission Filer
4 Date 10/2/17 6 Amount (\$) \$19.31	5 Payee name Facebook;7 Payee address; City; State; Zip Code		
10/2/17 6 Amount (\$) \$19.31 8	Facebook: 7 Payee address; City; State; Zip Code		
6 Amount (\$) \$19.31 8	7 Payee address; City; State; Zip Code		
\$19.31 8 PURPOSE	-ity, State, Zip Gode		
8 PURPOSE		1 12 5 2	
8 PURPOSE	1001 Willow Rd., Menlo Park, C		
PURPOSE		A 94025	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising Expense		
	Advertising expense	Check if travel outside	e of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX	K, officeholder living expense
		and the second s	
		Digital Advert	ising
 Complete <u>ONLY</u> if direct expenditure to benefit C/OH 	Candidate / Officeholder name	Office sought	Office held
, and to beliefly 6/01	1		Office held
Date	Payee name		
10/2/17	Fuddruckers Restaurant		
Amount (\$)	Dover		
	Payee address; City; State; Zip Code		
102.24	11445 Fountain Lake Dr., Staffo	and III 77.177	
	Die, Stallo	LU, 1X //4//	
	Catagoni io		
Dunna	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Food/Beverage Expense		
EXPENDITURE	5	Check if travel outside of	f Texas. Complete Schedule T.
		Check if Austin, TX, o	officeholder living expense
		Campaign Volunt	eer Dinner
Complete ONLY if direct	Candidate (Off	I STATE VOLUME	eer Dillier
expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	
		- ought	Office held
Date	Payee name		
0/2/17	Wix		
	W.I.X.		
Amount (\$)	Payee address; City: State: 7:20-1		
9.99	D O D		
1	P.O. Box 40190 San Francisco, C	A 94140	
		- 311.10	
	Category (See Categories listed at the top of this schedule)		
PURPOSE	Advert is increased at the top of this schedule)	Description	
OF	Advertising Expense		
EXPENDITURE	1	Check if travel outside of Te	xas. Complete Schedule T.
1.00	5 5	Check if Austin, TX, office	ceholder living expense
_		77.7	Belladva evinale
		Web Hosting Co	107 70
mplete ONLY if direct	Candidate / Officeholder	Web Hosting Se	ervices
	Candidate / Officeholder name	Web Hosting Se	
mplete ONLY if direct	Candidate / Officeholder name	Web Hosting Se	Office held
nplete ONLY if direct	Candidate / Officeholder name ATTACH ADDITIONAL COPIES OF THIS SCH	Web Hosting Se	

