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	MS / MRS MR FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME LAST		Date Received
•	"SHANE" SEXTON		\sim
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: Po BOX 151451	CITY, STATE: ZIP CODE	2018 JAN 1
Change of Address	ALISTIN, TX 78715		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (51.2) 800.0647	EXTENSION	Date Hand-delivered or Dale Dostmarking ~
6 CAMPAIGN	MS / MRS (MR) FIRST	MI	Receipt # Aphount \$ FT
TREASURER NAME	NICKNAME LAST	PHER 5. SUFFIX	Date Processed
	"SHANE" SEXTON	,	Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE #; CITY; STATE;	ZIP CODE
TREASURER ADDRESS	8700 BROBIE LN #	427	
(Residence or Business)	AUSTIN, TX 78745		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 800.0647	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 COVERED	Month Day Year 07/01,/2017	Month THROUGH	Day Year 31 2017
11 ELECTION			
	Month Day Year Primary	Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (it known)
		AUSTIN CITY C	DUNCIL - DISTRICT
	GO TO	PAGE 2	

Forms provided by Texas Ethics Commission

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME CHRISTOPI	HER "SHAN	IE" SEXTON 1	5 Filer ID (Et	hics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS	HOUT THE CAND	IDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME		· · · · · · · · · · · · · · · · · · ·
	GENERAL			
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	N \$	100.00
		POLITICAL CONTRIBUTIONS 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



JOSEPH AARON RODRIGUEZ Notary Public, State of Texas Comm. Expires 04-28-2021 Notary ID 131109398 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/SEALABOVE

officer administering oat

, this the Sworn to and subscribed before me, by the said -nristopher

day of January, 20 18, to certify which, witness my hand and seal of office.

Rodriguer losen Printed name of officer administering oath

Title of officer administering oath

Forms provided by Texas Ethics Commission

Signature

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		mission Filers)
19	FILER NAME 20 Filer ID (Ethics Corr	imission Filers)
	CHLISTOPHER "SHALLE" SEXTON	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 788.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
З.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 907.29
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 736.61
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	\$
Mark Control of Contro		

MONET	ARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
FILER NAME	OPHER "SHANE" SEXTON		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
07/10/17	J <i>ÉFF ÉARLE</i> 6 Contributor address; City; State	ə; Zip Code	5.00
	100 RIO GRANDE ILYLE,	Tx 78640	
	pation / Job title (See Instructions)	9 Employer (See Instruc	·
DIRECT	Coll	ST. MARY	'S UNIVERSITY
Date		C (IC#:)	Amount of contribution (\$)
07/14/17		e; Zip Code	50.00
	8924 WEST HOVE LP AU.	STIN, TX 78749	
• •	pation / Job ⁻ title (See Instructions)	Employer (See Instruc	· _
ATTOR	NEY	CANTILO;	BENNETT
Date	· · _	C (ID#:)	Amount of contribution (\$)
	VALERIE STREET		
07/21/17	Contributor address; City; State		60.00
	9019 COPANO AUSTIN,	TX 78749	
Principal occup	bation / Job title (See Instructions)	Employer (See Instruc	tions)
Mom		THE KIDS	•
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
07/21/17	SANJAY NAGAR Contributor address; City; Stat	e; Zip Code	50.00
	acre and allow	QUICEN 1 18 1874	7
	ASOS COMISURG CASTLE I	7 - 21/1,14 10170	
	2505 COMBURG CASTLE	Employer (See Instruct	

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MONE	FARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME	TOPHER "SHANE SEX TON		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor Out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
07/21/17	6 Contributor address; City; State;		206.00
	5205 CUPPESS RANCH BUD 5	PICÉWOD, TX ?	8669
Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instruct	ons)
Date		(ID#:)	Amount of contribution (\$)
71/22/17	STEVEN KLING Contributor address; City; State;	; Zip Code	25.00
	1011 OAK MEADOW DRIPPI	NG SPRINGS, TX	78620
Principal occu	oation / Job title (See Instructions)	Employer (See Instructi	·
Date	Full name of contributor 🗌 out-of-state PAC	(ID#:)	Amount of contribution (\$)
et/24/17	SCOTT BURNOTES Contributor address: City: State;	Zip Code	50.00
	3001 5. CONGRESS AUSTIN	1, TX 78704	
	pation / Job title (See Instructions)	Employer (See Instructi	,
AVP	- CAMPUS SAFETY	ST. EDWAR	B'S UNIVERSITY
Date		(ID#;)	Amount of contribution (\$)
08/01/17		Zip Code	288.00
	900 BW. 18TH AUSTIN, 7	Tx 78701	
	oation / Job title (See Instructions) 「ルビウ	Employer (See Instructi	ons)
· · · ·			
	ATTACH ADDITIONAL COPIES OF		
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instr		

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1					
The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:		
2 FILER NAME CHRIS	TOPHEL "SHANE" SEXTO	~	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor Dut-of-state	PAC (ID#:)	7 Amount of contribution (\$)		
11/28/17	VALERIE STREEF 6 Contributor address; City: S	tate, Zip Code	10.00		
	9019 COPANO AUSTIN				
	pation / Job title (See Instructions)	9 Employer (See Instruc			
	· · · · · · · · · · · · · · · · · · ·				
Date		PAC (ID#:)	Amount of contribution (\$)		
12/23/17	MANUEL JIMENEZ Contributor address; City; S	itate; Zip Code	50.00		
	11316 TERRACE MEADOW WA	AV MANOR, TX 7	8653		
	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
PER	CE OFFICER.	CONCORI	NA UNIVERSITY		
Date	Full name of contributor 🔲 out-of-state	PAC (ID#:)	Amount of contribution (\$)		
	Contributor address; City; S	tate: Zip Code			
Principal occup	Deation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)		
	Contributor address; City; S	State; Zip Code			
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS N	EEDED		
	If contributor is out-of-state PAC, please see i				

Forms provided by Texas Ethics Commission

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politik Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Ex By Gift/Awards/Memorials Expense Printing E	kpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME CHRISTOPHER "SHANE" SE	Exter	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
07/18/17 6 Amount (\$)	7 Payee address; City; State; Zip Code 7310 MAN CHACA		
4.34	AUSTIN, TX 78745		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - POSTAGE		outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
07/18/17	OFFICE DEPOT		
Amount (\$) /8.38	Payee address; City; State; Zip Code 5300 \$. MOPAC #161 AUSTIN, TX 78749		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C	Candidate / Officeholder name /OH	Office sought	Office held
Date	Payee name		
07/18/17	INALGAEENS		
Amount (\$)	Payee address; City; State; Zip Code 9801 MANCHACA		
PURPOSE OF EXPENDITURE	AUSTIN, TX 78748 Category (See Categories listed at the top of this schedule) OTHER - SUPPLIES	=	l outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS N	EEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offi Food/Beverage Expense Pol y Gift/Awards/Memorials Expense Prir	an Repayment/Reimbursement loc Overhead/Rental Expense lling Expense laries/Wages/Contract Labor low to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
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 5HANE SEXTON					
6 Amount (\$) <i>ええ0,00</i>	7 Payee address; City; State; Zip Co 8700 BRODIE LN # 427 AUSTIN, TX 78745					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedu	Check if travel ou	utside of Texas. Complete Schedule T.			
OF EXPENDITURE	LOAN REPAYMENT (SEE 07/2017 FILING)	Check if Austir	n, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
07/24/17	EDECALS.COM					
Amount (\$) /9.95	Payee address; City; State; Zip Co 1835 US HWY 9 HOWELL, NJ 07731	ode				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu ADVERTISING EXPENSE	Check If travel ou	utside of Texas. Complete Schedule T. n, 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					
08/01/17	FACEBOOK					
Amount (\$) . 30.61	Payee address; City; State; Zip C I HACKER INAY					
20.61	MENLO PARK, CA 94		,			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu ADVERTISING EXPENSE	Check if travel ou	utside of Texas. Complete Schedule T. n, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED			

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officehokler/Politica CreditCard Payment	Fees Office O Food/Beverage Expense Politing E y Gift/Awards/Memorials Expense Printing	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travet In District Travet Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME LHRISTOPHER "SHANE" SE	Exted	3 Filer ID (Ethics Commission Filers)
4 Date 08/09/17	5 Payee name TWELVE BONES BBQ		
6 Amount (\$)	7 Payee address; City; State; Zip Code 3632 5. CONGRESS		
30.52	AUSTIN, TX 78704		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
08/21/17	CIRCLE C AREA DEMO	CRATS	
Amount (\$)	Payee address; City; State; Zip Code		
100.00	AUSTIN, TX		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	utside of Texas. Complete Schedule T.
OF	CONTRIBUTION - EVENT SPONSOR	Check if Austin	n, TX, officeholder tiving expense
			Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	
Date	Payee name		
08/31/17	FACEBOOK		
Amount (\$)	Payee address; City; State; Zip Code		
23.52	MENLO PARK, CA 9402	5	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	utside of Texas. Complete Schedule T.
OF EXPENDITURE	AUVERTISING EXPENSE	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NE	EDED

Consultations Participation		EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Total pages Schedule F.: 2 FILER NAME SHANE SEXTEN Date 5 Payee address: City: State: Zip Code 77 Pages address: City: State: Zip Code 78 IO MAILISTOMER State: Zip Code 78 IO MAILISTOMER State: Zip Code 78 IO MAILISTOMER Image: Schedule F.: City: State: Zip Code 78 IO MAILISTOMER Image: Schedule F.: City: State: Zip Code 90 Complete ONLY if direct Candidate / Officeholder name Office sought Office held 0 Complete ONLY if direct Candidate / Officeholder name Office sought Office held 0 Complete ONLY if direct Candidate / Officeholder name Office sought Office held 0 Complete ONLY if direct Candidate / Officeholder name Office sought Office held 0 Complete ONLY if direct Category (See Categories State) at the top of the schedule Description Description 13.43 MEALS FARK OA 944025 Code Complete Schedule F. Check if Austin, TX, officeholder Ibing expense PURPOSE Complete ONLY if direct Candidate / Officeholder name <th>ccounting/Banking onsulting Expense ontributions/Donations Made B Candidate/Officeholder/Politica</th> <th>Fees Food/Beverage Expense g Gift/Awards/Memorials Expense Committee Legal Services</th> <th>Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor</th> <th>Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)</th>	ccounting/Banking onsulting Expense ontributions/Donations Made B Candidate/Officeholder/Politica	Fees Food/Beverage Expense g Gift/Awards/Memorials Expense Committee Legal Services	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Date 5 Payee name 04/as/i7 USPS Amount (s) 7 Payee address; City; State; Zip Code 7310 MAN QHA CA AUSTIN, TX 18745 PURPOSE (a) Category (See Categories listed at the top of this schedate) (b) Description Complete ONLY if direct Candidate / Officeholder name Office sought Office holder ining agreeme 10/02/17 FALE ROOK Category (See Categories listed at the top of this schedate) (b) Description Complete ONLY if direct Candidate / Officeholder name Office sought Office hold Date Payee name I / A CLE ROOK Office sought Office hold at the top of this schedule) J3. 43 MEAL of PARK CA 940.85 Description Description IDate Payee name Office Category (See Categories listed at the top of this schedule) Description IDate Payee name Category (See Categories listed at the top of this schedule) Description IDate Payee name Category (See Categories listed at the top of this schedule) Description IDate Payee name Category (See Categories listed at the top of this schedule) Description <	Total pages Schedule F1:	2 FILER NAME <u> <u> </u> </u>	NE SEXTON	3 Filer ID (Ethics Commission Filers)
64.00 73/0 MAN ALA CA AUSTIN, TX 18145 PURPOSE EXPENDITURE (a) Category (See Categories links at the top of the schedde) (b) Description PURPOSE EXPENDITURE FEE - Po Box (b) Description Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Date Payee name 01/02/17 FACE ROOK Office held Amount (\$) Payee address; I HA CKER WAY I A CKER WAY I A CKER WAY I A CKER WAY I A CALLO PARK, CA 94025 Description PURPOSE EXPENDITURE Category (See Categories toird at the top of this schedule) OF EXPENDITURE Description PurpoSE Expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Date Payee address; I HA CKER WAY I A CALLO PARK CA 94025 Description Description PurpoSE Expenditure to benefit C/OH Category (See Categories toird at the top of this schedule) Description Description Date Payee name Category (See Categories toird at the top of this schedule) Description Description Date Payee name Category (See Categories hated at the top of this schedule) Description Description Complete ONLY if direct Candidate / Of		5 Payee name		
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Complete QNLY if direct Candidate / Officeholder name Onice sought Date Payee name Id/0.2]/17 FALE /SOOK Amount (\$) Payee address; City; State; Zip Code I HA CKER WAY I HA CKER WAY If A Check it way outside of this schedule) Description PURPOSE Category (See Categories listed at the top of this schedule) Description Check it austin, TX, officeholder living expense Complete QNLY if direct Candidate / Officeholder name Office sought Office held Date Payee name Candidate / Officeholder name Office sought Office held Date Payee name Candidate / Officeholder name Office sought Office held Date Payee name Candidate / Officeholder name Office sought Office held Date Payee name Candidate / Officeholder name Office sought Office held Date Payee name Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Complete NLY if direct Category (See Categories listed at the top of this schedule) Description Check it austin, TX, officeholder Living expense	OF	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
Date Payee name 10/02/17 FACE BOOK Arnount (\$) Payee address; City; State; Zip Code 13.43 MEALO PARK AA 94025 Category (See Categories listed at the top of this schedule) Description PURPOSE Category (See Categories listed at the top of this schedule) Description PURPOSE Category (See Categories listed at the top of this schedule) Description Complete ONLY if direct Candidate / Officeholder name Office sought Office held Date Payee name Candidate / Officeholder name Office sought Office held Date Payee address; City; State; Zip Code City; State; Zip Code Office sought Office held Date Payee address; City; State; Zip Code Office sought Office held Date Payee address; City; State; Zip Code Description Category (Bee Categories listed at the top of this schedule) Description UPURPOSE Category (Bee Categories listed at the top of this schedule) Category (Bee Categories listed at the top of this schedule) Category (Bee Categories listed at the top of this schedule) Category (Bee Categories listed at the top of this schedule) Category (Bee Categories listed	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought	Office held
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PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Check if travaloutside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Date Payee name Image: Complete Schedule T. Complete Schedule T. Office held Date Payee name Office sought Office held Image: Complete Schedule T. City; State; Zip Code Schedule T. Schedule T. Category (See Categories listed at the top of this schedule) Office sought Purpose Category (See Categories listed at the top of this schedule) Description Purpose Category (See Categories listed at the top of this schedule) Description Purpose Category (See Categories listed at the top of this schedule) Description Purpose Control If Surt Ton - Check if ravel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate / Officeholder name Office sought	13.43	MENLO PARK CA	94025	
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Jolos/17 LIBERAL AUSTIN TEMOCRATS Amount (\$) Payee address; City; State; Zip Code So. 00 Austrin, TX PURPOSE Category (See Categories listed at the top of this schedule) (MoBILE LOAVES * FISHES) Description Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Cantidate / Officeholder name Office sought Office held	Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought	Office held
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Complete ONLY if direct Candidate / Officeholder name Office sought	- ²⁰ -			t Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C.		Office sough	

SCHEDULE F1

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officehokler/Politica Credit Card Payment	Fees Office Office Office Food/Beverage Expense Polling y Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement Overhead/Rental Expense g Expense gs:Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME CHRISTOPHER SHANE SE	XTan	3 Filer ID (Ethics Commission Filers)
4 Date 11/01/17	5 Payee name FACEBOOK		
6 Amount (\$) <i>8.00</i>	7 Payee address; City; State; Zip Code I HACKER WAY MENLO PARK, CA 94025		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ABVERTISING EXPENSE	(b) Description	outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/28/17	PAYPAL Payee address; City; State; Zip Code		
Amount (\$)	Payee address; City; State; Zip Cod 12312 PORT GRACE SLVD LA VISTA, NE 68128		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Check if travel o	utside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/21/17	PANDA EXPLESS Payee address; City; State; Zip Cod		
Amount (\$) 28-42	Payee address; City; State; Zip Cod 309 W. SLAUGHTER AUSTIN, TX 78748	8	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Check if travel o	outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NE	EDED

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	EXPENDITU	RE CATEGORIES F	FOR BOX 8(a)	
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1 Total pages Schedule F1:	: 2 FILER NAME CHAISTOPHER	SHANE"	SEXTON	3 Filer ID (Ethics Commission Filers)
4 Date	5 Pavee name			HERS ASSOCIATION
12/26/17 6 Amount (\$)	7 Payee address; City;	State; Zip Code	FILLETIGH	
50,00	PO BOX 14942 AUSTIN, TX 7			
	(a) Category (See Categories listed at		(b) Description	·····
8	(ANNUAL FIREFIGHTER			utside of Texas, Complete Schedule T.
PURPOSE	CONTRIBUTION -			n, TX, officeholder living expense
OF EXPENDITURE	LUNIKINSATION -			I, TA, Olicenduler hang expense
	EVENT SPONSOR	7		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder na H	ime	Office sought	Office held
Date	Payee name		· · · · · · · · · · · · · · · · · · ·	,, <u>, , , , , , , , , , , , , , , , , ,</u>
12/27/17	WELLS FARGE	9		
Amount (\$)	Payee address; City;	State; Zip Code		
60.00	AUSTIN, TX			
	Category (See Categories listed at		Description	
DUDDOCT			Check if travel ou	tside of Texas. Complete Schedule T.
PURPOSE OF			Check if Austin	, TX, officeholder living expense
EXPENDITURE	FEES			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder na H	me	Office sought	Office held
Date	Payee name			
12/28/17	CAMPAIGN PAR	THER		
Amount (\$)	Payee address; City;	State; Zip Code		
174.00	STILL RIVER M	1A 01467		
	Category (See Categories tisted at	the top of this schedule)	Description	
PURPOSE			Check if travelou	tside of Texas. Complete Schedule T.
OF			Check if Austin	, TX, officeholder living expense
EXPENDITURE	FEG- WEBSITE			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder n H	ame	Office sought	Office held
	ATTACH ADDITIONA	L COPIES OF THIS	SCHEDULE AS NEI	EDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME CHRISTOPHER SEXT	Ten	3 Filer ID (Ethics Commission Filers)
4 Date 7/21/17	5 Payee name SALTA RITA		
6 Amount (\$) 736.61 Reimbursement from political contributions	7 Payee address; City; State: Zip Code 5900 W. SLAUGHTER, STE 550 AUSTIN, TX 78749		
intended 8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip	Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Check if travel outsid	e of Texas. Complete Schedule T. X. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	, Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		<u></u>
Amount (\$)	Payee address; City; State; Zip	Code	· · ·
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Check if travel outsid	e of Texas. Complete Schedule T. X. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name DH	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
			Povisod 9/8/2016

Forms provided by Texas Ethics Commission