

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:

13

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="radio"/> MR	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX		
		CHRISTOPHER	S.		
	"SHANE"	SEXTON			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
	PO BOX 151451 AUSTIN, TX 78715				
	<input type="checkbox"/> Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Received 2018 JAN 17 RECEIVED AUSTIN CITY CLERK	
		(512) 800-0647			
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="radio"/> MR	FIRST	MI	Date Hand-delivered or Date Postmarked	
	NICKNAME	LAST	SUFFIX	Receipt # Amount \$	
		CHRISTOPHER	S.	Date Processed 415	
	"SHANE"	SEXTON		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
	8700 BRODIE LN # 427 AUSTIN, TX 78745				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
		(512) 800-0647			
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) <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		
	07 / 01 / 2017		THROUGH 12 / 31 / 2017		
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
	11 / 06 / 2018				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
			AUSTIN CITY COUNCIL - DISTRICT 8		

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

CHRISTOPHER "SHANE" SEXTON

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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

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

\$ 100.00

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

\$ 888.00

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1643.90

CONTRIBUTION
BALANCE

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

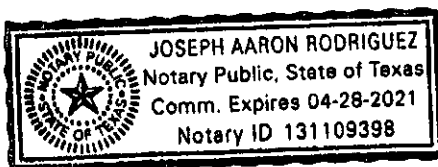
\$ 29.01

OUTSTANDING
LOAN TOTALS

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

\$ 19.23

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Christopher Sexton, this the 17 day of January, 2018, to certify which, witness my hand and seal of office.

Signature of officer administering 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 <i>CHRISTOPHER "SHANE" SEXTON</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>788.00</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>907.29</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>736.41</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.

3

2 FILER NAME

CHRISTOPHER "SHANE" SEXTON

3 Filer ID (Ethics Commission Filers)

4 Date

07/10/17

5 Full name of contributor

JEFF EARLE

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

5.00

6 Contributor address;

City; State; Zip Code

100 RIO GRANDE KYLE, TX 78640

8 Principal occupation / Job title (See Instructions)

DIRECTOR

9 Employer (See Instructions)

ST. MARY'S UNIVERSITY

Date

07/14/17

Full name of contributor

SUSAN SALCH

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

8924 WEST HOVE LP AUSTIN, TX 78749

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

CANTILLO & BENNETT

Date

07/21/17

Full name of contributor

VALERIE STREET

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

60.00

Contributor address;

City; State; Zip Code

9019 COPANO AUSTIN, TX 78749

Principal occupation / Job title (See Instructions)

MOM

Employer (See Instructions)

THE KIDS

Date

07/21/17

Full name of contributor

SANJAY NAGAR

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

2505 COMBURG CASTLE AUSTIN, TX 78748

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

BEECHWOOD FILMS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

CHRISTOPHER "SHANE" SEXTON

3 Filer ID (Ethics Commission Filers)

4 Date

07/21/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

STEPH SWANSON

6 Contributor address;

City; State; Zip Code

5205 CYPRESS RANCH BLVD SPICEWOOD, TX 78669

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

07/22/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

STEVEN KLING

Contributor address;

City; State; Zip Code

1011 OAK MEADOW DRIPPING SPRINGS, TX 78620

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

IT

Employer (See Instructions)

PRAECIPIO SOFTWARE

Date

07/24/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

SCOTT BURNOTES

Contributor address;

City; State; Zip Code

3001 S. CONGRESS AUSTIN, TX 78704

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

AVP - CAMPUS SAFETY

Employer (See Instructions)

ST. EDWARD'S UNIVERSITY

Date

08/01/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JOHN REISER

Contributor address;

City; State; Zip Code

900-B W. 18TH AUSTIN, TX 78701

Amount of contribution (\$)

288.00

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

CHRISTOPHER "SHANE" SEXTON

3 Filer ID (Ethics Commission Filers)

4 Date

11/28/17

5 Full name of contributor

VALERIE STREET

☐ out-of-state PAC (ID# _____)

6 Contributor address;

City; State; Zip Code

9019 COPANO AUSTIN, TX 78749

7 Amount of contribution (\$)

10.00

8 Principal occupation / Job title (See Instructions)

MOM

9 Employer (See Instructions)

THE KIDS

Date

12/23/17

Full name of contributor

MANUEL JIMENEZ

☐ out-of-state PAC (ID# _____)

Contributor address;

City; State; Zip Code

11316 TERRACE MEADOW WAY MANOR, TX 78653

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

PEACE OFFICER

Employer (See Instructions)

CONCORDIA UNIVERSITY

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6		2 FILER NAME CHRISTOPHER "SHANE" SEXTON		3 Filer ID (Ethics Commission Filers)	
4 Date 07/18/17		5 Payee name USPS			
6 Amount (\$) 4.34		7 Payee address; City; State; Zip Code 7310 MANCHACA AUSTIN, TX 78745			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) OTHER - POSTAGE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 07/18/17		Payee name OFFICE DEPOT			
Amount (\$) 18.38		Payee address; City; State; Zip Code 5300 S. MOPAC #101 AUSTIN, TX 78749			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - SUPPLIES		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 07/18/17		Payee name WALGREENS			
Amount (\$) 7.00		Payee address; City; State; Zip Code 9801 MANCHACA AUSTIN, TX 78748			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - SUPPLIES		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME CHRISTOPHER "SHANE" SEXTON		3 Filer ID (Ethics Commission Filers)	
4 Date 07/22/17		5 Payee name SHANE SEXTON			
6 Amount (\$) 220.00		7 Payee address; City; State; Zip Code 8700 BRODIE LN # 427 AUSTIN, TX 78745			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) LOAN REPAYMENT (SEE 07/2017 FILING)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 07/24/17		Payee name EDECALS.COM			
Amount (\$) 19.95		Payee address; City; State; Zip Code 1835 US HWY 9 HOWELL, NJ 07731			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 08/01/17		Payee name FACEBOOK			
Amount (\$) 30.61		Payee address; City; State; Zip Code 1 HACKER INAY MENLO PARK, CA 94025			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME CHRISTOPHER "SHANE" SEXTON		3 Filer ID (Ethics Commission Filers)	
4 Date 08/09/17		5 Payee name TWELVE BONES BBQ			
6 Amount (\$) 30.52		7 Payee address; City; State; Zip Code 3632 S. CONGRESS AUSTIN, TX 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FOOD EXPENSE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 08/21/17		Payee name CIRCLE C AREA DEMOCRATS			
Amount (\$) 100.00		Payee address; City; State; Zip Code AUSTIN, TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONTRIBUTION - EVENT SPONSOR		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 08/31/17		Payee name FACEBOOK			
Amount (\$) 23.52		Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME CHRISTOPHER "SHANE" SEXTON		3 Filer ID (Ethics Commission Filers)	
4 Date 09/25/17		5 Payee name USPS			
6 Amount (\$) 64.00		7 Payee address; City; State; Zip Code 7310 MANCHACA AUSTIN, TX 78745			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FEE - PO BOX		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/02/17		Payee name FACEBOOK			
Amount (\$) 13.43		Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/05/17		Payee name LIBERAL AUSTIN DEMOCRATS			
Amount (\$) 50.00		Payee address; City; State; Zip Code AUSTIN, TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) (MOBILE LOAVES + FISHES) CONTRIBUTION - EVENT SPONSOR		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME CHRISTOPHER "SHANE" SEXTON		3 Filer ID (Ethics Commission Filers)	
4 Date 11/01/17		5 Payee name FACEBOOK			
6 Amount (\$) 8.00		7 Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 11/28/17		Payee name PAYPAL			
Amount (\$) 5.12		Payee address; City; State; Zip Code 12312 PORT GRACE BLVD LA VISTA, NE 68128			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FEES		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12/21/17		Payee name PANDA EXPRESS			
Amount (\$) 28.42		Payee address; City; State; Zip Code 309 W. SLAUGHTER AUSTIN, TX 78748			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME CHRISTOPHER "SHANE" SEXTON		3 Filer ID (Ethics Commission Filers)	
4 Date 12/26/17		5 Payee name AUSTIN AFRICAN AMERICAN FIREFIGHTERS ASSOCIATION			
6 Amount (\$) 50.00		7 Payee address; City; State; Zip Code PO BOX 14942 AUSTIN, TX 78761-4942			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) (ANNUAL FIREFIGHTERS BALL) CONTRIBUTION - EVENT SPONSOR		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12/27/17		Payee name WELLS FARGO			
Amount (\$) 60.00		Payee address; City; State; Zip Code 6600 S. MOPAC AUSTIN, TX 78749			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FEES		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12/28/17		Payee name CAMPAIGN PARTNER			
Amount (\$) 174.00		Payee address; City; State; Zip Code PO BOX 118 STILL RIVER, MA 01467			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FEES- WEBSITE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: ①		2 FILER NAME CHRISTOPHER SEXTON		3 Filer ID (Ethics Commission Filers)	
4 Date 7/21/17		5 Payee name SANTA RITA			
6 Amount (\$) 736.61 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 5900 W. SLAUGHTER, STE 550 AUSTIN, TX 78749			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE - CAMPAIGN KICKOFF		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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

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

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