

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)**

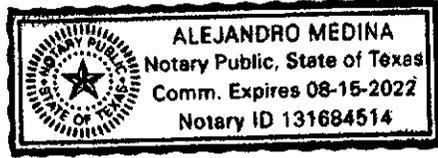
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES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

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	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	\$ 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	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9894 ⁰⁰
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	\$ 5,780

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.



Linda O'Neal
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Linda O'Neal, this the 29th day of October, 20 18, to certify which, witness my hand and seal of office.

Alejandro Medina 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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,015 ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5,780 ⁰⁰
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9894 ⁰⁰
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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: 6
2 FILER NAME Linda O'Neal		3 Filer ID (Ethics Commission Filers)
4 Date 08/08/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anthony Frische 6 Contributor address; City; State; Zip Code 6000 Connict Hill ATX 78749	7 Amount of contribution (\$) 50 ⁰⁰
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) +
Date 08/01/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Frank Schaeffer Contributor address; City; State; Zip Code 715 Woodland Ave ATX 78741	Amount of contribution (\$) 50 ⁰⁰
Principal occupation / Job title (See Instructions) OXSW		Employer (See Instructions) SWSX
Date 07/18/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jan Conley Contributor address; City; State; Zip Code jon67@sbcglobal.net.com	Amount of contribution (\$) 50 ⁰⁰
Principal occupation / Job title (See Instructions) NOT SURE		Employer (See Instructions) +
Date 07/18/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Grisel Ramirez Contributor address; City; State; Zip Code 1601 Royal Crest ATX 78741	Amount of contribution (\$) 10 ⁰⁰
Principal occupation / Job title (See Instructions) Waitress		Employer (See Instructions) + Managers

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

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;

1646 N. Harvard Blvd CA 9002

City; State; Zip Code

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;

600 Congress Ave ATX 78701

City; State; Zip Code

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;

600 Congress Ave ATX 78701

City; State; Zip Code

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 (\$)

800⁰⁰

Contributor address;

1500 Riverside ATX 78741

City; State; Zip Code

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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Curtis 6 Contributor address; City; State; Zip Code ljcurtis@indy.texas.org	7 Amount of contribution (\$) 100⁰⁰
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 07/18/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Frangstad Contributor address; City; State; Zip Code John48erik@gmail.com	Amount of contribution (\$) 350⁰⁰
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) berkshire
Date 07/29/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mimi Reynolds Contributor address; City; State; Zip Code 12600 Lamppost Lane 76121 TX	Amount of contribution (\$) 350⁰⁰
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharhenda Bossier Contributor address; City; State; Zip Code 1300 S. Figueroa St # 203 LA, CA 90015	Amount of contribution (\$) 100⁰⁰
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) EOC
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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 <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>Tania Martinez</i> 6 Contributor address; City; State; Zip Code <i>6503 Orange Blossom Way ATX 78755</i>	7 Amount of contribution (\$) <i>50⁰⁰</i>
8 Principal occupation / Job title (See Instructions) <i>Medical</i>		9 Employed (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>300⁰⁰</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>1203 Sylvan ATX 78741</i>	Amount of contribution (\$) <i>350⁰⁰</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>1203 Sylvan ATX 78741</i>	Amount of contribution (\$) <i>350⁰⁰</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)

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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 Linda O'Neal		3 Filer ID (Ethics Commission Filers)
4 Date 07/12/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Kyle 6 Contributor address; City; State; Zip Code 502 Leekhart Dr ATX 78704	7 Amount of contribution (\$) 25 ⁰⁰
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 07/12/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby Rod Rigues Contributor address; City; State; Zip Code 70 Rainey St ATX 787	Amount of contribution (\$) 350 ⁰⁰
Principal occupation / Job title (See Instructions) management / Apt		Employer (See Instructions)
Date 07/12/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Josiah Stevenson Contributor address; City; State; Zip Code josiahstevenson@gmail.com	Amount of contribution (\$) 25 ⁰⁰
Principal occupation / Job title (See Instructions) ?		Employer (See Instructions)
Date 07/12/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stark Remeny Contributor address; City; State; Zip Code Sremeny@gmail.com	Amount of contribution (\$) 350 ⁰⁰
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.

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>10/04/13</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>mcmehdy@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)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Linda O'Neal

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 5780⁰⁰

5 Date of loan

10/26/18

7 Name of lender

Linda O'Neal

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

5780⁰⁰

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code

1713 Woodland Ave ^{ATX} 78741

10 Interest rate

0

11 Maturity date

Jan 01, 2019

12 Principal occupation / Job title (See Instructions)

Teacher

13 Employer (See Instructions)

ALSD

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Poling 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 F1: <u>7</u>		2 FILER NAME <u>Rinda O'Neal</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>07/03/18</u>		5 Payee name <u>WIX.COM</u>			
6 Amount (\$) <u>35.45</u>		7 Payee address; City; State; Zip Code <u>2601 Mission St. San Fran Ca 94110</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	
Date <u>07/04/18</u>		Payee name <u>Signs.com</u>			
Amount (\$) <u>387.58</u>		Payee address; City; State; Zip Code <u>15505. Gladida St Ut 84204</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	
Date <u>07/04/18</u>		Payee name <u>Shutter stock</u>			
Amount (\$) <u>29⁰⁰</u>		Payee address; City; State; Zip Code <u>350 5th Ave NY NY 10119</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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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)
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4 Date <i>7/02/18</i>	5 Payee name <i>GOT PRINT</i>
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6 Amount (\$) <i>11.7</i>	7 Payee address; City; State; Zip Code <i>7651 N. San Fernando Rd Burbank CA 91505</i>
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8 PURPOSE OF EXPENDITURE <i>ADV</i>	(a) 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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>07/02/18</i>	Payee name <i>Vista Print</i>
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Amount (\$) <i>39.48</i>	Payee address; City; State; Zip Code <i>95 Hayden Ave Lexington MA 02401</i>
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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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>07/12/18</i>	Payee name <i>GOT PRINT.COM</i>
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Amount (\$) <i>46.01</i>	Payee address; City; State; Zip Code <i>7651 N. San Fernando Burbank Ca 91505</i>
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PURPOSE OF EXPENDITURE <i>ADV</i>	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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILE NAME Linda O'Neal n	3 Filer ID (Ethics Commission Filers)
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4 Date 07/18/18	5 Payee name Signs on the Cheap
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6 Amount (\$) 360 ⁴⁸	7 Payee address; City; State; Zip Code 11525 a Stonekellow Dr AIX TERSY
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AOV	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07/22/18	Payee name Fit Print
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Amount (\$) 35.66	Payee address; City; State; Zip Code 7651 N. San Fern. Rd Burbank Ca 91505
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AOV	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07/24/18	Payee name Square
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Amount (\$) 70.07	Payee address; City; State; Zip Code 1455 Market St San Fran
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F1:	2 FILER NAME Rinda O Neal	3 Filer ID (Ethics Commission Filers)
4 Date 07/18/18	5 Payee name Ginni's PRINTING	
6 Amount (\$) 49.15	7 Payee address; City; State; Zip Code 2410 B Tuscanwy Way ATR 78754	
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 07/26/18	Payee name Left + Brain Studios	
Amount (\$) 50.00	Payee address; City; State; Zip Code left brain studios . com	
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
Date 07/11/18	Payee name OFFICE DEPOT	
Amount (\$) 25.67	Payee address; City; State; Zip Code 2100 S. Lamar ATR 78704	
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