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Revised 9/8/2015

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	F F y G	event Expense ees ood/Beverage Expense iitt/Awards/Memorials Expense egal Services	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	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: Page 7 of 30		The Instruction Guide explai ME A. Landin	ns now to co	omplete this form.	3 Filer ID (Ethics Commission Filers)	
4 Date 10/3/17	5 Payee nam			-1		
6 Amount (\$) \$1.03	7 Payee addr	ress; City; State; Z th First St., San	100	CA 95131		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Processing Fee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense I Pollock Contribution					
9 Complete ONLY if direct expenditure to benefit C/OF		e / Officeholder name		Office sought	Office held	
Date 10/4/17	Payeenam Piney Po	e int Place Communi	ty Asso	ociation		
Amount (\$) \$100.00	Payee addr C/O Cirea			, 8323 South	west Fwy., Houston, TX 77074	
PURPOSE OF EXPENDITURE	Category (8	See Categories listed at the top of this	schedule)		iside of Texas. Complete Schedule T. , TX, officeholder living expense Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		e / Officeholder name		Office sought	Office held	
Date 10/4/17	Payee nam Piney Po	e int Place Communi	ty Asso	ociation		
Amount (\$) \$100.00	Payee addr	5.50		t, 8323 South	west Fwy., Houston, TX 77074	
PURPOSE OF EXPENDITURE	Category (s Event E	See Categories listed at the top of this XPENSE	schedule)		tside of Texas. Complete Schedule T. , TX, officeholder living expense $F \!$	
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name		Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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1 Total pages Schedule Tile 2 FILER NAME Page 8 of 30 4 Date 10/6/17 5 7 Payee name Piney Point Place Community Association 5 Payee address; City: State: Zip Code Community Association 6 Amount (8) 7 Payee address; City: State: Zip Code Synthy and Synth	Accounting/Banking Consulting Expense Contributions/Donations Ma Candidate/Officeholder/Po		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Rep Office On Polling E Printing I	payment/Reimbursement verhead/Rental Expense xpense Expense	Transportation Equipment & Related Expens Travel In District Travel Out Of District	
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EXPENDITURE CATEGORIES FOR BOX 8(a)							
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EXPENDITURE CATEGORIES FOR BOX 8(a)										
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
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Travel Out Of District Salaries/Wages/Contract Labor Credit Card Payment 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 (Ethics Commission Filers) Page 11 of 30 Robert A. Lundin 4 Date 10/12/17 5 Payee name PayPa1 6 Amount (\$) 7 Payee address; 7 Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131 \$6.10 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Contribution Processing Fee OF Check if Austin, TX, officeholder living expense **EXPENDITURE** A. Miranda Contribution 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/12/17 PayPa1 Amount (\$) Payee address; City; State; Zip Code \$1.75 2131 North First St., San Jose, CA 95131 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Cobtribution Processing Fee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **EXPENDITURE** C. St. Julien Contribution Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/12/17 PayPa1 Amount (\$) Payee address; City; State; Zip_Code \$6.10 2131 North First St., San Jose, CA 95131 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contribution Processing Fee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE E. DiBella Contribution Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Travel In District Travel Out Of District

Transportation Equipment & Related Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Credit Card Payment 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 (Ethics Commission Filers) Robert A. Lundin Page 12 of 30 4 Date 5 Payee name 10/14/17 PayPa1 6 Amount (\$) 7 Payee address; Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131 \$1.03 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Contribution Processing Fee Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense M. Rumbaugh Contribution 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Date Payee name 10/15/17 PayPa1 Amount (\$) Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131 \$7.55 Category (See Categories listed at the top of this schedule) Description PURPOSE Contribution Processing Fee Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense S. Lee Contribution Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Date Payee name 10/15/17 PayPa1 Amount (\$) Payee address; City; State; Zip Code \$1.03 2131 North First St., San Jose, CA 95131 Category (See Categories listed at the top of this schedule) **PURPOSE** Description Contribution Processing Fee OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense R. West Contribution Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Robert A. Lundin Page 13 of 30 4 Date 5 Payee name 10/16/17 Netbrands Media Corporation 6 Amount (\$) 7 Payee address; City; State; Zip Code 14550 Beechnut St., Houston, TX 77083 \$472.35 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. Printing Expense **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Printed Materials Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/16/17 Gringo's Mexican Kitchen Amount (\$) Payee address; City; State; Zip Code 12330 Southwest Fwy., Stafford, TX 77477 \$241.82 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food/Beverage Expense OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Dinner for Volunteers Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/16/17 Cool Stop Amount (\$) Payee address; City; State; Zip Code 8875 W. Bellfort, Houston, TX 77071 \$55.78 Category (See Categories listed at the top of this schedule) Description PURPOSE ___ Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Food For Volunteers Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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SCHEDULE F1

