

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|  |   |   |                      |
|--|---|---|----------------------|
| The C/OH Instruction Guide explains how to complete this form.                           |   | 1 Filer ID (Ethics Commission Filers)   | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR FIRST MI<br>NICKNAME LAST SUFFIX<br>Tracy A<br>SEBESTA  | <b>OFFICE USE ONLY</b><br><br>Date Received<br><br><b>Waller County Elections</b><br><br>JAN 16 2018<br><br>Received<br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt #      Amount \$<br><br>Date Processed<br><br>Date Imaged |                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>16974 Fm 1887<br>Hempstead Tx 77445   |   |                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>(713) 822 8821  |   |                      |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI<br>NICKNAME LAST SUFFIX<br>Abbe<br>RICKEN  |   |                      |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>29541 Skymac Ranch Rd<br>Hempstead Tx 77445  |   |                      |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>(713) 824 2333  |   |                      |
| 9 REPORT TYPE  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |   |                      |
| 10 PERIOD COVERED  | Month Day Year      Month Day Year<br>12 / 11 / 2017      THROUGH      12 / 31 / 2017   |   |                      |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br>03 / 04 / 2018   | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special                                |                      |
| 12 OFFICE  | OFFICE HELD (if any)  | 13 OFFICE SOUGHT (if known)<br><br>County Judge   |                      |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Tracy A. Sebesta 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

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

Additional Pages

|                         |   |           |
|-------------------------|---|-----------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 80.00  |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 180.00 |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ 0      |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 780.28 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$        |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 0      |

18 AFFIDAVIT

JESSICA DOZIER  
NOTARY PUBLIC  
STATE OF TEXAS  
ID 12958496  
EXP 07/2021

AFFIX NOTARY SEAL ABOVE

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.

Tracy A. Sebesta  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Candidate, this the 18<sup>th</sup> day of January, 2018, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

Jessica Dozier  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME<br><i>Tracy A. Sebesta</i>  |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ <i>180.00</i>                       |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                     |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                                     |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$                                     |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ <i>3.23</i>                         |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                                     |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                                     |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                                     |
| 9.  | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS             | \$ <i>777.05</i>                       |
| 10.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                                     |
| 11.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                                     |
| 12.                                       | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                                     |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1

2 FILER NAME

Tracy A. Sebesta

3 Filer ID (Ethics Commission Filers)

4 Date

12/18/  
2017

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Abbe L. Ricken

6 Contributor address;

City; State; Zip Code

29541 Skymac Ranch Rd  
Hempstead Tx 77445

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/27/  
2017

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Marisa Zapata

Contributor address;

City; State; Zip Code

6530 Mert Lane  
Katy Tx 77443

Amount of contribution (\$)

\$ 5.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/30/  
2017

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Joanie Garro

Contributor address;

City; State; Zip Code

30501 Vining Rd  
Waller Tx 77484

Amount of contribution (\$)

\$ 25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/30/  
2017

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Pat Bruegger

Contributor address;

City; State; Zip Code

574 Ellen Powell  
Hempstead Tx 77445

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

retired

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | 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.

|   |  |   |               |
|---|--|---|---------------|
| <b>1</b> Total pages Schedule F1:<br>1    | <b>2</b> FILER NAME<br>Tracy A. Sebesta  | <b>3</b> Filer ID (Ethics Commission Filers)  |               |
| <b>4</b> Date                             | <b>5</b> Payee name<br>Paypal, Inc.  |   |               |
| <b>6</b> Amount (\$)<br>\$ 3.23           | <b>7</b> Payee address; City; State; Zip Code<br>2211 North First Street<br>San Jose, CA 95131 |   |               |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><br>Fees            | <b>(b)</b> Description <i>processing fees</i><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |               |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                            | Candidate / Officeholder name   | Office sought |
| Date                                      | Payee name   |   |               |
| Amount (\$)                               | Payee address; City; State; Zip Code   |   |               |
| <b>PURPOSE OF EXPENDITURE</b>             | Category (See Categories listed at the top of this schedule)                                   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense                                   |               |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                            | Candidate / Officeholder name   | Office sought |
| Date                                      | Payee name   |   |               |
| Amount (\$)                               | Payee address; City; State; Zip Code   |   |               |
| <b>PURPOSE OF EXPENDITURE</b>             | Category (See Categories listed at the top of this schedule)                                   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense                                   |               |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                            | Candidate / Officeholder name   | Office sought |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## 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 |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| 1 Total pages Schedule G:<br><b>1</b>   | 2 FILER NAME<br><b>Tracy A. Sebesta</b>   | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br><b>12/11/2017</b>   | 5 Payee name<br><b>Waller County Republican Party - David Luther</b>                  |  |
| 6 Amount (\$)<br><b>\$750.00</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br><b>32623 Fm 1488<br/>Hempstead Tx 77445</b> |  |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br><b>Fees</b>       | (b) Description <b>Filing fees</b><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought      Office held   |

|  |   |   |
|--|---|---|
| Date<br><b>12/27/2017</b>  | Payee name<br><b>Staples</b>  |   |
| Amount (\$)<br><b>\$27.05</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code  |   |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br><b>Printing Advertising Expense</b> | (b) Description <b>Business Cards</b><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> 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   |   |
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code                         |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule) | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                | Office sought      Office held  |

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