

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Robert A. Lundin

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

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

\$

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

\$ 8146.57

EXPENDITURE
TOTALS

3. 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

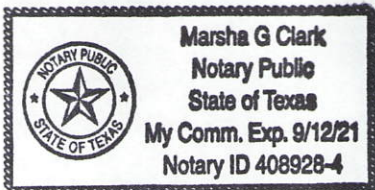
\$ 10,602.46

OUTSTANDING
LOAN TOTALS

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

\$

18 AFFIDAVIT



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

Robert A. Lundin
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Marsha G Clark
Signature of officer administering oath

Marsha G Clark
Printed name of officer administering oath

NOTARY
Title of officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Robert A. Lundin

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

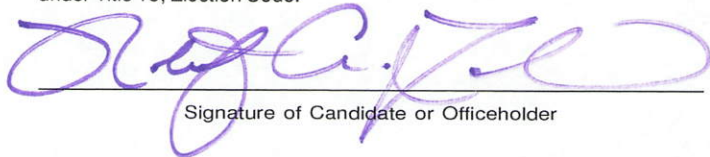
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,146.57
EXPENDITURE TOTALS	3. 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 PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

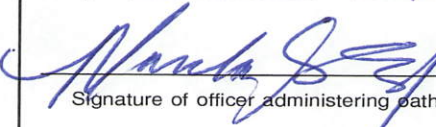
18 AFFIDAVIT

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


 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert A. Lundin, this the 30TH day of October, 2017, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

Marsha G Clark
 Printed name of officer administering oath

NOTARY
 Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME Robert A. Lundin		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8146.57
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13,398.63
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 6074.82
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Page 1 of 21

2 FILER NAME
Robert A. Landin

3 Filer ID (Ethics Commission Filers)

4 Date
9/29/17

5 Full name of contributor out-of-state PAC (ID#: _____)
John Quinn

7 Amount of contribution (\$) \$25.00

6 Contributor address; City; State; Zip Code
831 Island Meadow Ct., Houston, TX 77062

8 Principal occupation / Job title (See Instructions)
Teacher

9 Employer (See Instructions)
Clear Creek I.S.D.

Date
9/29/17

Full name of contributor out-of-state PAC (ID#: _____)
Heather Harding

Amount of contribution (\$) \$25.00

Contributor address; City; State; Zip Code
5020 Sargent Rd. NE, Washington, DC 20017

Principal occupation / Job title (See Instructions)
Program Officer

Employer (See Instructions)
Bill & Melinda Gates Foundation

Date
9/29/17

Full name of contributor out-of-state PAC (ID#: _____)
Jose Covarrubia

Amount of contribution (\$) \$25.00

Contributor address; City; State; Zip Code
7510 Hornwood Dr., #306E, Houston, TX 77036

Principal occupation / Job title (See Instructions)
Principal

Employer (See Instructions)
Houston I.S.D.

Date
9/29/17

Full name of contributor out-of-state PAC (ID#: _____)
Melissa Patin

Amount of contribution (\$) \$50.00

Contributor address; City; State; Zip Code
207 Briar Manor Ln., Houston, TX 77056

Principal occupation / Job title (See Instructions)
Principal

Employer (See Instructions)
Houston I.S.D.

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Page 2 of 21

2 FILER NAME
Robert A. Lundin

3 Filer ID (Ethics Commission Filers)

4 Date
9/29/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Stuart Katz

7 Amount of contribution (\$) \$25.00

6 Contributor address; City; State; Zip Code
1927 Schoettler Valley Dr., Chesterfield, MO 63017

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)
SBC Communications

Date
9/29/17

Full name of contributor out-of-state PAC (ID#: _____)
Charles Glover

Amount of contribution (\$) \$50.00

Contributor address; City; State; Zip Code
10021 Gateway Ln., Dallas, TX 75218

Principal occupation / Job title (See Instructions)
Senior Program Officer

Employer (See Instructions)
Meadows Foundation

Date
9/29/17

Full name of contributor out-of-state PAC (ID#: _____)
Crystal Usoro

Amount of contribution (\$) \$25.00

Contributor address; City; State; Zip Code
39 Cadence Court Richmond, TX 77469

Principal occupation / Job title (See Instructions)
Tax Associate

Employer (See Instructions)
Lyondell Basell

Date
9/29/17

Full name of contributor out-of-state PAC (ID#: _____)
Mario Marquez

Amount of contribution (\$) \$25.00

Contributor address; City; State; Zip Code
3202 Markstone Court, Katy, TX 77494

Principal occupation / Job title (See Instructions)
Director of School Support

Employer (See Instructions)
Energized for Excellence Academy

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

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. Landin

3 Filer ID (Ethics Commission Filers)

4 Date
9/29/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Wally de Covarrubia

7 Amount of contribution (\$)
\$25.00

6 Contributor address; City; State; Zip Code
7510 Hornwood Dr., #205, Houston, TX 77036

8 Principal occupation / Job title (See Instructions)
General Manager

9 Employer (See Instructions)
Houston I.S.D.

Date
9/30/17

Full name of contributor out-of-state PAC (ID#: _____)
Jason Bernal

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
806 W. 41st St., Houston, TX 77018

Principal occupation / Job title (See Instructions)
School Support Officer

Employer (See Instructions)
Houston I.S.D.

Date
10/3/17

Full name of contributor out-of-state PAC (ID#: _____)
Lindsey Pollock

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
5243 Creekbend Houston, TX 77096-5211

Principal occupation / Job title (See Instructions)
Principal

Employer (See Instructions)
Houston I.S.D.

Date
10/7/17

Full name of contributor out-of-state PAC (ID#: _____)
Mubeen Khumawala

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
3722 Garnet St. Houston, TX 77005

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
Deloitte

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
Page 4 of 21

2 FILER NAME
Robert A. Lundin

3 Filer ID (Ethics Commission Filers)

4 Date
10/8/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Daniel Attaway

7 Amount of contribution (\$) \$50.00

6 Contributor address; City; State; Zip Code
1723 Gilpin Avenue, Wilmington, DE 19806

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
Womble, Carlyle, Sandridge, & Rice

Date
10/10/17

Full name of contributor out-of-state PAC (ID#: _____)
Antonia O' Sullivan

Amount of contribution (\$) \$25.00

Contributor address; City; State; Zip Code
2 Constitution Court, #1109 Hoboken, NJ 07030

Principal occupation / Job title (See Instructions)
Principal

Employer (See Instructions)
KIPP New Jersey

Date
10/11/17

Full name of contributor out-of-state PAC (ID#: _____)
Jacqueline Walkow

Amount of contribution (\$) \$150.00

Contributor address; City; State; Zip Code
5911 Annand Way Sacramento, CA 95822

Principal occupation / Job title (See Instructions)
Director of Legislation

Employer (See Instructions)
State of California

Date
10/12/17

Full name of contributor out-of-state PAC (ID#: _____)
Chelsea St. Julien

Amount of contribution (\$) \$50.00

Contributor address; City; State; Zip Code
4614 Aspen Leaf Ln., Humble, TX 77396

Principal occupation / Job title (See Instructions)
Teacher

Employer (See Instructions)
Humble I.S.D.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

Page 5 of 21

2 FILER NAME

Robert A. Lundin

3 Filer ID (Ethics Commission Filers)

4 Date
10/12/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Angie Miranda

7 Amount of contribution (\$)
\$200.00

6 Contributor address; City; State; Zip Code
5 Timber Ln. West Columbia, TX 77486

8 Principal occupation / Job title (See Instructions)
School Support Officer

9 Employer (See Instructions)
Houston I.S.D.

Date
10/12/17

Full name of contributor out-of-state PAC (ID#: _____)
Erica DiBella

Amount of contribution (\$)
\$200.00

Contributor address; City; State; Zip Code
1230 Waverly St. Houston, TX 77008

Principal occupation / Job title (See Instructions)
Librarian

Employer (See Instructions)
YES Prep Public Schools

Date
10/14/17

Full name of contributor out-of-state PAC (ID#: _____)
Michael Rumbaugh

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
420 East Nelson Ave. Alexandria, VA 22301

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
Accenture

Date
10/15/17

Full name of contributor out-of-state PAC (ID#: _____)
Shin-Yueh Lee

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
4341 Betty St. Bellaire, TX 77401

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
ENGIE North America

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME
Robert A. Lundin

3 Filer ID (Ethics Commission Filers)

4 Date
10/15/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Ronald West

7 Amount of contribution (\$) \$25.00

6 Contributor address; City; State; Zip Code
1725 I St. NW Washington, DC 20006

8 Principal occupation / Job title (See Instructions)
Political Consultant

9 Employer (See Instructions)
Field Strategies

Date
10/17/17

Full name of contributor out-of-state PAC (ID#: _____)
Gregory Travis

Amount of contribution (\$) \$200.00

Contributor address; City; State; Zip Code
11416 Riverview Dr. Houston, TX 77077

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Hoover Slovacek

Date
10/19/17

Full name of contributor out-of-state PAC (ID#: _____)
Emily Kennedy Hague

Amount of contribution (\$) \$200.00

Contributor address; City; State; Zip Code
1731 13th St. South Arlington, VA 22204

Principal occupation / Job title (See Instructions)
Senior Policy Advisor

Employer (See Instructions)
American Petroleum Institute

Date
10/19/17

Full name of contributor out-of-state PAC (ID#: _____)
Caryn Lai

Amount of contribution (\$) \$150.00

Contributor address; City; State; Zip Code
4314 Harbord Dr. Oakland, CA 94618

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
ReneSola

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

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2 FILER NAME
Robert A. Lundin

3 Filer ID (Ethics Commission Filers)

4 Date
10/19/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Roland Flores

7 Amount of contribution (\$) \$200.00

6 Contributor address; City; State; Zip Code
2461 S. Adams St. Denver, CO 80210

8 Principal occupation / Job title (See Instructions)
Physician

9 Employer (See Instructions)
University of Colorado

Date
10/19/17

Full name of contributor out-of-state PAC (ID#: _____)
Kirsten Schatz

Amount of contribution (\$) \$50.00

Contributor address; City; State; Zip Code
2102 W. 46th Ave. Denver, CO 80211

Principal occupation / Job title (See Instructions)
Grassroots Organizer

Employer (See Instructions)
The Public Interest Network

Date
10/19/17

Full name of contributor out-of-state PAC (ID#: _____)
Rachel Orkand

Amount of contribution (\$) \$150.00

Contributor address; City; State; Zip Code
1063 Neilson St. Albany, CA 94706

Principal occupation / Job title (See Instructions)
Social Worker

Employer (See Instructions)
City & County of San Francisco

Date
10/19/17

Full name of contributor out-of-state PAC (ID#: _____)
Kathryn Gottlieb

Amount of contribution (\$) \$200.00

Contributor address; City; State; Zip Code
4606 Redstart St. Houston, TX 77035

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Planned Parenthood Gulf Coast