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Advertising Expense

SCHEDULE F1

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Accounting/Banking Consulting Expense Fees Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: Robert A. Lundin Page 16 of 30 5 Payee name 4 Date Ashiana Indian Restaurant 10/19/17 City; State; Zip Code 6 Amount (\$) 7 Pavee address: 12610 Briaf Forest Dr., Houston, TX 77077 \$711.53 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 ☐ Check if travel outside of Texas. Complete Schedule T. Event Expense PURPOSE Check if Austin, TX, officeholder living expense OF **EXPENDITURE** "Family Forum" Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 10/19/17 H-E-B City; State; Zip Code Payee address: Amount (\$) 11815 WestheimerRRd., Houston, TX 77077 \$48.66 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Event Expense PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** "Family Forum" Fruit & Veggies Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name 10/19/17 PayPa1 Amount (\$) Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131 \$6.10 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Contribution Processing Fee OF Check if Austin, TX, officeholder living expense EXPENDITURE E. Haque Contribution Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expe

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	· · · · · · · · · · · · · · · · · · ·	pense lages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: Page 17 of 30	2 FILER NAME Robert A. Lundin	[:	3 Filer ID (Ethics Commission Filers)
4 Date 10/19/17	5 Payee name PayPal		1
6 Amount (\$) \$4.65	7 Payee address; City; State; Zip Code 2131 North First St., San Jose,	CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Processing Fee		ide of Texas. Complete Schedule T. TX, officeholder living expense i bแน่ง
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 10/19/17	Payeename PayPa1		
Amount (\$) \$6.10	Payee address; City; State; Zip Code 2131 North First St., San Jose,	CA 95131	
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18,19/17	Payeename PayPal		
Amount (\$) \$1.75	Payee address; City; State: Zip Code 2131 North First St., San Jose,	CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Processing Fee	Check if Austin, T	de of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 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

Page 18 of 30 Robert A. Lundin 4 Date 10/19/17 5 Payee name PayPa1	Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	- I thing L	Expense Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
4 Date 10/19/17				3 Filer ID (Ethics Commission Filers)
10/19/17	Page 18 of 30	Robert A. Lundin		Section with the section of the sect
2131 North First St., San Jose, CA 95131 Contribution Processing Contribution Processing Contribution Contributio				
Section Caregory See Categories listed at the top of this schedule) Caregory Candidate / Office holder name Candidate / Contribution Candidate / Contri	6 Amount (\$)	7 Payee address; City; State; Zip Code		
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Date 10/19/17 PayPal PayPayPal PayPal PayPayPal PayPayPal PayPayPal PayPayPal PayPayPal PayPayPal PayPayPal PayPayPal PayPayPal PayPayPayPayPayPayPayPayPayPayPayPayPayP	LAFEINDITORIE		L. Growbows	ky Contribution
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PURPOSE OF EXPENDITURE Contribution Processing Fee	\$3.20		CA 95131	
Contribution Processing Fee		Category (See Categories listed at the top of this schedule)	Description	
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Date Payee name 10/20/17 PayPal Amount (\$) Payee address; City; State; Zip Code \$7.55 2131 North First St., San Jose, CA 95131 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Contribution Processing Fee Contribution Processing Fee Condidate / Officeholder name Candidate / Officeholder name Office sought Office held	- H		B. Gathright	Contribution
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OF EXPENDITURE Contribution Processing Fee Check if Austin, TX, officeholder living expense M. Balaster Contribution Complete ONLY if direct expenditure to benefit C/OH Contribution Office hold		Category (See Categories listed at the top of this schedule)		
EXPENDITURE Check if Austin, TX, officeholder living expense		Contribution Processing Fee		
Complete ONLY if direct	and the state of t	100 100		
expenditure to benefit C/OH			M. Balaster	Contribution
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			Office sought	Office held
ALIAMIAMMINATOR OF THE OF THE OFFICE OF THE OFFI		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M	vages/Contract Labor Travel Out Of District Other (enter a category not listed above)
S. Suit Gurd Layriidit	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1: Page 19 of 30	2 FILER NAME Robert A. Lundin	3 Filer ID (Ethics Commission Filers)
4 Date 10/20/17	5 Payee name PayPal	
6 Amount (\$) \$1.17	7 Payee address; City; State; Zip Code 2131 North First St., San Jose,	CA 95131
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	Contribution Processing Fee	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
		M. Love Contribution
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/20/17	PayPa1	
Amount (\$)	Payee address; City; State; Zip Code	
\$3.20	2131 North First St., San Jose,	CA 95131
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	Contribution Processing Fee	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
		K. Jamal Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/20/17	PayPa1	
Amount (\$) \$3.20	Payee address; City; State; Zip Code 2131 North First St., San Jose,	CA 95131
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	Contribution Processing Fee	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
		E. Cruz Contribution
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/W	/ages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to c	complete this form.
1 Total pages Schedule F1: Page 20 of 30	2 FILER NAME Robert A. Lundin	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	<u> </u>
10/20/17	Neumann & Company	
6 Amount (\$)	7 Payee address; City; State; Zip Code	77.401
\$6074.82	5537 Huisache St., Bellaire, TX	//401
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
LAI ENDITORE		Ptinted Mail Materials
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/20/17	Piney Point Place Community Asso	ociation
Amount (\$)	Payee address; City; State; Zip Code	
\$100.00	c/o Creative Property Managemen	t, 8323 Southwest Fwy., Houston, TX 77074
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
	, , , , , , , , , , , , , , , , , , ,	Room Rental Fee
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/20/17	Chuy's	
Amount (\$)	Payee address; City; State; Zip Code	
\$40.00	9350 Westheimer Rd., Houston, Ti	X 77063
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -		"Friendraiser"
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel Out Of District

Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Page 21 of 30 Robert A. Lundin 4 Date 5 Payee name Nethrands Media Corporation 10/20/17 6 Amount (\$) 7 Payee address; City; State; Zip Code 14550 Beechnut St., Houston, TX 77083 \$469.61 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Printing Expense Check if Austin, TX, officeholder living expense OF EXPENDITURE Printed Materials Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 10/21/17 PayPa1 Amount (\$) Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131 \$4.65 Category (See Categories listed at the top of this schedule) Description Contribution Processing Fee Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE A. Ziker Contribution Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/21/17 PayPa1 Amount (\$) Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131 \$3.20 Category (See Categories listed at the top of this schedule) Description Contribution Processing Fee Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** V. Rodriguez Contribution Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Robert A. Lundin Page 22 of 30 4 Date 5 Payee name 10/22/17 PayPa1 6 Amount (\$) 7 Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131 \$3.20 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Contribution Processing Fee Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE M. Morrison Contribution Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 10/22/17 PayPa1 Amount (\$) Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131 \$3.20 Category (See Categories listed at the top of this schedule) Description Contribution Processing Fee Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** J. Cafferty Patton Contribution Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/23/17 PayPa1 Amount (\$) Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131 \$3.20 Category (See Categories listed at the top of this schedule) Description Contribution Processing Fee Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Z. Jamal Contribution Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

City; State; Zip Code

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

6 Amount (\$)

9 Complete ONLY if direct

\$3.20

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

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

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

Office held

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Page 23 of 30 Robert A. Lundin 4 Date 5 Payee name 10/23/17 PayPa1

Candidate / Officeholder name

Candidate / Officeholder name

3 Filer ID (Ethics Commission Filers) 2131 North First St., San Jose, CA 95131

8		(a) Category (See Categories listed at the top of this schedule)				
	PURPOSE OF EXPENDITURE	Contribution	Processing	Fee		

7 Payee address;

(b) Description	
Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense	
C. Claflin Contribution	

Office sought

Office sought

expenditure to benefit C/OI	H		
Date 10/23/17	Payee name Pay Pa1		
Amount (\$) \$3.20	Payee address; City; State; Zip Code 2131 North First St., San Jose,	CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Processing Fee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense J. Smith Contribution	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/23/17	Payee name Cool Stop		
Amount (\$) \$25.22	Payee address; City; State; Zip Code 8875 W. Bellfort, Houston, TX	7071	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. C Check if Austin, TX, officehold Food for Volunteers	der living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Complete ONLY if direct

expenditure to benefit C/OH

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Travel Out Of District Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee 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 (Ethics Commission Filers) Robert A. Lundin Page 24 of 30 5 Pavee name 4 Date 10/23/17 Fuddruckers Restaurant 6 Amount (\$) City; State; Zip Code 7 Payee address; 11445 Fountain Lake Dr., Stafford, TX 77477 \$104.02 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food/Beverage Expense Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Campaign Volunteer Dinner Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/23/17 x:iw Amount (\$) Payee address; City; State; Zip Code P.O. Box 40190 San Francisco, CA 94140 \$16.00 Category (See Categories listed at the top of this schedule) Description Advertising Expense Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Web Hosting Services Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Jewish Herald Voice 10/24/17 Amount (\$) Pavee address: City; State; Zip Code \$872.00 3403 Audley St., Houston, TX 77098 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Newspaper Advertisement Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	, and the section of	Vages/Contract Labor Other (enter a category not listed above)		
1 Total pages Schedule F1: Page 25 of 30	2 FILER NAME Robert A. Lundin	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
10/24/17	City of Houston Parking Meters			
6 Amount (\$) \$2.00	7 Payee address; City; State; Zip Code 2020 McKinney Houston, TX 77003	3		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Travel in District	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin, TX, officeholder living expense		
		Parking		
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held		
Date 10/24/17	Payee name PayPal			
Amount (\$)	Payee address; City; State; Zip Code	some lead		
\$1.75	2131 North First St., San Jose,	CA 95131		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Contribution Processing Fee	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin, TX, officeholder living expense		
	D.	J. Guthrie Contribution		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
10/24/17	PayPal			
Amount (\$)	Payee address; City; State; Zip Code			
\$1.03	2131 North First St., San Jose,	CA 95131		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Contribution Processing Fee	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE		Check if Austin, TX, officeholder living expense		
7		J. Eckert Contribution		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Offici (cinci a stategory not acted above)
Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Page 26 of 30	Robert A. Lundin		
Date	5 Payee name		
0/26/17	PayPal		
Amount (\$) 51.03	7 Payee address; City; State; Zip Code 2131 North First St., San Jose,	CA 95131	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	,
PURPOSE	Contribution Processing Fee	Check if travel or	utside of Texas. Complete Schedule T.
OF	Continuoron Processing rec	Check if Austin	n, TX, officeholder living expense
EXPENDITURE		R. Hawke Con	ntribution
Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
Date 0/26/17	Payee name PayPal		
Amount (\$)	Payee address; City; State; Zip Code		
57.55	2131 North First St., San Jose,	CA 95131	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Contribution Processing Fee	Check if travel ou	utside of Texas. Complete Schedule T.
OF EXPENDITURE			n, TX, officeholder living expense n Contribution
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 10/26/17	Payee name PayPa1		
Amount (\$) \$1.75	Payee address; City; State; Zip Code 2131 North First St., San Jose,	CA 95131	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contribution Processing Fee		uside of Texas. Complete Schedule T. n, TX, officeholder living expense ntribution
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDUI F AS NEI	EDED.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/M	/ages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: Page 27 of 30	The Instruction Guide explains how to a 2 FILER NAME Robert A. Lundin		Filer ID (Ethics Commission Filers)
4 Date 10/26/17	5 Payee name PayPal		
6 Amount (\$) \$0.88	7 Payee address; City; State; Zip Code 2131 North First St., San Jose,	CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Processing Fee		le of Texas. Complete Schedule T. X, officeholder living expense ITIDITION
