CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | | W. | , , , , , , , , , , , , , , , , , , , |
|---|----------------------------|-----------------|---|---|
| The C/OH Instruction Guide explains | now to complete this form. | 1 Filer ID | | 2 Total pages filed:15 |
| 3 CANDIDATE / MS / MRS / M OFFICEHOLDER | | N. M. | MÌ | OFFICE USE ONLY |
| NAME Ms. | Danielle | The second | , | Date Received |
| | | 1/4 | | f 1 |
| NICKNAME | LAST Skidmore | 4, 1, | SUFFIX | JUN 29 '20 AM10:44 |
| 4 CANDIDATE / ADDRESS / PO | D BOX; APT / SUITE #; | CITY; | ZIP CODE | Date Hand-delivered or Date Postmarked |
| OFFICEHOLDER MAILING 360 Nueces | Street | E 1 E 16 | ret denne N | The second second |
| ADDRESS Apt 2709 | | E0 6 | 1 | Receipt # Amount |
| Change of Address Austin, TX 78 | 701-0000 | | | Date Processed |
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| 5 CAMPAIGN MS / MRS / MF TREASURER | | | MI. R. | and the second |
| NAME Ms. | Alicia | | N. | 10 1 Mar 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| NICKNAME | LAST | | SUFFIX | |
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| | RESS (NO PO BOX PLEASE | ; APT / | SUITE#; CITY; | STATE; ZIP CODE |
| TREASURER ADDRESS | | N.W | <u>.</u> | |
| ADDRESS 802 S 1S | 51 | APT 1 | .26 AUSTI | N, TX, 78704 |
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| | f f | "C 11" | | |
| 7 CAMPAIGN AREA CODE | RHONE NUMBER | EXTENSION | 1. 1. 1. 1 | , x |
| TREASURER 415 | 316-3776 | | $\epsilon_{-1} = -\epsilon_{-1}$ | 1 |
| 1 1 | <u> </u> | (d (a) | ret denne av | er to a visit of |
| 8 REPORT TYPE January 19 | | | | Man 1 2 10 444 |
| January 19 | 30th day bet | fore election R | unoff | 15th day after campaign treasurer appointment (officeholder only) |
| X July 15 | 8th day befo | ore election E | xceeded \$500 limit X | Final Report (Attach C/OH-FR) |
| | | | 11 | 9 |
| 9 PERIOD Month Day COVERED 01/01/20 | | THROUGH | Month Day | Year |
| 01/01/20 | 19 | THROUGH | 06/30/2020 | and the second |
| 10 ELECTION ELECT | ON DATE | i | ELECTION TYPE | |
| Month Day | Year | Primary | Runoff | Other |
| 11/06/20 | 18 | General | Special | |
| | | 1 | | |
| 11 OFFICE OFFICE HELD | (if any) | , | 12 OFFICE SOUGHT (| f known) |
| Travis | | y 14 | Austin City Cou | |
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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