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Page 8 of 21

2 FILER NAME
Robert A. Lundin

3 Filer ID (Ethics Commission Filers)

4 Date
10/19/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Bria Mertens

7 Amount of contribution (\$) \$100.00

6 Contributor address; City; State; Zip Code
8027 S. Top of the World Dr., Salt Lake City,
UT 84121

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
BioFire Diagnostics

Date
10/19/17

Full name of contributor out-of-state PAC (ID#: _____)
Laura Grobowsky

Amount of contribution (\$) \$1000.00

Contributor address; City; State; Zip Code
1106 Marbrook Court Houston, TX 77077

Principal occupation / Job title (See Instructions)
Business Owner

Employer (See Instructions)
Self-Employed

Date
10/19/17

Full name of contributor out-of-state PAC (ID#: _____)
Bradford Gathright

Amount of contribution (\$) \$100.00

Contributor address; City; State; Zip Code
3750 Glen Haven Blvd. Houston, TX 77025

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Orrick, Herrington, & Sutcliffe LLP

Date
10/20/17

Full name of contributor out-of-state PAC (ID#: _____)
Mary Balaster

Amount of contribution (\$) \$250.00

Contributor address; City; State; Zip Code
6719 Sylvan Rd. Houston, TX 77023

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Katten Muchin Rosenman

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Love 6 Contributor address; City; State; Zip Code 2913 Village Brook Ln., Pearland, TX 77584	7 Amount of contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Assistant Superintendent		9 Employer (See Instructions) Houston I.S.D.
Date 10/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karim Jamal Contributor address; City; State; Zip Code 3133 E. Claremont Ave. Phoenix, AZ 85016	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Retinal Consultants of Arizona
Date 10/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emeterio Cruz Contributor address; City; State; Zip Code 4118 Buras Pass Ln., Houston, TX 77045	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Houston I.S.D.
Date 10/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Ziker Contributor address; City; State; Zip Code 4022 Tennyson St. Houston, TX 77005	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Chief Advancement Officer		Employer (See Instructions) YES Prep Public Schools
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Ventura Rodriguez 6 Contributor address; City; State; Zip Code 75 Pleasant St. Malden, MA 02148--4906	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Special Assistant to Commissioner		9 Employer (See Instructions) Massachusetts Dept. of El. & Sec. Education
Date 10/22/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melvin Morrison Contributor address; City; State; Zip Code 12502 Gable Mills Dr. Cypress, TX 77433	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Fort Bend I.S.D.
Date 10/22/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Cafferty Patton Contributor address; City; State; Zip Code 2121 Dunstan Rd. Houston, TX 77095	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Director of Lateral Recruitment		Employer (See Instructions) Vinson Elkins LLP
Date 10/23/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zahra Jamal Contributor address; City; State; Zip Code 6343 E. Mystic Meadow Houston, TX 77021	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Research Institute Administrator		Employer (See Instructions) Rice University
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

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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 PAC (ID#: _____)
Christopher Claflin

7 Amount of contribution (\$) \$100.00

6 Contributor address; City; State; Zip Code
1431 Canyon Edge San Antonio, TX 78248

8 Principal occupation / Job title (See Instructions)
Head of Schools

9 Employer (See Instructions)
KIPP San Antonio Public Schools

Date
10/23/17

Full name of contributor out-of-state PAC (ID#: _____)
Josephine Smith

Amount of contribution (\$) \$100.00

Contributor address; City; State; Zip Code
2307 Avalon Place Houston, TX 77019

Principal occupation / Job title (See Instructions)
Retired Teacher

Employer (See Instructions)
N/A

Date
10/24/17

Full name of contributor out-of-state PAC (ID#: _____)
James Guthrie

Amount of contribution (\$) \$50.00

Contributor address; City; State; Zip Code
1661 Pine St. San Francisco, CA 94109

Principal occupation / Job title (See Instructions)
Professor

Employer (See Instructions)
Lynn University

Date
10/24/17

Full name of contributor out-of-state PAC (ID#: _____)
Jon Eckert

Amount of contribution (\$) \$25.00

Contributor address; City; State; Zip Code
501 College Ave. Wheaton, IL 60187

Principal occupation / Job title (See Instructions)
Professor

Employer (See Instructions)
Wheaton College

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
Page 12 of 21

2 FILER NAME
Robert A. Lundin

3 Filer ID (Ethics Commission Filers)

4 Date
10/26/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Robert Hawke

7 Amount of contribution (\$)
\$25.00

6 Contributor address; City; State; Zip Code
123 Fort Hale Rd. New Haven, CT 06512

8 Principal occupation / Job title (See Instructions)
Principal

9 Employer (See Instructions)
Achievement First

Date
10/26/17

Full name of contributor out-of-state PAC (ID#: _____)
Esther Omogbehin

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
3606 E. Baseline Rd. Phoenix, AZ 85042

Principal occupation / Job title (See Instructions)
Administrator

Employer (See Instructions)
Roosevelt Elementary School District

Date
10/26/17

Full name of contributor out-of-state PAC (ID#: _____)
Tonyel Simon

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
2115 Runnels St. Houston, TX 77003

Principal occupation / Job title (See Instructions)
Program Officer

Employer (See Instructions)
Houston Endowment

Date
10/26/17

Full name of contributor out-of-state PAC (ID#: _____)
Tallon Clancy

Amount of contribution (\$)
\$20.00

Contributor address; City; State; Zip Code
1425 S. Patton Ct. Denver, CO 80219

Principal occupation / Job title (See Instructions)
Coordinator

Employer (See Instructions)
Leadership for Educational Equity

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Robert A. Lundin

3 Filer ID (Ethics Commission Filers)

4 Date
10/26/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Ryan Dolibois

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
5326 Rutherglenn Dr. Houston, TX 77096

8 Principal occupation / Job title (See Instructions)
Executive Director

9 Employer (See Instructions)
Yellowstone Academy

Date
10/27/17

Full name of contributor out-of-state PAC (ID#: _____)
Christopher Barbic

Amount of contribution (\$)
\$150.00

Contributor address; City; State; Zip Code
210 Craighead Avenue Nashville, TN 37205

Principal occupation / Job title (See Instructions)
Senior Education Fellow

Employer (See Instructions)
Arnold Foundation

Date
10/27/17

Full name of contributor out-of-state PAC (ID#: _____)
Brett Shiel

Amount of contribution (\$)
\$20.00

Contributor address; City; State; Zip Code
519 Greenwich St. Philadelphia, PA 19147

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
Coaching & Convening

Date
10/27/17

Full name of contributor out-of-state PAC (ID#: _____)
Robert Lundin

Amount of contribution (\$)
\$11.57

Contributor address; City; State; Zip Code
9200 Westheimer Rd., #1702 Houston, TX 77063

Principal occupation / Job title (See Instructions)
Faculty Member

Employer (See Instructions)
Rice University

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

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2 FILER NAME

Robert A. Lundin

3 Filer ID (Ethics Commission Filers)

4 Date

10/27/17

5 Full name of contributor

Harsha Grunes

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

18245 SW Santoro Dr., Beaverton, OR 97007

8 Principal occupation / Job title (See Instructions)

Engineering Manager

9 Employer (See Instructions)

Intel

Date

10/27/17

Full name of contributor

Andrew K. Mandel

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

620 W. 141st St., #3E New York, NY 10031

Principal occupation / Job title (See Instructions)

Partner - Regional Operations

Employer (See Instructions)

Teach For America

Date

10/27/17

Full name of contributor

Kimberlin Sturgiss

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

3015 Clearview Circle Houston, TX 77025

Principal occupation / Job title (See Instructions)

Educational Consultant

Employer (See Instructions)

Self-Employed

Date

10/27/17

Full name of contributor

Trenice West-Raymond

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

4 Mira Loma Dr. Manvel, TX 77578

Principal occupation / Job title (See Instructions)

Instructional Coach

Employer (See Instructions)

Houston I.S.D.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

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2 FILER NAME

Robert A. Lundin

3 Filer ID (Ethics Commission Filers)

4 Date
10/28/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Laura Alaniz

7 Amount of contribution (\$) \$150.00

6 Contributor address; City; State; Zip Code
419 Pecore Houston, TX 77009

8 Principal occupation / Job title (See Instructions)

Principal

9 Employer (See Instructions)

Houston I.S.D.

Date
10/28/17

Full name of contributor out-of-state PAC (ID#: _____)
Pamela Wiley

Amount of contribution (\$) \$50.00

Contributor address; City; State; Zip Code
10 Tappan Court Orinda, CA 94563

Principal occupation / Job title (See Instructions)

Retired Audiologist

Employer (See Instructions)

N/A

Date
10/28/17

Full name of contributor out-of-state PAC (ID#: _____)
Michael Bader

Amount of contribution (\$) \$100.00

Contributor address; City; State; Zip Code
1607 Belvedere Blvd. Silver Spring, MD 20902

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

American University

Date
10/28/17

Full name of contributor out-of-state PAC (ID#: _____)
Anastasia Lindo Anderson

Amount of contribution (\$) \$50.00

Contributor address; City; State; Zip Code
11114 Wishaw Way Richmond, TX 77407

Principal occupation / Job title (See Instructions)

Superintendent

Employer (See Instructions)

Baker Ripley

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

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3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Robert A. Lundin

4 Date

10/28/17

5 Full name of contributor

Juan Duenas

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

4023 Tuscan Shore Missouri City, TX 77459

8 Principal occupation / Job title (See Instructions)

Executive Director

9 Employer (See Instructions)

Sheldon I.S.D.

Date
10/28/17

Full name of contributor

Geraldine Cox

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

13222 Champions Centre Dr., #301 Houston, TX
77069

Principal occupation / Job title (See Instructions)

Principal

Employer (See Instructions)

Houston I.S.D.

Date
10/28/17

Full name of contributor

Gloria Salazar

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

2210 Viking Dr. Houston, TX 77018

Principal occupation / Job title (See Instructions)

Retired Principal

Employer (See Instructions)

Houston I.S.D.

Date
10/28/17

Full name of contributor

Christopher Walker

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

6031 McKnight St. Houston, TX 77035

Principal occupation / Job title (See Instructions)

Principal

Employer (See Instructions)

Houston I.S.D.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

Page 17 of 21

2 FILER NAME

Robert A. Lundin

3 Filer ID (Ethics Commission Filers)

4 Date
10/28/17

5 Full name of contributor
Harrison Peters

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)
\$40.00

6 Contributor address; City; State; Zip Code
12523 Safari Ln. Riverview, FL 33579

8 Principal occupation / Job title (See Instructions)
Head of Schools

9 Employer (See Instructions)
Hillsborough County Schools

Date
10/28/17

Full name of contributor
Matt Frost

out-of-state PAC (ID#: _____)

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
19315 Pine Cluster Ln. Atascocita, TX 77346

Principal occupation / Job title (See Instructions)
Teacher

Employer (See Instructions)
Humble I.S.D.

Date
10/28/17

Full name of contributor
Doward Hudlow

out-of-state PAC (ID#: _____)

Amount of contribution (\$)
\$20.00

Contributor address; City; State; Zip Code
2529 Wordsworth Houston, TX 77030

Principal occupation / Job title (See Instructions)
Director of Development

Employer (See Instructions)
Rice University

Date
10/28/17

Full name of contributor
Trealla Epps

out-of-state PAC (ID#: _____)

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
5755 Belfort Houston, TX 77033

Principal occupation / Job title (See Instructions)
Principal

Employer (See Instructions)
Houston I.S.D.