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date 10/26/17	Payee name PayPal		
Amount (\$) \$3.20	Payee address; City; State; Zip Code 2131 North First St., San Jose,	CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Processing Fee		e of Texas. Complete Schedule T. (, officeholder living expense Ontribution
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 10/27/17	Payee name Harris County Clerk Office		
Amount (\$)	Payee address; City; State; Zip Code		
\$50.00	1001 Preston St., Houston, TX 77	7002	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other (Voter Information)	Check if Austin, TX	e of Texas. Complete Schedule T. K, officeholder living expense articipation Data
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED!	ED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	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: Page 28 of 30	2 FILER N. Robert	AME A. Lundin			3 Filer ID (Ethics Commission Filers)	
4 Date 10/28/17	5 Payee na PayPal					
6 Amount (\$) \$0.59	7 Payee ac 2131 No	dress; City: State; orth First St., San	Zip Code n Jose,	CA 95131		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Processing Fee Check if Austin, TX, officeholder living expense A. Townsend Contribution				n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought	Office held	
Date 10/28/17	Payee na PayPa1	me				
Amount (\$) \$3.20	Payee ac 2131 No	dress; City; State; orth First St., Sa	Zip Code n Jose,	CA 95131		
PURPOSE OF EXPENDITURE		(see Categories listed at the top of thi bution Processing		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense J. Jones Contribution		
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought	Office held	
Date 10/28/17	Payee na	ame				
Amount (\$) \$3.20	Payee ac 2131 No	ddress; City; State; orth First St., Sa:	zip Code n Jose,	CA 95131		
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this	•	Check if Austin	uside of Texas. Complete Schedule T. n, TX, officeholder living expense Contribution	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	By Gift/Awards/Memorials Expense Pr	initing Expense Travel In District Travel Out Of District Other (enter a category not listed above) ow to complete this form.
1 Total pages Schedule F1: Page 29 of 30	2 FILER NAME Robert A. Lundin	3 Filer ID (Ethics Commission Filers)
4 Date 10/28/17	5 Payee name PayPal	
6 Amount (\$) \$3.20	7 Payee address; City; State; Zip C 2131 North First St., San Jos	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense J. Hale Contribution
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held
Date 10/28/17	Payee name IPayIPa1	
Amount (\$) \$3.20	Payee address: City; State; Zin C 2131 North First St., San Jos	ode 56. CA 95131
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Contribution Processing Fee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense J. O'Connor Contribution
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held
Date 10/28/17	Payee name PayPa1	
Amount (\$) \$1.46	Payee address; City; State; Zip C 2131 North First St., San Jo	ode Ose, CA 95131
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense N. Throng Contribution
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla		se s/Contract Labor	Travel In District Travel Out Of Distr Other (enter a cate	rict gory not listed above)
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID /Ethi	cs Commission Filers)
Page 30 of 30		t A. Lundin			O THE ID (LIN	es commission i hers,
4 Date 10/28/17	5 Payeena PayPal	me		J		
6 Amount (\$) \$7.55	7 Payee ad 2131 No	dress; City; State; orth First St., Sa		A 95131	=	
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of this	ee	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense A. Usoro Contribution		
9 Complete ONLY if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
Amount (\$)	Payee ad	ldress; City; State;	Zip Code			
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)		side of Texas. Complete	
Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee ad	ldress; City; State;	Zip Code	E		
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)		Iside of Texas. Complete	
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought	7.7. d 	Office held
	ATT	TACH ADDITIONAL COPIES	S OF THIS SCH	HEDULE AS NEE	DED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Loan Repayment/Reimb Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contracts s how to complete this	Expense ct Labor	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 F2:	3	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$					
5 Date 10/23/17					
7 Amount (\$) \$6074.82 Spayee address; City; State; Zip Code 5537 Huisache St., Bellaire, TX 77401					
9 TYPE OF EXPENDITURE	X Political	Non-Political			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Advertising Εχρεηse		(b) Description Checkif travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printed Mail Materials		
11 Complete ONLY if direct candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
TYPE OF EXPENDITURE	Political	Non-Political			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	s schedule)		vel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					