| | | | | | | g g ⁰ v = 0 | 1 Islander | 2 of 15 |
|--|---|-----------------------------|------------------|-------------------|--|------------------------|--------------|---------------------|
| 13 C / OH NAME | Skidmore, Danielle | | ti | 7. | 14 Filer ID | | | |
| | | | 17 | 0 | · · | | | |
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | This box is for notice of candidate / officeholder. consent. Candidates and | These expenditu | ires may have | been made wi | thout the candida | te's or officel | nolder's kno | owledge or |
| Additional Pages | COMMITTEE TYPE GENERAL | COMMITTEE N | ا ا | Mary Comment | | | , 60 | |
| j | SPECIFIC | COMMITTEE A | DDRESS | | r r r r r t 1 1 | | | 4, 2, ¹⁹ |
| | , r ,r | COMMITTEE C | | | | 1 | · | 9 A |
| ' | ' ' | 5.1 | | t Mar int #1 | | e Pas | | |
| h, | | COMMITTEE C | AMPAIGN TR | EASURER AD | BREATHEREN I | | qu qu | |
| 16 CONTRIBUTION TOTALS | TOTAL POLITIC LOANS, OR GUA | | | | HER THAN,PLED | GES, | \$ | 0.00 |
| | 2. TOTAL POLITIC (OTHER THAN F | | | ANTEES OF L | OANS) | | \$ | 155.84 |
| EXPENDITURE TOTALS | 3. TOTAL POLITIC | AL EXPENDITUR | RES OF \$100 | OR LESS, UNI | LESS ITEMIZED | | \$ | 0.00 |
| | 4. TOTAL POLITIC | AL EXPENDITU | RES | 1 | , S | ć į | \$ | 352.82 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICATION REPORTING PE | RIOD | | 14 | T. | - 10 W MANAGE | \$ | 0.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF TING PERIOD | ALL OUTSTA | ANDING LOAN | S AS OF THE LA | ST DAY | \$ | 0.00 |
| | MYRNA RIOS Notary Public, State of Tex | | true and co | | enalty of perjury, des all information de. | | | |
| OF OF | Comm. Expires 07-02-20 Notary ID 11007377 | 24 | Jane | lle S Signati | ure of Candidate | or Officeholde | er | to to |
| AFFIX NOT | TARY STAMP / SEAL ABO | OVE | | | · • | . 7 . ** | ne v | |
| Sworn to and subscrof | ribed before me, by the sa | nid DAML | ss my hand ar | nd seal of office | this the | 29 NB10 | w 11 | _ day |
| Signature of offic | er administering | Printed nam | ne of officer ac | ministering | Tit | le of officer a | dministerin | ng oath |

SUBTOTALS - C/OH COVER SHEET PG 3 3 of 15 18 FILER NAME Skidmore, Danielle 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS FORM C/OH COVER SHEET PG 3 3 of 15 SUBTOTAL AMOUNT

| , | MONET | ARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 |
|---|---------------------------|--|--|
| | The Instru | ction Guide explains how to complete this form. | 1 Total pages Schedule A1: Sch. 1/1 Rpt: 4/15 |
| 2 | FILER NAME Skidmore, D | anielle | 3 Filer ID |
| 4 | Date 01/21/2019 | 5 Full name of contributor | 7 Amount of Contribution (\$) \$10.84 |
| , | | 3115 Dillon Street Baltimore, MD 21224 | A |
| 8 | Principal occu | pation / Job title (See Instructions) 9 Employer (See Instructions) | S) I de la company de la compa |
| | Date 01/28/2019 | Full name of contributor out-of-state PAC (ID#:) Skidmore, Melissa (Ms.) | Amount of Contribution (\$) \$145.00 |
| 1 | , | Contributor address; City; State; Zip Code 360 Nueces Street Apt 2709 Austin, TX 78701 | |
| | Principal occu Profes | pation / Job title (See Instructions) Employer (See Instructions University of T | exas at Austin |
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| LOANS | | a. () | r a car bearno | M | SCHEDULE E |
|--------------------------------------|--|---------------------|-----------------------------------|--|--|
| The Instruction | on Guide explains ho | ow to complete this | form. | | ges Schedule E: 1 Rpt: 5/15 |
| 2 FILER NAME Skidmore, Dani | elle | | 1 1 | 3 Filer ID | |
| 4 TOTAL OF UN | NITEMIZED LOANS | | | × | \$ 0.00 |
| 5 Date of loan 01/28/2019 | 7 Name of lender Skidmore, Danielle | out-of-state P | AC (ID#: | | 9 Loan Amount (\$) \$20.28 |
| 6 Is lender a financial institution? | 8 Lender address; 360 Nueces Street Apt 2709 Austin, TX 78701 | City; State; | Zip Code | | 10 Interest Rate 11 Maturity Date 06/30/2020 |
| 12 Principal occupati Engineer | ion / Job title (See Instructio | ns) | 13 Employer (See Instruction Self | ns) | 1 4 2 to 1 |
| 14 Description of Co | llateral | 1 | 15 Check if personal funds w | vere deposited | into political account (See Instructions) |
| 16 GUARANTOR INFORMATION | 17 Name of guarantor | i. 11 | of Par letations | н. , | 19 Amount Guaranteed (\$) |
| X not applicable | 18 Guarantor address; | City; State; | Zip Code | 1 1 | 10.00 |
| | | | Microbiations. 3 | '. ' | , , , , , , , , , , , , , , , , , , , |
| 20 Principal occupati | on | | 21 Employer (See Instruction | ns) | The state of the s |
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | |
|----|--|--|----------|
| 1 | Total pages Schedule F1: | 1 | |
| | Sch: 1/8 Rpt: 6/15 | Skidmore, Danielle | |
| 4 | Date 01/01/2019 | 5 Payee name Google | |
| 6 | Amount (\$) \$14.44 | 7 Payee address; City; State; Zip Code | 4 |
| | | Mountain View, CA 94043 | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Google Suite | <u>~</u> |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | |
| | Date 02/01/2019 | Payee name Google | |
| C | Amount (\$) \$10.66 | Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043 | |
| , | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Google Suite | 4 |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | |
| | Date 03/01/2019 | Payee name Google | i. |
| į. | Amount (\$) \$10.66 | Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94048 | |
| | OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Google Suite | ъ |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | |
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| | | EXPENDITURE CATEGORIES FOR | R BOX 8(a) |
| 1 | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment | Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Ex | xperise Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above) |
| Ļ | Total Section Colonials Edu | 1 | <u> </u> |
| 1 | Total pages Schedule F1: Sch: 2/8 Rpt: 7/15 | 2 FILER NAME Skidmore, Danielle | 3 'Filer ID |
| 4 | Date 04/01/2019 | 5 Payee name Google | |
| | Amount (\$) \$10.66 | 7 Payee address; City; State; Zip Coo 1600 Amphitheatre Pkwy Mountain View, CA 94043 | A 114 flats: |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austih, TX, officeholder living expense Google Suite |
| 9 | Complete ONLY if direct expenditure to benefit ©/OF | Candidate/Officeholder name Office sough | ught Office held |
| | Date 05/01/2019 | Payee name Google | |
| 1 | Amount (\$) \$12.64 | Payee address; City; State; Zip Coo 1600 Amphitheatre Pkwy Mountain View, CA 94043 | ode! |
| F | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX! officeholder living expense Google Suite |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office soug | ight Office held |
| , | Date 06/01/2019 | Payee name Google | Y and y |
| | Amount (\$) \$12.79 | Payee address; City; State; Zip Coo 1600 Amphitheatre Pkwy | ode ' |
| | 1 . | Mountain View, CA 94043 | |
| 1 | OF EXPENDITURE | Office Overhead/Rental Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Google Suite |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder hame 10 Office soug | ight Office held |
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B. C. Landing J. Decker