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Robert A. Lundin

3 Filer ID (Ethics Commission Filers)

4 Date
10/28/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Chris Kaleel

7 Amount of contribution (\$) \$50.00

6 Contributor address; City; State; Zip Code
237 1/2 Eureka St. San Francisco, CA 94114

8 Principal occupation / Job title (See Instructions)

Manager

9 Employer (See Instructions)

Google

Date
10/28/17

Full name of contributor out-of-state PAC (ID#: _____)
Beverly Campbell

Amount of contribution (\$) \$100.00

Contributor address; City; State; Zip Code
6235 Chaffin St. Houston, TX 77087

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date
10/28/17

Full name of contributor out-of-state PAC (ID#: _____)
Nadya Espinoza

Amount of contribution (\$) \$20.00

Contributor address; City; State; Zip Code
12302 Lancelot Dr. Houston, TX 77031

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

YES Prep Public Schools

Date
10/28/17

Full name of contributor out-of-state PAC (ID#: _____)
Edmund Lewis

Amount of contribution (\$) \$100.00

Contributor address; City; State; Zip Code
2033 S. Gessner, #2106 Houston, TX 77063

Principal occupation / Job title (See Instructions)

Principal

Employer (See Instructions)

Spring I.S.D.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Robert A. Lundin

3 Filer ID (Ethics Commission Filers)

4 Date
10/28/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Tracy Scholz

7 Amount of contribution (\$) \$50.00

6 Contributor address; City; State; Zip Code
11852 Taylorcrest Rd. Houston, TX 77024

8 Principal occupation / Job title (See Instructions)
Advanced Academics Coordinator

9 Employer (See Instructions)
Alief I.S.D.

Date
10/28/17

Full name of contributor out-of-state PAC (ID#: _____)
Sydney Bay

Amount of contribution (\$) \$10.00

Contributor address; City; State; Zip Code
14823 West 70th Dr., #A, Arvada, CO 80007

Principal occupation / Job title (See Instructions)
Director of Recruitment

Employer (See Instructions)
Teach For America

Date
10/28/17

Full name of contributor out-of-state PAC (ID#: _____)
Aledwina Townsend

Amount of contribution (\$) \$10.00

Contributor address; City; State; Zip Code
7426 S. Santa Fe Dr. Houston, TX 77061

Principal occupation / Job title (See Instructions)
Teacher

Employer (See Instructions)
Houston I.S.D.

Date
10/28/17

Full name of contributor out-of-state PAC (ID#: _____)
Justin Jones

Amount of contribution (\$) \$100.00

Contributor address; City; State; Zip Code
12501 Broadway St., Pearland, TX 77584
#2102

Principal occupation / Job title (See Instructions)
Principal

Employer (See Instructions)
Spring I.S.D.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

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2 FILER NAME

Robert A. Lundin

3 Filer ID (Ethics Commission Filers)

4 Date
10/28/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Cassandra Anderson

7 Amount of contribution (\$) \$100.00

6 Contributor address; City; State; Zip Code
5326 Botany Houston, TX 77048

8 Principal occupation / Job title (See Instructions)
Principal

9 Employer (See Instructions)
Kandy Stripe Academy

Date
10/28/17

Full name of contributor out-of-state PAC (ID#: _____)
Joshua Hale

Amount of contribution (\$) \$100.00

Contributor address; City; State; Zip Code
219 Cardinal Dr. Liberty, TX 77575

Principal occupation / Job title (See Instructions)
Pastor

Employer (See Instructions)
United Methodist Church

Date
10/28/17

Full name of contributor out-of-state PAC (ID#: _____)
Johnny O'Connor

Amount of contribution (\$) \$100.00

Contributor address; City; State; Zip Code
P.O. Box 535 Channelview, TX 77530

Principal occupation / Job title (See Instructions)
Professor

Employer (See Instructions)
Lamar University

Date
10/28/17

Full name of contributor out-of-state PAC (ID#: _____)
Nathan Truong

Amount of contribution (\$) \$40.00

Contributor address; City; State; Zip Code
3310 Shadowfern Dr. Houston, TX 77082

Principal occupation / Job title (See Instructions)
Student

Employer (See Instructions)
National Taiwan Normal University

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Robert A. Lundin

3 Filer ID (Ethics Commission Filers)

4 Date
10/28/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Anie Usoro

7 Amount of contribution (\$) \$250.00

6 Contributor address; City; State; Zip Code
39 Cadence Court Richmond, TX 77469

8 Principal occupation / Job title (See Instructions)
Administrator

9 Employer (See Instructions)
St. Agnes Healthcare

Date
10/28/17

Full name of contributor out-of-state PAC (ID#: _____)
Hazel Rojas

Amount of contribution (\$) \$50.00

Contributor address; City; State; Zip Code
2338 Clark Street Venice, CA 90291

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
Nat'l Center for Urban School Transform.

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 1 of 30	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; State; Zip Code 290 Broadway, Suite 132 Methuen, MA 01844
-----------------------------------	--

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

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

Date 9/29/17	Payee name PayPal
-----------------	----------------------

Amount (\$) \$1.03	Payee address; City; State; Zip Code 2211 North First St., San Jose, CA 95131
-----------------------	--

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/29/17	Payee name PayPal
-----------------	----------------------

Amount (\$) \$1.75	Payee address; City; State; Zip Code 2211 North First St., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Processing Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense C. Glover Contribution
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 2 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 (\$) \$1.03	7 Payee address; City; State; Zip Code 2211 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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense C. Usoro Contribution
---	--	---

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

Date 9/29/17	Payee name Cadillac Bar Restaurant
-----------------	---------------------------------------

Amount (\$) \$60.00	Payee address; City; State; Zip Code 1802 Shepherd Dr., Houston, TX 77007
------------------------	--

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

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

Date 9/29/17	Payee name PayPal
-----------------	----------------------

Amount (\$) \$1.03	Payee address; City; State; Zip Code 2211 North First St., San Jose, CA 95131
-----------------------	--

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 3 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 (\$) \$1.03	7 Payee address; City; State; Zip Code 2211 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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense J. Quinn Contribution			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 9/29/17	Payee name PayPal				
Amount (\$) \$1.03	Payee address; City; State; Zip Code 2211 North First St., San Jose, CA 95131				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Processing Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense H. Harding Contribution			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 9/29/17	Payee name PayPal				
Amount (\$) \$1.03	Payee address; City; State; Zip Code 2211 North First St., San Jose, CA 95131				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Processing Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense J. Covarrubia Contribution			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 Code 2211 North First St., San Jose, CA 95131			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Processing Fee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense M. Patin Contribution		
	Candidate / Officeholder name		Office sought		Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 9/29/17		Payee name PayPal			
Amount (\$) \$1.03		Payee address; City; State; Zip Code 2211 North First St., San Jose, CA 95131			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Processing Fee		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense W. de Covarrubia Contribution		
	Candidate / Officeholder name		Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 9/30/17		Payee name PayPal			
Amount (\$) \$3.20		Payee address; City; State; Zip Code 2211 North First St., San Jose, CA 95131			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Processing Fee		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense J. Bernal Contribution		
	Candidate / Officeholder name		Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 5 of 30	2 FILER NAME Robert A. Lundin	3 Filer ID (Ethics Commission Filers)
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4 Date 10/2/17	5 Payee name City of Houston Parking Meters
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6 Amount (\$) \$3.00	7 Payee address; City; State; Zip Code 2020 McKinney Houston, TX 77003
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel in District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/2/17	Payee name Cool Stop
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Amount (\$) \$52.91	Payee address; City; State; Zip Code 8875 W. Bellfort, Houston, TX 77071
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Volunteers
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/2/17	Payee name LPC Parking Block 142
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Amount (\$) \$15.00	Payee address; City; State; Zip Code 710 Walker St., Houston, TX 77002
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 6 of 30	2 FILER NAME Robert A. Lundin	3 Filer ID (Ethics Commission Filers)
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4 Date 10/2/17	5 Payee name Facebook
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6 Amount (\$) \$19.31	7 Payee address; City; State; Zip Code 1601 Willow Rd., Menlo Park, CA 94025
---------------------------------	--

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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/2/17	Payee name Fuddruckers Restaurant
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Amount (\$) \$102.24	Payee address; City; State; Zip Code 11445 Fountain Lake Dr., Stafford, TX 77477
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Volunteer Dinner
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/2/17	Payee name Wix
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Amount (\$) \$9.99	Payee address; City; State; Zip Code P.O. Box 40190 San Francisco, CA 94140
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web Hosting Services
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 7 of 30	2 FILER NAME Robert A. Lundin	3 Filer ID (Ethics Commission Filers)			
4 Date 10/3/17	5 Payee name PayPal				
6 Amount (\$) \$1.03	7 Payee address; City; State; Zip Code 2211 North First St., San Jose, CA 95131				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Processing Fee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense L. Pollock Contribution			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 10/4/17	Payee name Piney Point Place Community Association				
Amount (\$) \$100.00	Payee address; City; State; Zip Code c/o Creative Property Management, 8323 Southwest Fwy., Houston, TX 77074				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Room Rental Fee			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 10/4/17	Payee name Piney Point Place Community Association				
Amount (\$) \$100.00	Payee address; City; State; Zip Code c/o Creative Property Management, 8323 Southwest Fwy., Houston, TX 77074				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Room Rental Fee			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 8 of 30
2 FILER NAME: Robert A. Lundin
3 Filer ID (Ethics Commission Filers)

4 Date: 10/6/17
5 Payee name: Piney Point Place Community Association

6 Amount (\$): \$100.00
7 Payee address; City; State; Zip Code: c/o Creative Property Management, 8 Southwest Fwy., Houston, TX 77074

8 PURPOSE OF EXPENDITURE: Event Expense
(a) Category (See Categories listed at the top of this schedule)
(b) Description: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Room Rental Fee

9 Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name: Office sought: Office held:

Date: 10/7/17
Payee name: PayPal

Amount (\$): \$7.55
Payee address; City; State; Zip Code: 2131 North First St., San Jose, CA 95131

PURPOSE OF EXPENDITURE: Contribution Processing Fee
Category (See Categories listed at the top of this schedule)
Description: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
M. Khumawala Contribution

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name: Office sought: Office held:

Date: 10/8/17
Payee name: PayPal

Amount (\$): \$1.75
Payee address; City; State; Zip Code: 2131 North First St., San Jose, CA 95131

PURPOSE OF EXPENDITURE: Contribution Processing Fee
Category (See Categories listed at the top of this schedule)
Description: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
D. Attaway Contribution

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name: Office sought: Office held:

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 9 of 30	2 FILER NAME Robert A. Lundin	3 Filer ID (Ethics Commission Filers)
4 Date 10/10/17	5 Payee name PayPal	
6 Amount (\$) \$1.03	7 Payee address; City; State; Zip Code 2211 North First St., San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Processing Fee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense A. O'Sullivan Contribution
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10/10/17	Payee name NetBrands Media Corporation	
Amount (\$) \$181.83	Payee address; City; State; Zip Code 14550 Beechnut St., Houston, TX 77083	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printed Materials
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10/10/17	Payee name VistaPrint	
Amount (\$) \$19.98	Payee address; City; State; Zip Code 95 Hayden Ave., Lexington, MA 02421	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printed Materials
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 10 of 30	2 FILER NAME Robert A. Lundin	3 Filer ID (Ethics Commission Filers)
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4 Date 10/11/17	5 Payee name Stamps.com
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6 Amount (\$) \$15.99	7 Payee address; City; State; Zip Code 1990 E. Grand Ave., El Segundo, CA 90245-5013
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other (Postage)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage Fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/17	Payee name Anypromo.com
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Amount (\$) \$102.76	Payee address; City; State; Zip Code 1511 E. Holt Blvd., Ontario, CA 91761
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Supplies
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/17	Payee name PayPal
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Amount (\$) \$4.65	Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Processing Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense J. Walkow Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 11 of 30	2 FILER NAME Robert A. Lundin	3 Filer ID (Ethics Commission Filers)
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4 Date 10/12/17	5 Payee name PayPal
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6 Amount (\$) \$6.10	7 Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Processing Fee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense A. Miranda Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/12/17	Payee name PayPal
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Amount (\$) \$1.75	Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Processing Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense C. St. Julien Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/12/17	Payee name PayPal
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Amount (\$) \$6.10	Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Processing Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E. DiBella Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 12 of 30	2 FILER NAME Robert A. Lundin	3 Filer ID (Ethics Commission Filers)
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4 Date 10/14/17	5 Payee name PayPal
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6 Amount (\$) \$1.03	7 Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Processing Fee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense M. Rumbaugh Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/15/17	Payee name PayPal
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Amount (\$) \$7.55	Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Processing Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense S. Lee Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/15/17	Payee name PayPal
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Amount (\$) \$1.03	Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Processing Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense R. West Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 13 of 30	2 FILER NAME Robert A. Lundin	3 Filer ID (Ethics Commission Filers)
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4 Date 10/16/17	5 Payee name Netbrands Media Corporation
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6 Amount (\$) \$472.35	7 Payee address; City; State; Zip Code 14550 Beechnut St., Houston, TX 77083
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printed Materials
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/16/17	Payee name Gringo's Mexican Kitchen
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Amount (\$) \$241.82	Payee address; City; State; Zip Code 12330 Southwest Fwy., Stafford, TX 77477
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner for Volunteers
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/16/17	Payee name Cool Stop
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Amount (\$) \$55.78	Payee address; City; State; Zip Code 8875 W. Bellfort, Houston, TX 77071
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food For Volunteers
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 14 of 30		2 FILER NAME Robert A. Lundin		3 Filer ID (Ethics Commission Filers)	
4 Date 10/16/17		5 Payee name Fry's Electronics			
6 Amount (\$) \$18.94		7 Payee address; City; State; Zip Code 10241 North Fwy., Houston, TX 77037			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Other (Supplies)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Battery	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/18/17		Payee name Piney Point Place Community Association			
Amount (\$) \$100.00		Payee address; City; State; Zip Code c/o Creative Property Management, 8323 Southwest Fwy., Houston, TX 77074			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Room Rental Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/18/17		Payee name Sam's Club			
Amount (\$) \$82.99		Payee address; City; State; Zip Code 12300 Southwest Fwy., Stafford, TX 77477			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense "Family Forum" Supplies	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 15 of 30	2 FILER NAME Robert A. Lundin	3 Filer ID (Ethics Commission Filers)
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4 Date 10/19/17	5 Payee name PayPal
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6 Amount (\$) \$4.65	7 Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Processing Fee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense R. Orkand Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/19/17	Payee name PayPal
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Amount (\$) \$6.10	Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Processing Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense K. Gottlieb Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/19/17	Payee name PayPal
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Amount (\$) \$3.20	Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Processing Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense B. Mertens Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 16 of 30	2 FILER NAME Robert A. Lundin	3 Filer ID (Ethics Commission Filers)
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4 Date 10/19/17	5 Payee name Ashiana Indian Restaurant
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6 Amount (\$) \$711.53	7 Payee address; City; State; Zip Code 12610 Briaf Forest Dr., Houston, TX 77077
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense "Family Forum"
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/19/17	Payee name H-E-B
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Amount (\$) \$48.66	Payee address; City; State; Zip Code 11815 WestheimerRRd., Houston, TX 77077
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense "Family Forum" Fruit & Veggies
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/19/17	Payee name PayPal
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Amount (\$) \$6.10	Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Processing Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E. Hague Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 17 of 30	2 FILER NAME Robert A. Lundin	3 Filer ID (Ethics Commission Filers)
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4 Date 10/19/17	5 Payee name PayPal
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6 Amount (\$) \$4.65	7 Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Processing Fee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense C. Lai Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/19/17	Payee name PayPal
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Amount (\$) \$6.10	Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Processing Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense R. Flores Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/19/17	Payee name PayPal
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Amount (\$) \$1.75	Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Processing Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense K. Schatz Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 18 of 30	2 FILER NAME Robert A. Lundin	3 Filer ID (Ethics Commission Filers)
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4 Date 10/19/17	5 Payee name PayPal
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6 Amount (\$) \$29.30	7 Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Processing Fee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense L. Growbowsky Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/19/17	Payee name PayPal
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Amount (\$) \$3.20	Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Processing Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense B. Gathright Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/20/17	Payee name PayPal
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Amount (\$) \$7.55	Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Processing Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense M. Balaster Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Processing Fee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense M. Love Contribution		
	Candidate / Officeholder name		Office sought		Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10/20/17		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		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense K. Jamal Contribution		
	Candidate / Officeholder name		Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10/20/17		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		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E. Cruz Contribution		
	Candidate / Officeholder name		Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 20 of 30	2 FILER NAME Robert A. Lundin	3 Filer ID (Ethics Commission Filers)
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4 Date 10/20/17	5 Payee name Neumann & Company
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6 Amount (\$) \$6074.82	7 Payee address; City; State; Zip Code 5537 Huisache St., Bellaire, TX 77401
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printed Mail Materials
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/20/17	Payee name Piney Point Place Community Association
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Amount (\$) \$100.00	Payee address; City; State; Zip Code c/o Creative Property Management, 8323 Southwest Fwy., Houston, TX 77074
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Room Rental Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/20/17	Payee name Chuy's
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Amount (\$) \$40.00	Payee address; City; State; Zip Code 9350 Westheimer Rd., Houston, TX 77063
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense "Friendraiser"
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 21 of 30	2 FILER NAME Robert A. Lundin	3 Filer ID (Ethics Commission Filers)
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4 Date 10/20/17	5 Payee name Netbrands Media Corporation
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6 Amount (\$) \$469.61	7 Payee address; City; State; Zip Code 14550 Beechnut St., Houston, TX 77083
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printed Materials
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/21/17	Payee name PayPal
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Amount (\$) \$4.65	Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Processing Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense A. Ziker Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/21/17	Payee name PayPal
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Amount (\$) \$3.20	Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Processing Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense V. Rodriguez Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 22 of 30	2 FILER NAME Robert A. Lundin	3 Filer ID (Ethics Commission Filers)
4 Date 10/22/17	5 Payee name PayPal	
6 Amount (\$) \$3.20	7 Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Processing Fee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense M. Morrison Contribution
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 10/22/17	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	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense J. Cafferty Patton Contribution
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 10/23/17	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	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Z. Jamal Contribution
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 23 of 30	2 FILER NAME Robert A. Lundin	3 Filer ID (Ethics Commission Filers)
4 Date 10/23/17	5 Payee name PayPal	
6 Amount (\$) \$3.20	7 Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Processing Fee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense C. Claflin Contribution
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10/23/17	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	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense J. Smith Contribution
	9 Complete <u>ONLY</u> 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 77071	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Volunteers
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 24 of 30		2 FILER NAME Robert A. Lundin		3 Filer ID (Ethics Commission Filers)	
4 Date 10/23/17		5 Payee name Fuddruckers Restaurant			
6 Amount (\$) \$104.02		7 Payee address; City; State; Zip Code 11445 Fountain Lake Dr., Stafford, TX 77477			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Volunteer Dinner	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/23/17		Payee name Wix			
Amount (\$) \$16.00		Payee address; City; State; Zip Code P.O. Box 40190 San Francisco, CA 94140			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web Hosting Services	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/24/17		Payee name Jewish Herald Voice			
Amount (\$) \$872.00		Payee address; City; State; Zip Code 3403 Audley St., Houston, TX 77098			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Advertisement	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 25 of 30	2 FILER NAME Robert A. Lundin	3 Filer ID (Ethics Commission Filers)
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4 Date 10/24/17	5 Payee name City of Houston Parking Meters
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6 Amount (\$) \$2.00	7 Payee address; City; State; Zip Code 2020 McKinney Houston, TX 77003
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel in District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/24/17	Payee name PayPal
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Amount (\$) \$1.75	Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Processing Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense J. Guthrie Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/24/17	Payee name PayPal
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Amount (\$) \$1.03	Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Processing Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense J. Eckert Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 26 of 30	2 FILER NAME Robert A. Lundin	3 Filer ID (Ethics Commission Filers)
4 Date 10/26/17	5 Payee name PayPal	
6 Amount (\$) \$1.03	7 Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Processing Fee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense R. Hawke Contribution
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 10/26/17	Payee name PayPal	
Amount (\$) \$7.55	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E. Omogbehin Contribution
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 10/26/17	Payee name 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	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T. Simon Contribution
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 27 of 30		2 FILER NAME Robert A. Lundin		3 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		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T. Clancy Contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
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		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense R. Dolibois Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 10/27/17		Payee name Harris County Clerk Office			
Amount (\$) \$50.00		Payee address; City; State; Zip Code 1001 Preston St., Houston, TX 77002			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Other (Voter Information)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Early Voter Participation Data	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 28 of 30	2 FILER NAME Robert A. Lundin	3 Filer ID (Ethics Commission Filers)
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4 Date 10/28/17	5 Payee name PayPal
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6 Amount (\$) \$0.59	7 Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Processing Fee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense A. Townsend Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/28/17	Payee name PayPal
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Amount (\$) \$3.20	Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Processing Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense J. Jones Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/28/17	Payee name PayPal
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Amount (\$) \$3.20	Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Processing Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense C. Anderson Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 29 of 30	2 FILER NAME Robert A. Lundin	3 Filer ID (Ethics Commission Filers)
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4 Date 10/28/17	5 Payee name PayPal
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6 Amount (\$) \$3.20	7 Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Processing Fee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense J. Hale Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/28/17	Payee name PayPal
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Amount (\$) \$3.20	Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Processing Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense J. O'Connor Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/28/17	Payee name PayPal
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Amount (\$) \$1.46	Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Processing Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense N. Truong Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Page 30 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 (\$) \$7.55	7 Payee address; City; State; Zip Code 2131 North First St., San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Processing Fee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense A. Usoro Contribution
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Robert A. Lundin	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 10/23/17	6 Payee name Neumann & Company
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7 Amount (\$) \$6074.82	8 Payee address; City; State; Zip Code 5537 Huisache St., Bellaire, TX 77401
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printed Mail Materials
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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