# 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:
3 CANDIDATE / OFFICEHOLDER	MRS MRS FIRST  MRS CHRISTIN	мі R	OFFICE USE ONLY
NAME			Date Received
	NICKNAME LAST MCCUMBE	SUFFIX	Waller County Elections
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	JAN 16 2018
OFFICEHOLDER MAILING ADDRESS	32035 Joseph Rd Hoc	kley Tx 77447	Received
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 281 ) 507-2259	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST MRS MARY	MI	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	HANZELKA-GIB	BONS	Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / St	UITE #; CITY; STATE;	ZIP CODE
TREASURER	2015 KUE PA	WALLER TX	77484
ADDRESS	28658 KYLE RD	WALLER IX	
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (936) 931-1910	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	08/05/17	THROUGH 12/	31 /17
11 ELECTION	ELECTION DATE	ELECTION TYPE	
*	Month Day Year Primary	Runoff Other Description	
	03 / 06 / 18 General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	n)
	• 1	Waller County	Commissioner Pct 2
	go то	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME	ristin Ros	elinda McCumber	5 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	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages			7		
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZES			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2500°°		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED				
	4. TOTAL POLITICAL EXPENDITURES \$ 11,753.03				
CONTRIBUTION BALANCE	5. TOTAL I	\$11,753.03 DAY \$4220.77			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ /3,000				
18 AFFIDAVIT	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 STAM	IP/SEALABOVE				
		by the said Christin me Cumb			
day of 30 mus	<b>~</b> , 20 <u>18</u> ,	to certify which, witness my hand and seal of office.			
الساد	Rui	SHARON RIEMI Notary Public, State of	Texas		
Signature of officer administering oath  Printed name of officer administering oath  My Commission Expires  June 23, 2021					

# **SUBTOTALS - C/OH**

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

19	Christin Roselinda McCumber 20 Filer ID (Ethics Con	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 25000
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 13,000,00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13,600,00 \$ 11,753,03
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	\$	
8.	\$	
9.	\$	
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

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2	FILER NAME	Christin Roselinda McCun	Noer	3 Filer ID (Ethics Commission Filers)
4	Date 12/3 1/17	5 Full name of contributor out-of-state PAG  Jeffrey overel  6 Contributor address; City; State  14201 Memorial Dr Houston	; Zip Code	7 Amount of contribution (\$)  500°
8	Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruction Hanszen Lap	,
	Date 12/28	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)
	128	Contributor address; City; State	1	1000000
		32035 Joseph Rd Hockley	,Tx77447	
	arm A	ation / Job title (See Instructions) teBroker Assoc,	Employer (See Instruction Clife Texas	
	Date 12/04	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
		32035 Joseph Rd Hockley;	TX 77447	
/		ation / Job title (See Instructions) te Broker Assoc.	Employer (See Instruction Elife Texas Pr	,
	Date	Full name of contributor		Amount of contribution (\$)
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## **LOANS**

## SCHEDULE E

The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
2 FILER NAME	hristin Roselinda Mcc	mber	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	ITEMIZED LOANS		\$ 0
5 Date of loan 9/5/17	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$) 600
6 Is lender a financial Institution?	8 Lender address; City; S 32035 Joseph Rd Hock	ey Tx 77447	10 Interest rate
_ / _	on / Job title (See Instructions) roker Associate	13 Employer (See Instructions) Elite Texas Projo	eties
14 Description of Colla	deposited into political		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; S	tate; Zip Code	0
20 Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state F	PAG (ID#:)	Loan Amount (\$)
Is lender address; City; a financial Institution? 32035 Joseph Rd Hock			Interest rate 5%  Maturity date 06/01/18
	on / Job title (See Instructions)	Employer (See Instructions) Elite Texas Properties	
Description of Colla		Check if personal funds were deposited into political account (See Instructions)	
GUARÁNTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code	O
Principal Occupation	on (See Instructions)	Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## **LOANS**

## SCHEDULE E

The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
e filer name Chr	istin Roselinda McComb	w	3 Filer ID (Ethics Commission Filers)
TOTAL OF UN	IITEMIZED LOANS		\$ 0
Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$) 4000°
is lender a financial Institution?	8 Lender address; City; S 32035 Joseph Rd Hockle		10 Interest rate 5% 11 Maturity date 06/01/18
2 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
	oker Associate.	Elite Texas Prope	
4 Description of Colla	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
6 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable  Principal Occupat	18 Guarantor address; City; S	State; Zip Code  21 Employer (See Instructions)	
Date of loan	Name of lender  ut-of-state	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City; S	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
_	,	State; Zip Code	
not applicable		T	
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS N	EEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
CandidacOfficeholder/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/Manes/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	cal 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 F1:	Christin Roselinda McCum	3 Filer ID (Ethics Commission Filers)
4 Date 09/20/17	5 Payee name Dally Professional	
6 Amount (\$)	7 Payee address; //City; State; Zip Code	
99700	POBOX 402, Montgomen	s, Ny 12549
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Advertising	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/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
09/20/17	Go Daddy	
Amount (\$)	Payee address; City; State; Zip Code	
24.34	14455 N. Hayden Rd, Ste:	226, Scottsdale AZ 85260
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	1	
Date	Payee name	
09/21/17	Go Daddy	
Amount (\$)	Payee address; City; State; Zip Code	
25.46	14455 N. Hayden Rd, Ste 226	, Scottsdale, AZ 85260
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	2	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising	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
	ALIADITADDITIONAL COLLEGION TIME	

Advertising Expense

Accounting/Banking

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement Fees Polling Expense

Food/Beverage Expense Gift/Awards/Memorials Expense

Office Overhead/Rental Expense

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

Consulting 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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) hristin Roselinda McCumber 5 Payee name 18535 Fm 1488, Ste 230, Magnolia, Tx 77354 156.14 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Advertising OF Check if Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 10/03/17 Amount (\$) City: State: Zip Code 318.84 POBON 38205, Houston, TK.77238 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Advertising Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Magnolia Hardware City; State; Zip Code Amount (\$) 19025 Fm 1488 Rd, Magnolia, Tx77355 14.05 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Office Over Polling Ex Printing Ex Salaries/V	xpense Vages/Contract Labor	Travel In District Travel Out Of Dist	ipment & Related Expense
1 Total pages Schedule F1:	Λ:				3 Filer ID (Ethi	cs Commission Filers)
4 Date \0/05	5 Payee na					
6 Amount (\$)	7 Payee ad	dress; City; State;	Zip Code			
157.80		FM 1488, Ste 2		molia, Tx 27	354	
8	(a) Category	(See Categories listed at the top of the	nis schedule)	(b) Description		
PURPOSE OF	Ada	1012		1	utside of Texas. Complete n, TX, officeholder livin	
EXPENDITURE	No.	vertising			, m, checkers and	g capetide
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held
Date	Payee nar	me				
10/05/119	Mor	ethan Signs	,			
Amount (\$)	Payee add	dress; City; State;	Zip Code			
324.75	1112	AustinSt., He	mpstex	id, Tx 7744	5	
	Category	(See Categories listed at the top of th	is schedule)	Description		
PURPOSE OF					Iside of Texas. Complete S	
EXPENDITURE	Adv	ertising		Check if Auslin,	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held
Date , ,	Payee nar					
10/10/17	Wa	Her County Fa	ir Ass	oc.		
Amount (\$)	Payee add					
60000	22000	Foirground R	d, tem	pstead, Tx7	1445	), 1
	Category	(See Categories listed at the top of th	is schedule)	Description		
PURPOSE OF	12.	0.11-0.0			side of Texas. Complete S	***************************************
EXPENDITURE	HOW	ertising		Officer if Austin,	TX, officeholder living	evheuse
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NEF	DED	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related 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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) hristin Roselinda McCumber 4 Date ockhaven, Svite 311, Houston, Tx 77073 457.68 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Advertising Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 10/25/17 Alicias Mexican Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food/Beverage OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Facebook City; State; Zip Code Amount (\$) Payee address; Hackerway, Menlo Park California 94025 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH

#### 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 Polling Expense Transportation Equipment & Related Expense Food/Be/erage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Travel In District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) hristin Roselinda McCumber 4 Date 5 Payee name 6 Amount (\$) City; State; Zip Code Hayden Ave, Lexington, MA 02421 80,21 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Advertising OF Check if Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Facebook Amount (\$) City; State; Zip Code Hacker Way, Menlo Park, California 94025 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Facebook Amount (\$) Payee address; City; State; Zip Code Hackerway, Mento Pork, California, 94025 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense Advertising **EXPENDITURE** Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Credit Card Payment	The Instruction Guide explains how to d		er (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Christin Roselinda McCunt 5 Payee name	3 F	Filer ID (Ethics Commission Filers)
11/27/17	Facebook		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
24578	1 Hacker Way, Menlo Parky	California 940	25
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	2 1 - (		Texas, Complete Schedule T. officeholder living expense
EXPENDITURE	Advertising	Oneck if Austrit, 17, 6	unicender living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/27/17	Facebook		
Amount (\$)	Payee address; City; State; Zip Code		
4,24	1 Hacker Way, Menlo Par	K, California 9	14025
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	A 4		Texas. Complete Schedule T.
EXPENDITURE	Advertising	Gleck if Austin, 1X, 0	fficeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date (	Payee name		
11/29/17.	Waller County Republican	Party	
Amount (\$)	Payee address; City; State; Zip Code	0	
75409	P.O. Box 551, Hempstead	d, 1+17945	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Eagl.		Texas. Complete Schedule T.
EXPENDITURE	Fees	Grieck ii Austin, TX, O	fficeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee 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 c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Christin Roselinda McCumba	W	3 Filer ID (Ethics Commission Filers)	
4 Date 11/30/17	5 Payee name  Just Yard Signs 7 Payee address; City; State; Zip Code			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
226500	4880 Al Distribution Ct, F13:	2822		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 10/	Payee name			
Date 17/01/19	Facebook			
Amount (\$)	Payee address; City; State; Zip Code			
2204	1 Hackerbay, mento Park, (	2A 94025		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Advertising	Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
13/01/17	Hobby Lobby			
Amount (\$)	Payee address; City; State; Zip Code			
373 31	27706 Tomball Pkay Tom	ball 7x 77	375	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE			utside of Texas. Complete Schedule T.	
OF EXPENDITURE	Event Expense	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

#### 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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	Christin Roselinda McCumb	er	3 Filer ID (Ethics Commission Filers)
1701/17	5 Payee name Lobby Lobby		
6 Amount (\$)	7 Payee address, City, State; Zip Code		
289 01	27706 Tomball Pkwy, Tomba	MIX 1737	5
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Event Expense		side of Texas. Complete Schedule T. TX, officeholder living expense
EXPENDITURE	CVIII ENGLISE		The officer of the state of the
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/4/17	Postnet		
Amount (\$)	Payee address; City; State; Zip Code		
2740	18535 FM 1488, Ste 230, Mag.	nolia, tx 7735	34
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Advand To - 2 Pinting-		side of Texas. Complete Schedule T.  TX, officeholder living expense
EXPENDITURE	Advertising Printing		l l
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/4/17	Academy		
Amount (\$)	Payee address; City; State; Zip Code		
17822	14221 FM 2920, Tomball,7	マ つつ3つつ	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	G C		tide of Texas. Complete Schedule T.  TX, officeholder living expense
EXPENDITURE	Event Expense	S. S. S. S. Franklij	superior
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Filling E	xxpense Travel Out Of District Wages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1:	-	3 Filer ID (Ethics Commission Filers)	
11	Christin Roselinda McCum	ner (2 mos commission moss)	
4 Date 12/4/17	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
20089	27706 Tomball Pkuy, Tomba	WTV 77375	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	1 0	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense	
	1		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
12/6/17	Just yard Signs		
Amount (\$)	Payee address; City; State; Zip Code		
119000	4880 Al Distribution Court, C	rlando F132822	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Check if travel outside of Texas. Complete Sche		
EXPENDITURE	Printing Expense	L Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OH	l		
Date	Payee name		
12/6/17	The Waller Times		
Amount (\$)	Payee address; City; State; Zip Code		
22875	2323 Main St, Walter, Tx	277484	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	ν,	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Advertising	Check if Austin, TX, officeholder living expense	
	$\cup$		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a category not listed above)			
1 Total pages Schedule F1:  4 Date 1 2   18   17  6 Amount (\$) 1 2 99  8  PURPOSE OF EXPENDITURE	2 FILER NAME Christin Roselinda McCumb 5 Payee name Postnet 7 Payee address; City; State; Zip Code 18535 FM 1488, Ste 230, Mag. (a) Category (See Categories listed at the top of this schedule)  Printing	(b) Description  Check if travel outs	3 Filer ID (Ethics Commission Filers)  354  side of Texas. Complete Schedule T.  TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held			
Date 17/18/17	Payee name POSTNET					
Amount (\$) 4289	Payee address; City; State; Zip Code  18535 FM 1488, Ste 230, M	agnolia, TZ	77354			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		de of Texas. Complete Schedule T. TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date 12/28/In Amount (\$) 80960	Payee name Rural Connection Payee address; City; State; Zip Code PO Box 1966, Waller, TX	77484				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertisms	Description Check if travel outsi	de of Texas. Complete Schedule T. FX, 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 F1

		EXPENDITURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Fees Cod/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 E Transportation Equipmen Travel In District Travel Out Of District Other (enter a category n	nt & Related Expense	
		The Instruction Guide explai	ns how to co	mplete this form.		
1 Total pages Schedule F1:	0:	AME, ristin Roselinda M	1ºCumbe	r	3 Filer ID (Ethics Co	mmission Filers)
4 Date 12 29 17	5 Payee na	he Boat				
6 Amount (\$)	7 Payee a	ddress; City; State; 2	Zip Code			
37 53	1928	5 13th St Hemy	ostead,	Tx 77445		
8	(a) Category	/ (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE					utside of Texas. Complete Schedu	
OF EXPENDITURE	Fe	ood/Beverage E	gense	Check if Austin	n, TX, officeholder living expe	inse
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought	Offi	ice held
Date	Payee na	ame				
19/	0 0	ł . O				
12/11/17	ABO	runcing Advent	ine			
Amount (\$)	Payee ad	ddress; City; State; Z	Zip Code			
46000	1641	o 14th St. Cypn	ess, Tx	77429		
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE	T	-At		Check if travel ou	tside of Texas. Complete Schedu	le T.
OF EXPENDITURE	EVE	nt Expense		Check if Austin	, TX, officeholder living exper	ise
		7				
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	····	Office sought	Offic	ce held
Date	Payee na	2ma				
12/15/17		rgiers Seafoo	d			
Amount (\$)	Payee ac	ddress; City; State; 2	Zip Code			
100000	30312 Fm 1488, Waller 17477484					
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE	~	1			tside of Texas. Complete Schedu	
OF EXPENDITURE	Even	nt Expense		L Check if Austin	, TX, officeholder living exper	ise
		caperise				
Complete ONLY if direct		ate / Officeholder name		Office sought	Off	fice held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		and a distribution of the state		Coc Sougin	011	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F3

The Instruction Guide explains how to complete this form.  1 Total pages Schedule F3:								
2 FILER NAME (Ethics Commission Filers)  3 Filer ID (Ethics Commission Filers)								
4 Date 5 Name of person from whom investment is purchased								
NA	6 Address of person from whom investment is purchased; City; State; Zip Code							
	7 Description of investment							
	8 Amount of investment (\$)	Í						
Date	Name of person from whom investment is purchased							
	Address of person from whom investment is purchased; City	; State; Zip Code						
	Description of investment							
	Amount of investment (\$)							
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED						

## **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Carididati	The Instruction Guide explains how to complete this form.					
1 Total pa	ges Schedule F2:	2 FILERNAME Christin Roselinda McCumber	3 Filer ID (Ethics Commission Filers)			
4 TOTA	L OF UNITEM	MIZED UNPAID INCURRED OBLIGATIONS	<b>\$</b>			
5 Date	31/17	6 Payee name				
7 Amount	t (\$)	8 Payee address; City; State; Zip Code				
	PE OF NDITURE	Political Non-Political				
10		(a) Category (See Categories listed at the top of this schedule) (b) Description	on			
	RPOSE	Checki	travel outside of Texas. Complete Schedule T.			
	OF NDITURE	Check	if Austin, TX, officeholder living expense			
	e <u>ONLY</u> if direct ure to benefit C/OH	Candidate / Officeholder name Office sought	Office held			
Date		Payee name				
Amount	t (\$)	Payee address; City; State; Zip Code				
	PE OF NDITURE	Political Non-Political				
	RPOSE OF NDITURE		on i travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense			
Complet expendit	e <u>ONLY</u> if direct ture to benefit C/OH	Candidate / Officeholder name Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
the state of the s		11.1 1.1 1	Ravised 9/8/2015			

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

#### SCHEDULE T

- OIL THATE					331123322			
The Instruction Guide explains how to complete this form.  1 Total pages Schedule T:								
2 FILER NAME Christin Roselinda McCumber 3 Filer ID (Ethics Commission Filers)					3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor	e of Contributor / Corporation or Labor Organization / Pledgor / Payee							
5 Contribution / Expend	diture reported	l on:						
Schedule A2	Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1							
Schedule F2	Sch	Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS						
7 Name of person(s) traveling								
	8 Departu	re city or n	ame of departure locat	ion				
	9 Destinat	ion city or	name of destination lo	cation				
10 Means of transportat	ion	11 Purpo	ese of travel (including	name of conference, s	eminar, or other event)			
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgor /	Payee				
Contribution / Expend	diture reported	on:						
Schedule A2		dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel	Name o	f person(s	) traveling					
	Departu	re city or n	ame of departure locat	ion				
į.	Destinat	ion city or	name of destination lo	cation				
Means of transportat	rion	Puro	oco of travel (including	name of conference of	eminar, or other event)			
Means of transporta	uon	Purpo	ose of traver (including	name of conference, s	eminar, or other eventy			
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgor /	Payee				
Contribution / Expend	diture reported	d on:						
Schedule A2	_	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel	Name o	of person(s	) traveling					
	Departu	re city or n	ame of departure locat	ion				
Destination city or name of destination location								
Means of transporta	tion	Purpo	ose of travel (including	name of conference, s	seminar, or other event)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								
1	А	ITACHA	DUITIONAL COPIES	OI THIS SCHEDUL	LAVITELULU			

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

	The Instruction Guide explains how to complete this form.  1 Total pages Schedule K:							
2	FILER NAME	Christin Roselinda M Eumber	3 Filer ID (Ethics	s Commission Filers)				
4	Date	5 Name of person from whom amount is received		8 Amount (\$)				
	12/31/17	6 Address of person from whom amount is received; City; State;	Zip Code	<b>\( \)</b>				
		7 Purpose for which amount is received Check if	political contribution	returned to filer				
	Date	Name of person from whom amount is received		Amount (\$)				
		Address of person from whom amount is received; City; State;	Zip Code					
		Purpose for which amount is received	political contribution	returned to filer				
	Date	Name of person from whom amount is received		Amount (\$)				
		Address of person from whom amount is received; City; State;	Zip Code					
		Purpose for which amount is received Check if	political contribution	returned to filer				
	Date	Name of person from whom amount is received		Amount (\$)				
		Address of person from whom amount is received; City; State	Zip Code					
		Purpose for which amount is received Check if	political contribution	returned to filer				
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED					

#### SCHEDULE |

The Instruction Guide explains how to complete this form.					
<b>1</b> Total pages Schedule I:	2 FILERNAME Christin Roselinda MCUM	3 Filer ID (Ethics Commission Filers)			
4 Date 12/31/17	5 Payee name				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## **PAYMENT MADE FROM POLITICAL** CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	
1 Total pages Schedule H:	2 FILER NAME Roselinda MCW now 3 Filer ID (Ethics Commission Filers)
4 Date 12/31 17	5 Business name
6 Amount (\$)	7 Business address; City; State; Zip Code
8 PURPOSE	(a) 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
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held
Date	Business name
Amount (\$)	Business address; City; State; Zip Code
PURPOSE OF EXPENDITURE	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
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held
Date	Business name
Amount (\$)	Business address; City; State; Zip Code
PURPOSE OF EXPENDITURE	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
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### 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 Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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 Christin Roselinda M. Com 5 Payee name	3 Filer ID (Ethics Commission Filers)				
6 Amount (\$)	Payee address; City; State; Zip Code					
Reimbursement from political contributions intended						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF		Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE		Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held				
Date	Payee name					
	T dyss name					
Amount (\$)	Payee address; City; State; Zip Code					
Reimbursement from political contributions						
intended		Iax -				
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description				
OF EXPENDITURE		Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought Office held				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
Reimbursement from political contributions intended						
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE		Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name OH	Office sought Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

## **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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 E Candidate/Officeholder/Politic		Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/0	Contract Labor	Travel In District Travel Out Of District Other (enter a category not li	isted above)
		The Instruction Guide explain	ns how to comple	ete this form.		
1 Total pages Schedule F4:	2 FILER	NAME CISTIN Roselinda MC	Eunber		3 Filer ID (Ethics Commi	ission Filers)
4 TOTAL OF UNITEM		ENDITURES CHARGED		TCARD	\$	
5 Date	6 Payee	name				
7 Amount (\$)	8 Payee	address; City; State;	Zip Code			
9 TYPE OF EXPENDITURE		Political	Non-Political			
10	(a) Catego	ory (See Categories listed at the top of the	is schedule)	(b) Descriptio	n	
PURPOSE				Check if t	travel outside of Texas. Complete Sch	nedule T
OF EXPENDITURE					Austin, TX, officeholder living e	
EXPENDITURE				Oncok ii	Additing 17, officeriolder living c	хрепзе
11 Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name Office sought Office held						
Date	Payee	name				
Amount (\$)	Payee	address; City; State;	Zip Code			
TYPE OF EXPENDITURE		Political	Non-Political			
	Catego	ory (See Categories listed at the top of th	is schedule)	Descriptio	n	
PURPOSE				Check if t	travel outside of Texas. Complete Sch	nedule T.
OF EXPENDITURE				Check if	f Austin, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/O		didate / Officeholder name	Office	sought	Office held	
	ATTA	CH ADDITIONAL COPIES (	OF THIS SCHE	DULE AS NE	EDED	

#### SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Christin Roselinda McCumber 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor out-of-state PAC (ID#: Amount 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor out-of-state PAC (ID#: of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution Full name of pledgor out-of-state PAC (ID#: Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Date Full name of pledgor out-of-state PAC (ID#:\_ Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

# SCHEDULE A2

	Th	e Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:			
2	FILER NAM	Christin Roselinda McCumb	ver	3 Filer ID (Ethics Commission Filers)			
4	TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0			
5	Date	6 Full name of contributor ☐ out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution Contribution \$ description			
		7 Contributor address; City; State; Zip Cod		Check if travel outside of Texas. Complete Schedule T.			
10	Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)			
12	Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)			
14	Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date Full name of contributor out-of-state PAC (ID#:				Amount of . In-kind contribution Contribution \$ . description			
	Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)			
	Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)				
	Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
		ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	JLE AS NEEDED			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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