

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Ms. Monica Flores

NICKNAME

LAST

SUFFIX

Richard

OFFICE USE ONLY

Date Received

OCT 30 2017

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

PO Box 701333 Houston TX 77270

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 581-0874

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Ms. Marisa F.

NICKNAME

LAST

SUFFIX

Lawson

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

2818 Nottingham Houston TX 77005

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 7050378

9 REPORT TYPE

- January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

9 / 29 / 2017

THROUGH Month Day Year

10 / 28 / 2017

11 ELECTION

ELECTION DATE

Month Day Year

11 / 7 / 2017

- Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

None

13 OFFICE SOUGHT (if known)

HISD District I Trustee

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Richard, Monica Flores

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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> 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

\$ 250

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

\$ 3,350

**EXPENDITURE
TOTALS**

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

\$ ~~0~~ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 8,270

**CONTRIBUTION
BALANCE**

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

\$ 8,628


**OUTSTANDING
LOAN TOTALS**

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

\$ 17,197

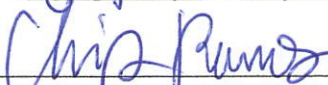
18 AFFIDAVIT

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.

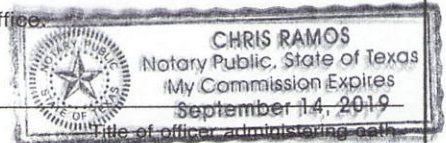

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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


Signature of officer administering oath

Chris Ramos
Printed name of officer administering oath



SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Richard, Monica Flores

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,600
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8,270
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

1/4

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Richard, Monica Flores		3 Filer ID (Ethics Commission Filers)
4 Date 10/2/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yasmin Yavar 6 Contributor address; City; State; Zip Code 80 Bradford Cir. Sugarland, TX 77479	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) ABA CILA
Date 10/16/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter Marmo Contributor address; City; State; Zip Code 705 Merrill St. Houston, TX 77009	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Crady, Jewett + McLulley LLP
Date 10/17/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gasper Mir III Contributor address; City; State; Zip Code 2010 Candlelight Pl. Houston, TX 77018	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 10/23/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Whittle Contributor address; City; State; Zip Code 12102 Meadow Lake Dr. Houston, TX 77077	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) Program Mgr.		Employer (See Instructions) Heeny Int'l

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

2/4

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Richard, Monica Flores		3 Filer ID (Ethics Commission Filers)
4 Date 10/20/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rahim Tazehzadeh 6 Contributor address; City; State; Zip Code 5318 Fenwick Way Ct. Sugarland TX 77479	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Infrastructure Associates
Date 10/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perdue, Brandon, Fielder, Collins, + Mott LLP Contributor address; City; State; Zip Code 1235 N. Loop W. Suite 600 Houston TX 77008	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 10/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waleed ALali Contributor address; City; State; Zip Code 4718 N. Braeswood Blvd. Houston, TX 77096	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) Searchlight Wealth Mgmt.
Date 10/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anan Qaddumi Contributor address; City; State; Zip Code 401 Studewood St. Houston, TX 77007	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) The Interfield Group
<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

3/4

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Richard, Monica Flores		3 Filer ID (Ethics Commission Filers)
4 Date 10/20/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lina Sabouni 6 Contributor address; City; State; Zip Code 23 Palm Blvd. Missouri City, TX 77459	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions)
Date 10/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrea Logans Contributor address; City; State; Zip Code 3030 PostOak Blvd. #609 Houston, TX 77056	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Access Data Supply, Inc.
Date 10/24/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra + Farah PLLC Contributor address; City; State; Zip Code	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) attorneys		Employer (See Instructions) Auto Arch Architects LLC
Date 10/25/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HVS Political Action Committee Contributor address; City; State; Zip Code 6120 S. Dairy Ashford St. Houston, TX 77022	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

4/4

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Richard, Monica Flores		3 Filer ID (Ethics Commission Filers)
4 Date 10/21/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Nerlove 6 Contributor address; City; State; Zip Code 805 Tulane St. Houston, TX 77007	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions) none
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 5	2 FILER NAME Richard, Monica Flores	3 Filer ID (Ethics Commission Filers)
4 Date 9/30/17	5 Payee name Bridge Strategies	
6 Amount (\$) 2,000.00	7 Payee address; City; State; Zip Code 5106 W. 43rd. Houston, TX 77092	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Consulting
	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 Facebook	
Amount (\$) 25.00	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsored Post
	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 Johnston Campaigns	
Amount (\$) 4896.15	Payee address; City; State; Zip Code 3715 Roylene Ct. Dickinson, TX 77539	
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 Mail
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Richard, Monica Flores	3 Filer ID (Ethics Commission Filers)
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4 Date 10/17/17	5 Payee name Harris County Clerk
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6 Amount (\$) 25.00	7 Payee address; City; State; Zip Code 6000 Chimney Rock Rd, Houston, TX 77081
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter File 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 10/16/17	Payee name Call Hub
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Amount (\$) 25.00	Payee address; City; State; Zip Code 3405 Lemon Ave #7468, Walnut, CA 91789
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Svcs
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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 USPS
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Amount (\$) 68.00	Payee address; City; State; Zip Code 1300 W. 19th St., Houston, TX 77008
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other-postage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
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Complete <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
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: 5	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 10/20/17	5 Payee name USPS
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6 Amount (\$) 490.00	7 Payee address; City; State; Zip Code 1300 W. 19th St., Houston, TX 77008
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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
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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 King Dollar
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Amount (\$) 20.30	Payee address; City; State; Zip Code 1511 W. 18th St., Houston, TX 77008
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - Stationary	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Envelopes
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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 10/23/17	Payee name Accel Printing
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Amount (\$) 217.57	Payee address; City; State; Zip Code 3032 Chimney Rock Rd., #100, Houston, TX 77056
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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 Copies
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 5	2 FILER NAME Richard, Monica Flores	3 Filer ID (Ethics Commission Filers)
4 Date 10/24/17	5 Payee name USPS	
6 Amount (\$) 340.00	7 Payee address; City; State; Zip Code 1300 W. 19th St.; Houston, TX 77008	
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

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 Call Hub		
Amount (\$) 25.00	Payee address; City; State; Zip Code 3405. Lemon Ave # 7468 Walnut, CA 91789		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone services
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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 10/27/17	Payee name Harris County Clerk		
Amount (\$) 60.00	Payee address; City; State; Zip Code 6000 Chimney Rock Rd.; Houston, TX 77081		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter File Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 5	2 FILER NAME Richard, Monica Flores	3 Filer ID (Ethics Commission Filers)
4 Date 10/26/17	5 Payee name Rally Piryx LLC	
6 Amount (\$) 78.07	7 Payee address; City; State; Zip Code 995 Market St., 2nd Floor San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	
	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Piryx Fees	
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
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED