FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. FIRST ELIZABETH MS / MRS / MR 3 CANDIDATE/ MI A. OFFICE USE ONLY **OFFICEHOLDER** LEDESMA NAME Date Received Waller County Elections 4 CANDIDATE/ JAN 1 6 2018 OFFICEHOLDER 28070 RICEROAD HOCKLEY (X 77447 MAILING **ADDRESS** Received Change of Address PHONE NUMBER AREA CODE EXTENSION 5 CANDIDATE/ **OFFICEHOLDER** Date Hand-delivered or Date Postmarked (B32) 217-4782 PHONE FIRST ELIZABETH MIA Amount \$ 6 CAMPAIGN TREASURER Date Processed NAME SUFFIX Date Imaged CAMPAIGN **TREASURER** 28070 RICE ROAD HOCKLEY TX 77447 **ADDRESS** (Residence or Business) PHONE NUMBER AREA CODE EXTENSION CAMPAIGN **TREASURER** (832) 217-4782 PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded \$500 limit Final Report (Attach C/OH - FR) July 15 8th day before election 10 PERIOD Month COVERED 01/15/18 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff 03/06/ General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE WALLER COUNTY Commissioner PCT 2 GO TO PAGE 2

CANDIDATE / OFFICEHOLDER

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ELIZAB	ETH A	2.	LEDE	smr	7	15 Filer ID	(Eth	ics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	16 NOTICE FROM POLITICAL 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								
	COMMITTEE TYPE	COMMITTEE NA	AME						
	GENERAL								
	SPECIFIC	COMMITTEE AD	DRESS	3					
		COMMITTEE CA	MPAIG	N TREASURE	R NAME				
Additional Pages									
		COMMITTEE CA	AMPAIG	N TREASUR	ER ADDREȘS				
17 CONTRIBUTION TOTALS		POLITICAL CON S, LOANS, OR						\$	50.00
		POLITICAL CO				S OF LOANS)	5	\$	1420.00
EXPENDITURE TOTALS		POLITICAL EXP	ENDIT	URES OF	\$100 OR LES	SS,		\$	207.20
	4. TOTAL POLITICAL EXPENDITURES \$ 1259.20								
CONTRIBUTION BALANCE		OLITICAL CON		ITIONS MAI	NTAINED AS	OF THE LAST	T DAY	\$	160.80
OUTSTANDING LOAN TOTALS		PRINCIPAL AMO AY OF THE REF				OANS AS OF	THE	\$	750,00
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.									
Ely/aleith & glesna									
Signature of Candidate or Officeholder									
AFFIX NOTARY STAMP / SEALABOVE									
Sworn to and subscribed before me, by the said L= 1: 2cbeth Lectes = c, this the 18									
day of Jenery, 20 18, to certify which, witness my hand and seal of office.									
SHARON RIEMER									
Signature of officer a	administering oath	Printed	name	of office	administerin	Motary Pub	lic, State	ob	exasdr inistering oath
Forms provided by Texas E	thics Commission		www.	ethics.state	K 27	My Com		xpir	
8				4 %	OF THE	June	e 23, 2021		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME EUZABETH A. LEDESMA 20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 142000
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. SCHEDULE E: LOANS	\$ 75000
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 125920
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 90920
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 6
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0
	i i

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1				
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 3			
2 FILER NAME ELIZABETH A. LEDESMA	3 Filer ID (Ethics Commission Filers)			
5 Full name of contributor out-of-state PAC (ID#: 7/21/17 CUNT 4 LEAH CASTELO 6 Contributor address; City; State; Zip Code 77447 25809 BRUSHY CREEK DRIVE HOCKLOF	7 Amount of contribution (\$) \$ 50.00			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) UNEMPLI				
Date PAT DAUIS Contributor address; City; State; Zip Code 77355 5747 DEEPWOODS MAGNOUA TX DRIVE Proposed accounting (lob title (See Instructions)) Employer (See Instructions)	Amount of contribution (\$) \$ 20.00			
Principal occupation / 300 title (See Instructions)	DD + ASSOCIATES			
Date Full name of contributor out-of-state PAC (ID#: MIKE LUCAS Contributor address; City; State; Zip Code 7 7354 11 16519 S. RAVENSWOOD DRIVE. MAGNOLIA	*50.00			
Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) SELF	ctions)			
Pate Full name of contributorout-of-state PAC (ID#:) PINA ROBERTSON Contributor address; City; State; Zip Code 35097 MAYER HEMPSTEAD (x 77445)	Amount of contribution (\$) \$ 100 00			
Principal occupation / Job title (See Instructions) House WIFE D	ctions) A			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	NEEDED			

The instruction Guide explains how to complete this form. 2 FILER NAME ELIZABETH A. LEDES MA 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor DAVE & LISA MODRE 6 Contributor address; 25558 BRADBUCY DRIVE HACKLEY X 8 Principal occupation / Job title (See Instructions) Plain ame of contributor Contributor address; 2619; State: Zip Code 7 Amount of contribution (S) 8 Principal occupation / Job title (See Instructions) SECURITY SYSTEMS ADMINISTRATOR Principal occupation / Job title (See Instructions) Principal occupation / Job t	MONET	ARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
ELIZABETH A. LEDESMA 4 Date ELIZABETH A. LEDESMA 4 Date 5 Full name of contributor	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3
4 Date S Full name of contributor out-of-state PAC (ID#) 7 Amount of contribution (S) 4 500 5 5558 Bradbury Drive Hockley Ix 5 500 5 5 5 5 5 5 5	2 FILER NAME	LABETH A. LEDESM	A	3 Filer ID (Ethics Commission Filers)
SELF Date	4 Date	5 Full name of contributor out-of-state PAC DAVE & LISA MODRE 6 Contributor address; City: State	77447	
2/8	The second second			tions)
Principal occupation / Job title (See Instructions) HOUSE WIFE Date Full name of contributor Out-of-state PAC (ID#:		I - I LESCO	77354 Zip Code AGNOUA TX	\$ 1000
MICHAEL W. LUSATERI 773.55 TOO CO CONTRIBUTOR AND LIA TX Principal occupation / Job title (See Instructions) Employer (See Instructions) SECURITY SYSTEMS HOMINISTRATOR SECURITAS Date Full name of contributor out-of-state PAC (ID#:	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date Full name of contributor Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) SECURITAS Amount of contribution (\$) Amount of contribution (\$) Figure 173.55 Figure 174.	1/2/ ₁₈	Full name of contributor MICHAEL W. PUSATERI Contributor address; City: State 32012 S. WIGGINS M.	773.55 Zip Code A6NOLIA TX	Amount of contribution (\$)
LARRY PAYNE Contributor address; City; State; Zip Code 25806 DEEPWOODS DRIVE MAGNOLIA Tx. Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	oation / Job title (See Instructions) EITY SYSTEMS ADMINIST		
Thropal decapation, see the (###				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS N	EEDED

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 3
ELIZABETH A. LEDESMA	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) * 100 **
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct N/A	
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) SELF	ions)
Date Full name of contributor out-of-state PAC (IDs:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) SALES MAN / MECHANIC Employer (See Instruct SELF	ions)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$) \$ 100 00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EEDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

LOANS	c		SCHEDULE E		
The	The Instruction Guide explains how to complete this form.				
2 FILER NAME EUZAK	BETH A. LEDEST	nA	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UN	IITEMIZED LOANS		\$ 750 °C		
5 Date of loan 7 Name of lender out-of-state PAC (ID#:) 11-11-17 ELIZABETH A. LEDESMA			9 Loan Amount (\$) 4 750		
6 Is lender a financial Institution?	8 Lender address; City; S	State: Zip Code OCKLEY X	10 Interest rate 11 Maturity date		
12 Dringing assumption	/ Inh fills (Contractions)	13 Employer (See Instructions)			
	on / Job title (See Instructions)		INGELS		
CAREG		VISITING F			
14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions)					
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
not applicable 20 Principal Occupation (See Instructions) City; State; Zip Code 21 Employer (See Instructions)					
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)		
Is lender a financial	Lender address; City; S	State; Zip Code	Interestrate		
Institution?			Maturity date		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Description of Collateral Check if personal funds were deposited into political account (See Instructions)					
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
Guarantor address; City; State; Zip Code					
not applicable					
Principal Occupati	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.					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Offi Food/Beverage Expense Pol y Gift/Awards/Memorials Expense Prin	an Repayment/Reimbursement cice Overhead/Rental Expense ling Expense thing Expense laries/Wages/Contract Labor w to complete this form. Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME ELIZABETH A	LEOSMA 3 Filer ID (Ethics Commission Filers)			
4 Date 9/8/17	5 Payee name KWCK KOPY	, ,			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$24,36	1215 MAIN STREET	Tomball Texas 77375			
8	(a) Category (See Categories listed at the top of this schedu	ule) (b) Description			
PURPOSE	ADU SATISTAL	Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	ADUERTISIN 6	Check if Austin, TX, officeholder living expense			
	EXPENSE	N/A			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name ELIZABE 7# A. LCDC	Office sought WALLER Co. Office held (SMA COMMISSIONER PC7 2			
Date 9/11/17	CCR Prom	IOTIONS			
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$ 83 93	32212 GIBONO	EY ROAD HOUSTON TX 77445			
	Category (See Categories listed at the top of this schedu				
PURPOSE	ADJERTISING	Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Check if Austin, TX, officeholder living expense			
	EXPENSE	N/A			
Complete ONLY if direct	Candidate / Officeholder name	Office sought WALLER C. Office held			
ELIZABETH A. LEDESMA COMMISSIONER PCT 2					
Date 10/5/17	Payee name Post N ET				
Amount (\$)	Payee address; City; State; Zip Co	mAGNOLIA TX			
\$ 7891	18535 Fm 14	88 230 77354			
	Category (See Categories listed at the top of this schedu	lle) Description			
PURPOSE OF	nauca Tara	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	ADUGRTISING	Check if Austin, TX, officeholder living expense			
	Expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought WALLER Coffice held 68MA Commissioner Pet 2			
ELIZABETH A. LEDESMA COMMISSIONER PET 2					
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED			
Paying delivery the Commission was well as the Muse Paying delivery the Paying delivery deliv					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Ex- y GlifVAwards/Memorials Expense Printing E. Il Committee Legal Services Salaries/W	xpense Vages/Contract Labor	Solicitation/Fundraising Ex Transportation Equipment Travel In District Travel Out Of District Other (enter a category not	& Related Expe	ens e
	The Instruction Guide explains how to c	complete this form.	F		
1 Total pages Schedule F1:	ELIZABETH A. LO	EDESMA	3 Filer ID (Ethics Com	amission Filer	rs)
4 Date 11/10/17	POST NET				
6 Amount (\$)	7 Payee address; City; State; Zip Code	mag	NOUA		
\$ 13 1 32	18535 Fm 1488 \$		x 7735	4	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	ADVERTISING		utside of Texas. Complete Schedule		
OF EXPENDITURE	,,	Check if Austin	n, TX, officeholder living expen	S ⊕	
	EXPENSE		N/A		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name ELIZABETH A. LO	Office sought U	MALLER Co. Office MM 18510N ER	e held	2
Date / /	Payee name	/ ^			
1/2/18	REPUBLICAN PARTY	DAN PATI	RICK DIN	IN ER	٧
Amount (\$)	Payee address; City; State; Zip Code				
\$35000	POBOX 551 HEM	PSTEAD	Tx 7744	5	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	EUENT		itside of Texas. Complete Schedule		
OF EXPENDITURE	EXPENSES	Check if Austin	, TX, officeholder living expens	10	
	EXFENSES				
Complete ONLY if direct	Candidate / Officeholder name	Office sought U	DALLER Co. Offic	e held	
EUZABETH A. LEDESMA Commissioner PCT 2					
Date , /	Payee name				
1/11/18	POST NET				
Amount (\$)	Payee address; City; State; Zip Code				
\$57048	18535 Fm 1488 \$3	30 MAG	NOUA TX	7735	54
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	ADVERTICAL		stside of Texas. Complete Schedule		
OF EXPENDITURE	ADUCRTISING	Check if Austin	n, TX, afficeholder living expens	se	
	EXPENSE		N/A		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	WHUCKLO	ce held	
expenditure to benefit C/OF	ELIZABETH A. LOOKS	MA Comp	115510NER	PCT	2
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
ermo arguided by Tayas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015					

EXPENDITURES MADE BY CREDIT CARD

		EXPENDITURE CATEGORIE			
Α	dvertising Expense accounting/Banking	Fees Office	Repayment/Reimbursement Solicitation/Fundraising Expense Overhead/Rental Expense Transportation Equipment & Related Expense		
C	Consulting Expense Contributions/Donations Made By	y Gift/Awards/Memorials Expense Printin	g Expense Travel In District g Expense Travel Out Of District		
	Candidate/Officeholder/Politica	al Committee Legal Services Salarie The Instruction Guide explains how to	esWages/Contract Labor Other (enter a category not listed above)		
1	Total pages Schedule F4:	2 ELIEDNAME A	3 Files ID (Fibine Commission Files)		
	3	ELIZABETH A. LED	ES mA		
		IZED EXPENDITURES CHARGED TO A	credit card \$ 889.20		
5	Date 9/8/17	KWICK KOPY			
7	Amount (\$)	8 Payee address; City; State; Zip Co			
\$	24.36	1215 MAIN STREET	TOMBALL TX 77375		
9	TYPE OF EXPENDITURE	Political Nor	n-Political		
10		(a) Category (See Categories listed at the top of this schedul	(b) Description		
	PURPOSE	ADUCKTISIN G	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Check if Austin, TX, officeholder living expense		
		EXPENSE	N/A		
11 Complete ONLY if direct Candidate / Officeholder name Office sought					
expenditure to benefit C/OH					
EUZABETH A. LEDESMA COMMISSIONER PCT 2					
	Date 9/11/17 Payee name CCR Promotions				
	Amount (\$)	Payee address; City; State; Zip Co	ode , (
\$	8393	32212 GIBONCY 1	load Howton Tx 77445		
	TYPE OF EXPENDITURE	Political No	n-Political		
		Category (See Categories listed at the top of this schedul	le) Description		
	PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	ADD CRTISING	Check if Austin, TX, officeholder living expense		
		EXPGNSC-	N/A		
Complete ONLY if direct					
ELIZABETH A. LOCESMA COMMISSIONER POT 2					
ELICHTSCH ITI LEUCSTIIT COMMISSIONERS PC7 of					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURES MADE BY CREDIT CARD

EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics					
1 Total pages Schedule F4:	3 Filer ID (Fthice Commission Filers)				
3	ELIZABETH A. LEDESMA				
4 TOTAL OF UNITEM	ized expenditures charged to a credit card \$89.20				
5 Date D/S /17	POSTNET				
7 Amount (\$)	8 Payee address; City; State; Zip Code #220 MAGNOLIA TX				
\$ 7891	POSTNET 18535 Fm 1488 #230 MAGNOLIA 7				
9 TYPE OF EXPENDITURE	Political Non-Political				
10	(a) Category (See Categories listed at the top of this schedule) (b) Description				
PURPOSE OF	ADUCK 751N6 Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Check if Austin, TX, officeholder living expense				
	EXPENSE N/A				
11 Complete ONLY if direct expenditure to benefit C/OH EUZABUTH A. COSSMA Commission of PCT 2					
Date 11 / Payee name					
11/10/17	POSTNET				
Amount (\$)	Payee address; City; State; Zip Code MAGNOUA				
13152	18535 Fm 1488 #230 7x 77354				
TYPE OF EXPENDITURE	Political Non-Political				
	Category (See Categories listed at the top of this schedule) Description				
PURPOSE	ADVER 7/SIN6 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
EXPENDITURE	EXPONSE N/A				
0	CX1018C				
Complete ONLY if direct Candidate / Officeholder name Office sought WAUCH Office held					
EUZABETH A. LODESMA COMMISSIONER PET					
	-				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
orms provided by Texas Ethics	Commission www.ethics.state.tx.us Revised 9/8/2015				

EXPENDITURES MADE BY CREDIT CARD

EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing 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)	
		s now to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$	
5 Date /// //8	POSTNET			
7 Amount (\$)	8 Payee address; City; State;	Zip Code	10 00.10	
\$ 57048	18535 Fm 148		46 NOLIA TX 77354	
9 TYPE OF EXPENDITURE	Political	Non-Political .	,	
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description	on	
PURPOSE	ADVERTISING	Checki	f travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	HPUCKII31 & B	Check	if Austin, TX, officeholder living expense	
EXPENSE N/A				
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name LIZABETH A. LCI	^	UCR Coffice held 1MISSIONER PET 2	
Date Payee name				
Amount (\$) Payee address; City; State; Zip Code				
TYPE OF EXPENDITURE	Political	Non-Political		
	Category (See Categories listed at the top of this	schedule) Description	on	
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 expanditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
orms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015				