CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
- Na	MS / MRS / MR	MI	13
3 CANDIDATE / OFFICEHOLDER	Mo / MAISO / MITT	A	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	Sibesta		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	Hempstead Tx	STATE; ZIP CODE	Waller County Elections FEB 2 6 2018 Received
5 CANDIDATE/ OFFICEHOLDER PHONE	(713) 822 8831	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	МІ	Receipt # Amount \$
TREASURER NAME	NICKNAME LAST	SUFFIX	Date Processed
	Ricken		Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SI		ZIP CODE
TREASURER ADDRESS	29541 Skymac	Ranch Rd	
(Residence or Business)	29541 Skymac Hempstead	Tx 77445	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (113) 824 233	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment
	July 15 Sth day before ele	ection Exceeded \$500 limit	(Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 / 26 / 2018	THROUGH 02/	Day Year / 24 / 2018
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary 03/04/2018 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	n)
		Country	Judge
	go то	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	racy A.	Sebesta	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIFICATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages	,		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1010 \$ 1245.23
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 6834.82
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	\$ /07/.00
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T BY OF THE REPORTING PERIOD	* — *
18 AFFIDAVIT			
OF LINE	EDUARDO PRA Notary Public, State Comm. Expires 01- Notary ID 12630	true and correct and includes all info of Texas under Title 15, Election Code.	erjury, that the accompanying report is immation required to be reported by me
- Million	Market Street, or other Designation of the Local Division in the L	Signature of Cano	didate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		*
Sworn to and subscr	ribed before me, b	by the said <u>Candidate</u>	this the astu
day of Fueru	, 20 18 , 1	to certify which, witness my hand and seal of office.	
(KING		Edyardo Prado	Watary Public
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Tracy A. Sebesta 20 Filer ID (Ethics Commission Filers)		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$1010.00	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 235. 23	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. SCHEDULE E: LOANS	\$	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 73.02	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. 9 SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$6761.80	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 5 Full name of contributor ut-of-state PAC (ID#: 4 Date 7 Amount of contribution (\$) 2/2/18 Marisa Zapata 6 contributor address: City; State; Zip Code 6530 Mert Lane 77493 \$ 10.00 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of continuous Bob Easton Contributor address: City; State; Zip Code 22840 Red River Road 1 Carry Ty 7450 Employe Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) # 1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAMI	Tracy A. Sebesta		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
	23174 Bo+kins nd Hockley TV 7	The second secon	8 Amount of Contribution \$ 9 In-kind contribution description \$ 150 \$ Mest & Greet Event Check if travel outside of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
11000	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 2-5-18 Principal occ	Full name of contributor out-of-state PAC (ID#:	de Ty 77445	Amount of In-kind contribution description \$85.23 Printing Expense Check if travel outside of Texas. Complete Schedule T.
retir	Delicity 300 like (1 or her society, 300 miles)	Employ	F (FOR NON-JUDICIAL)(386 Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)		utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF T	THIS SCHEDI	
If	contributor is out-of-state PAC, please see instruction		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Manas/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries N	Nages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
4 Date -30-18	5 Payee name FACEDOOK	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
P 22.43	1601 Willow Road	94025
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign West Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
2-19-18	Facebook	
Amount (\$)	Payee address; City; State; Zip Code	
\$ 50.00	Menlo Park CA	94025
PURPOSE	Category (See Categories listed at the top of this schedule)	Description R ad Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name O	
2-2-18	Racest Pay Pal	
Amount (\$)	Payee address; City; State; Zip Code	- 22+
.59	2211 North First St	95131
001	San Jose CH	
DUDD COT	Category (See Categories listed at the top of this schedule)	Description TOMSACH M LEW Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF	Const	Check if Austin, TX, officeholder living expense
EXPENDITURE	rees	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/Oh		S
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi		
Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule G:	2 FILER NAME Tracy A. Sebesta 3 Filer ID (Ethics Commission Filers))
4 Date	3 Payee halle	
2-7-18	7 Payee address; City; State; Zip Code	
6 Amount (\$)	7 Payee address; City; State; Zip Code 5200 Mytch and All St Sh F 22	
# 800.87	5200 Mitchelldale St. Sh F22	
Reimbursement from political contributions intended	Houston Tx 77092	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description Signs Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Printing Expense Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name Office sought Office held	TI .
Date	Payee name .	
2-14-18	UZ marketing	
Amount (\$)	Payee address; City; State; Zip Code 5000 Mitchelldale St. Ste. F33	
# 706.87	5200 Mitchelldale St. Se. FSS	
Reimbursement from political contributions intended	Houston Tx MOga	
PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description 513n5	
OF EXPENDITURE	Printing Expense Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held	
expenditure to benefit C/C		
Date	Payee name	
2-9-18	Staples	
Amount (\$)	Payee address; City; State; Zip Code	
# 119.06	19714 NW FRWY	
Reimbursement from political contributions intended	Houston Tx 77065	
PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description Cards	
OF EXPENDITURE	Printing Expense Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held OH	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

SCHEDULE G

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 Food/Beverage Expense Polling Expense Consulting Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 1-27-18 7 Payee address; 6 Amount (\$) D 72, 22 Reimbursement from Cupress Tx 77429 political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 copies PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Printing EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Fed Ex Office Payee address; City; State; Zip Code 1236 Barker Cypress Rd Cypress Tx 7429 2-2-18 Amount (\$) 112,57 Reimbursement from political contributions (b) Description Banner Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. Trinting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date UZ Marketing Payee address; City; State; Zip Code 2-1-18 Amount (\$) 5200 Mitchelldale St. Ste Faz # 403,77 Reimbursement from 77092 political contributions intended Category (See Categories listed at the top of this schedule) (b) Description Signs PURPOSE Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense intina Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)
Gredit Gard Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule G:	2 FILER NAME Trang A. Sebestor 3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name
2-17-18	Walmart
6 Amount (\$)	7 Payee address; City; State; Zip Code
79.06 Reimbursement from	25108 Market Place De.
political contributions intended	Katy Tx 77494
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description \n k & Paper for flyers
OF EXPENDITURE	Printing Expense Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name Office sought Office held Office held
Date	Payee name
2-17-18	Wal mart
Amount (\$)	Payee address; City; State; Zip Code
61.50	26270 NW Frwy
Reimbursement from political contributions intended	Cypus Tx 71439
PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held
Date	Payee name
2-11-18	Tractor Supply
Amount (\$)	Payee address; City; State; Zip Code
4 9.49	31360 Fm 2920
Reimbursement from political contributions intended	Walla Tx 77484
PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description Zp ties for Signs
OF	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Howev T Sing Cypinse Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held H
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Amount (\$) City; State; Zip Code Reimbursement from political contributions intended (b) Description MC Ltnc W VC Check if travel outside of Texas. Complete Schedule 8 PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Reimbursement from 77466 political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule OF **EXPENDITURE** Gheck if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name City; State; Zip Code Reimbursement from political contributions intended (b) Description Newspaper Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense 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 G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Amount (\$) 7 Payee address; Reimbursement from political contributions intended (b) Description 8 PURPOSE OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date political contributions intended (b) Description Ne Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee address; Reimbursement from political contributions (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Travel Out Of District

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

Credit Card Payment	The Instruction Guide explains how t	to complete this form.	Other (erger a category not listed	above)
1 Total pages Schedule G:	2 FILER NAME Yacy A. Subesta)	3 Filer ID (Ethics Commissi	ion Filers)
4 Date 2-9-18	5 Payee name Hottine Press			
6 Amount (\$)	7 Payee address; City; State; Zip Code	9-39-2-1		
#146.62	1116 Austin St.			
Reimbursement from political contributions intended	Hempstead Tx 774			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	of Texas. Complete Schedule T.	/
EXPENDITURE	Howertising Expense	Check if Austin, TX	, officeholder living expense	*
9 Complete ONLY if direct expenditure to benefit C/G		Office sought	Office he	ld
Date 3-14-18	Payee name Hottine Press		,	
Amount (\$)	Payee address; City; State; Zip Code			
\$146.62	IIII. Austin St.			
Reimbursement from political contributions intended	Hempstead Tx	77445	. ,	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		of Texas. Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office hel	ld
Date	Payee name			
2-23-18	Hotline Press			
Amount (\$)	Payee address; City; State; Zip Code			
# 146.62	1114 Austin St.			
Reimbursement from political contributions intended	Hempstead TX	77445		
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description Neu		,
OF EXPENDITURE	Pidvertising Expense		of Texas. Complete Schedule T. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office hel	d
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	:D	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By 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 G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 2-9-18 6 Amount (\$ 7 Payee address; State; Zip Code Reimbursement from political contributions intended (b) Description 8 (See Categories listed at the top of this schedule) escription hewspaper a Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name limes Ir, bune City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 2-12-18 Amount (\$) Zip Code Reimbursement from political contributions intended (b) Description meet & great Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi		xpense Tr	avel In District avel Out Of District her (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule G:	2 FILER NAME Tracy A. Sebe	sta 3	Filer ID (Ethics Commission Filers)
4 Date 2-12-18	5 Payee name Subway		
6 Amount (\$) \$ 86.60	7 Payee address; City; State; Zip Code 2000 FM 1488		
Reimbursement from political contributions intended	HEINIPSTUCCE	7445	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD & BEVEVAGE EXP.	Check if Austin, TX, offi	xas. Complete Schedule T.
9 Complete ONLY if direct expenditure to benefit C/4	Candidate / Officeholder name OH	Office sought	Office held
Date 2-12-18	Payee name Walmart		A)
Amount (\$) # 23. 8/ Reimbursement from	Payee address; City; State; Zip Code		
political contributions intended	Hempstead Tx 7	1445	
PURPOSE OF EXPENDITURE	Food & Beverage Exp	Description Check if travel outside of Te Check if Austin, TX, office	das. Complete scriedule I.
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
Date 1-29-18	The Boat Scatood 12	est.	
Amount (\$) \$ 104.28	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	Hempstead Tx 774	45	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Check if Austin, TX, office	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SO	HEDULE AS NEEDED	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	
1 Total pages Schedule G:	2 FILER NAME Tracy A. Sebesta 3 Filer ID (Ethics Commission Filers)
4 Date 2-17-2018	5 Payee name Thirsty Parrot
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$ 155, m	13200 Fm 359
Reimbursement from political contributions intended	Hempstead Tx 77445
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Meet Lovet Event Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name Office sought Office held OH
Date 2-3-18	Payee name Backdoor Pizza & More
Amount (\$)	Payee address; City; State; Zip Code
\$ 16.00	35230 Old Hempstead Hwy
Reimbursement from political contributions intended	Hockley Tx 7447
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description Meet is Great Event Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name Office sought Office held OH
Date 2:-12-18	Payee name McDonald's
Amount (\$)	Payee address; City; State; Zip Code
# 24.03	1005 Austin St.
Reimbursement from political contributions intended	Hempstead Tx 71445
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD 9 Beverage Exp. (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held OH
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED