

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: \$ 16
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Linda T NICKNAME LAST SUFFIX O'Neal	OFFICE USE ONLY Date Received OCC RECEIVED AT OCT 11 '18 PM 2:32 Date Hand-delivered or Date Postmarked	
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 680-7000	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Javier NICKNAME LAST SUFFIX Peru	Receipt #	Amount \$
	7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 417 8563	Date Imaged	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 July / 16 th / 2018 THROUGH 10 / 09 / 2018		
11 ELECTION	ELECTION DATE Month Day Year 11 / 06 / 2018	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) NA	13 OFFICE SOUGHT (if known) City Council District 9	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Linda O'Neal

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

☐ GENERAL

☐ 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

\$ 150.00

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

\$ 4015.00

EXPENDITURE
TOTALS

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

\$ 114.55

4. TOTAL POLITICAL EXPENDITURES

\$ 4,114.55

CONTRIBUTION
BALANCE

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

\$

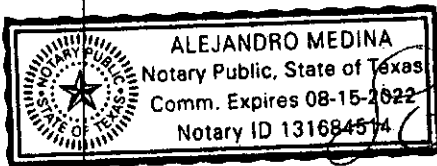
OUTSTANDING
LOAN TOTALS

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

\$ 0

18 AFFIDAVIT

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 Linda O'Neal, this the 11th
day of October, 20 18, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Alejandro Medina

Printed name of officer administering oath

Notary

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME***Linda O'Neal***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**1. ☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS\$ 4,015⁰⁰2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. ☐ SCHEDULE E: LOANS

\$

5. ☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 4114.55

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

\$

10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS
RETURNED TO FILER

\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>6</u>
2 FILER NAME <u>Linda O'Neal</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>08/08/18</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Anthony Frische</u> 6 Contributor address; City; State; Zip Code <u>6800 Convict Hill ATX 78749</u>	7 Amount of contribution (\$) <u>50⁰⁰</u>
8 Principal occupation / Job title (See Instructions) <u>NA</u>		9 Employer (See Instructions) <u>+</u>
Date <u>08/01/18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Frank Schaeffer</u> Contributor address; City; State; Zip Code <u>1715 Woodland Ave ATX 78741</u>	Amount of contribution (\$) <u>50⁰⁰</u>
Principal occupation / Job title (See Instructions) <u>SXSW</u>		Employer (See Instructions) <u>SWSX</u>
Date <u>07/18/18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jon Conley</u> Contributor address; City; State; Zip Code <u>jon67@sbcglobalnet.com</u>	Amount of contribution (\$) <u>50⁰⁰</u>
Principal occupation / Job title (See Instructions) <u>NOT SURE</u>		Employer (See Instructions) <u>+</u>
Date <u>07/18/18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Grisel Ramirez</u> Contributor address; City; State; Zip Code <u>1601 Royal Crest ATX 78741</u>	Amount of contribution (\$) <u>10⁰⁰</u>
Principal occupation / Job title (See Instructions) <u>Waitress</u>		Employer (See Instructions) <u>Monagers</u>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Linda O'Neal

3 Filer ID (Ethics Commission Filers)

4 Date

07/18/18

5 Full name of contributor

Luke Swinney

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

40⁰⁰

6 Contributor address;

City; State; Zip Code

1646 N. Harvard Blvd LA 90027

8 Principal occupation / Job title (See Instructions)

entertainment

9 Employer (See Instructions)

?

Date

07/16/18

Full name of contributor

Lawrence Johnson

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

350⁰⁰

Contributor address;

City; State; Zip Code

600 Congress Ave ATX 78701

Principal occupation / Job title (See Instructions)

Entrepreneur

Employer (See Instructions)

Self-employed

Date

07/16/18

Full name of contributor

Pure for Men

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

350⁰⁰

Contributor address;

City; State; Zip Code

600 Congress Ave ATX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/16/18

Full name of contributor

Javier Peru

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

300⁰⁰

Contributor address;

City; State; Zip Code

1500 Riverside ATX 78741

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

DMSD

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: 6

2 FILER NAME Linda O'Neal

3 Filer ID (Ethics Commission Filers)

4 Date 08/19/18

5 Full name of contributor Linda Curtis ☐ out-of-state PAC (ID#)

7 Amount of contribution (\$) 100⁰⁰

6 Contributor address; City; State; Zip Code

ljcurtis@indy.texas.org

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$) 350⁰⁰

07/18/18

John Frangstad

Contributor address; City; State; Zip Code

John48erik@gmail.com

Principal occupation / Job title (See Instructions)

lawyer

Employer (See Instructions)

berkshire

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$) 350⁰⁰

07/29/18

Mimi Reynolds

Contributor address; City; State; Zip Code A-TX

12600 Lamppost Lane 78721

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$) 100⁰⁰

Sharhenda Bossier

Contributor address; City; State; Zip Code

1300 S. Figueroa St # 303 LA, CA 90015

Principal occupation / Job title (See Instructions)

consultant

Employer (See Instructions)

EOC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 <i>Linda O'Neal</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>07/10/18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Tonia Martinez</i> 6 Contributor address; City; State; Zip Code <i>ATX 78755</i> <i>683 Orange Blossom Way</i>	7 Amount of contribution (\$) <i>50.00</i>
8 Principal occupation / Job title (See Instructions) <i>Medical</i>		9 Employer (See Instructions) <i>?</i>
Date <i>07/12/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Charles Moody</i> Contributor address; City; State; Zip Code <i>4000 Bradwood Rd ATX 78722</i>	Amount of contribution (\$) <i>300.00</i>
Principal occupation / Job title (See Instructions) <i>Teacher</i>		Employer (See Instructions) <i>Goodwill</i>
Date <i>07/12/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Nieves Hill</i> Contributor address; City; State; Zip Code <i>1803 Sylvan ATX 78741</i>	Amount of contribution (\$) <i>350.00</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>07/12/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jerome Hill</i> Contributor address; City; State; Zip Code <i>1803 Sylvan ATX 78741</i>	Amount of contribution (\$) <i>350.00</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME Linda O'Neal

3 Filer ID (Ethics Commission Filers)

4 Date
07/01/18

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Mark Kyle

7 Amount of contribution (\$)
25⁰⁰

6 Contributor address; City; State; Zip Code
502 Leekhart Dr ATX 78704

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)

Date

07/01/18

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Bobby Rod Rigues

Amount of contribution (\$)

350⁰⁰

Contributor address; City; State; Zip Code
70 Rainey St ATX 787

Principal occupation / Job title (See Instructions)

management / Apt

Employer (See Instructions)

Date

07/12/18

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Josiah Sterenson

Amount of contribution (\$)

25⁰⁰

Contributor address; City; State; Zip Code
josiahsterenson@gmail.com

Principal occupation / Job title (See Instructions)

?

Employer (See Instructions)

Date

07/12/18

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Stark Remeny

Amount of contribution (\$)

350⁰⁰

Contributor address; City; State; Zip Code
Sremeny@gmail.com

Principal occupation / Job title (See Instructions)

?

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 <i>Linda O'Neal</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/08/18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mona Mehdy</i> 6 Contributor address; City; State; Zip Code <i>mcmehtdy@gmail.com</i>	7 Amount of contribution (\$) <i>1500</i>
8 Principal occupation / Job title (See Instructions) <i>?</i>		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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: 7		2 FILER NAME Rinda O'Neal		3 Filer ID (Ethics Commission Filers)	
4 Date 07/03/18		5 Payee name WIX.COM			
6 Amount (\$) 35.45		7 Payee address; City; State; Zip Code 2601 Mission St. San Fran Ca 94110			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) ADV		(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 07/04/18		Payee name Sigus.com			
Amount (\$) 387.58		Payee address; City; State; Zip Code 1550 S. Gladwick St UT 84204			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Q ADV.		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 07/04/18		Payee name Shutter stock			
Amount (\$) 29⁰⁰		Payee address; City; State; Zip Code 350 5th Ave NY NY 10118			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADV		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	3 Filer ID (Ethics Commission Filers)
	Linda O'Neal	
4 Date	5 Payee name	
7/06/18	GOT PRINT	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
19.7	7651 N. San Fernando Rd Burbank CA 91505	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	ADV	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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	Payee name	
07/05/18	Vista Print	
Amount (\$)	Payee address; City; State; Zip Code	
39.48	95 Hayden Ave Lexington MA 02401	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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	
07/12/18	GOT PRINT.COM	
Amount (\$)	Payee address; City; State; Zip Code	
46.01	7651 N. San Fernando Burbank CA 91505	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADV	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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

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 Linda O'Neal	3 Filer ID (Ethics Commission Filers)
4 Date 07/18/18	5 Payee name Signs on the Cheap	
6 Amount (\$) 360 ⁴⁸	7 Payee address; City; State; Zip Code 11525 a Stonekellow Dr AIX TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADV	(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 ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 07/22/18	Payee name Get Print	
Amount (\$) 35.66	Payee address; City; State; Zip Code 7651 N. San Fern. Rd Burbank Ca 91505	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADV	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 07/24/18	Payee name Square	
Amount (\$) 70.07	Payee address; City; State; Zip Code 1455 Market St San Fran	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Acct.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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		

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: <u>Rinda O Neal</u>		3 Filer ID (Ethics Commission Filers)	
4 Date: <u>07/10/18</u>		5 Payee name: <u>Ginny's PRINTING</u>			
6 Amount (\$): <u>49.15</u>		7 Payee address; City; State; Zip Code: <u>8410 B Tuscan Way ATK 78754</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule): <u>ADV</u>		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date: <u>07/26/18</u>		Payee name: <u>Left+Brain Studios</u>			
Amount (\$): <u>50.00</u>		Payee address; City; State; Zip Code: <u>left brain studios . com</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule): <u>ADV</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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: <u>07/11/18</u>		Payee name: <u>OFFICE DEPOT</u>			
Amount (\$): <u>25.67</u>		Payee address; City; State; Zip Code: <u>2100 S. Lamar ATX 78704</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule): <u>ADV</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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	

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 <i>Rinda O'Neal</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>01/01/18</i>		5 Payee name <i>Mi Paella</i>			
6 Amount (\$) <i>500</i>		7 Payee address; City; State; Zip Code <i>Austin TX</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Food</i>		(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					
Date <i>08/02/18</i>		Payee name <i>Twitter</i>			
Amount (\$) <i>18</i>		Payee address; City; State; Zip Code <i>1335 Market St San Fran 94110</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>ADV</i>		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					
Date <i>8/25/18</i>		Payee name <i>Color Copies</i>			
Amount (\$) <i>139.15</i>		Payee address; City; State; Zip Code <i>140 E. 32nd St CT Fort Lauderdale FL 33334</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>ADV</i>		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 <i>Linda O'Neal</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>07/25/18</i>	5 Payee name <i>Sticker Mule</i>	
6 Amount (\$) <i>183.15</i>	7 Payee address; City; State; Zip Code <i>401 Lafayette St NY NY 10013</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADV</i>	(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 <i>07/24/18</i>	Payee name <i>Color Copies</i>	
Amount (\$) <i>114.00</i>	Payee address; City; State; Zip Code <i>140 NE 32nd St Ft Lauderdale FL 33334</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADV</i>	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 <i>07/10/18</i>	Payee name <i>Facebook</i>	
Amount (\$) <i>17.00</i>	Payee address; City; State; Zip Code <i>Mendo Park CA 94025</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADV</i>	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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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 <i>Rinda O'Neal</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>07/09/18</i>	5 Payee name <i>Alizha Ebling</i>
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6 Amount (\$) <i>500</i>	7 Payee address; City; State; Zip Code <i>alizha ebling.com</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>AD ✓</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/09/18</i>	Payee name <i>Austin Chronicle</i>
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Amount (\$) <i>1495</i>	Payee address; City; State; Zip Code <i>Austin TX</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>787 411</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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