| | | T T | I n |
|---|---|--|---|
| 1 | EXPENDITURE CATEGOR | IES FOR BOX 8(a) | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Expense | 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) |
| 1 Total pages Schedule F1: | · | ov to complete | e ellerin |
| Sch: 3/8 Rpt: 8/15 | Skidmore, Danielle | , , | 3 Filer ID |
| 4 Date 07/01/2019 | 5 Payee name Google | | Na |
| 6 Amount (\$) \$12.79 | 7 Payee address; City; State; 1600 Amphitheatre Pkwy | Zip Code | |
| | Mountain View, CA 94043 | 1 1 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sched Office Overhead/Rental Expense | Check if travel of | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| M. 3 n | r right | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ffice sought MANAGEMENT 1 | Office held |
| Date | Payee name | 2 | |
| 08/01/2019 | Google | | t e e e e e e e e e e e e e e e e e e e |
| Amount (\$) \$12.79 | Payee address; City; State; 1600 Amphitheatre Pkwy Mountain View, CA 94043 | Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (see Categories listed at the top of this sched | Check if travel of | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Offi H | ffice sought | Office held |
| Date | Payee name | | 1 |
| 09/01/2019 | Google | at the laterature | Maria Cara and American |
| Amount (\$) \$12.79 | Payee address; City; State; 1600 Amphitheatre Pkwy | Zip Code | · · · · · · · · · · · · · · · · · · · |
| 9 | Mountain View, CA 94043 | 9 | (In) |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sched Office Overhead/Rental Expense | Check if travel of | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | fice sought | Office held |
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| Advertising Expense Accounting/Banking Consulting Expense Contribution's/ Donations Made Candidate/Officeholder/Politi Credit Card Payment | Cal Committee 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 Sch: 4/8 Rpt: 9/15 | 2 FILER NAME Skidmore, Danielle |
| 4 Date | |
| 10/01/2019 | Google |
| 6 Amount (\$) \$12.79 | 7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy |
| | Mountain View, CA 94043 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Google Suite |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held OH |
| Date 11/02/2019 | Payee name Google |
| Amount (\$) \$2.88 | Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy |
| , | Mountain View, CA 94043 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Google Suite |
| Complete ONLY if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held |
| Date 01/21/2019 | Payee name Stripe |
| Amount (\$) \$0.84 | Payee address; City; State; Zip Code 185 Berry Street Suite 550 San Francisco, CA 94107 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees |
| Complete ONLY if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held |
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| 1 | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment | al Committee 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: Sch: 5/8 Rpt: 10/15 | 2 FILER NAME 3 Filer ID Skidmore, Danielle |
| 4 | 1 11 | 5 Payee name |
| | 07/05/2019 | Stripe |
| 6 | Amount (\$) \$15.12 | 7 Payee address; City; State; Zip Code 185 Berry Street Suite 550 San Francisco, CA 94107 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| - | Date 04/08/2019 | Payee name Tax Bandids |
| E | Amount (\$) \$4.47 | Payee address; City; State; Zip Code 202 E Main St. Rock Hill, SC 29730 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Tax Forms |
| , | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held |
| | Date 03/16/2019 | Payee name USPS PO BOXES ONLINE |
| | Amount (\$) \$40.00 | Payee address; City; State; Zip Code 823 CONGRESS AVE STE 150 |
| ī | î (Çe) | Austin, TX 78701 |
| 1 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PO Box rental |
| 0 | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held |
| | 6 | The second secon |

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel in District Consulting Expense Food/Beverage Expense Contributions/ Donations Made By Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 6/8 Rpt: 11/15 Skidmore, Danielle Date Payee name 01/27/2019 Wix.com 6 Amount (\$) Payee address; City; State; Zip Code \$17.50 2601 Mission Street San Francisco, CA 94110 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Web Site Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/27/2019 Wix.com Amount (\$) Payee address; City; State; Zip Code \$17.50 2601 Mission Street San Francisco, CA 94110 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Web Site Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 03/27/2019 Wix.com Amount (\$) Payee address; City; State; Zip Code \$17.50 2601 Mission Street San Francisco, CA 94110 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Web Site

Office held

SCHEDULE F1

| Advertising Expense | |
|----------------------------|---------------------|
| Accounting/Banking | |
| Consulting Expense | |
| Contributions/ Donations M | ade By - |
| Candidate/Officeholder/I | Political Committee |
| Credit Card Payment | |
| | |

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Travel in District
Travel Out of District

Loan Repayment/Reimbursement Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 7/8 Rpt: 12/15 Skidmore, Danielle 4 Date Payee name 04/27/2019 Wix.com Amount (\$) Payee address; City; State; Zip Code \$17.50 2601 Mission Street San Francisco, CA 94110 8 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Web Site Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/27/2019 Wix.com Amount (\$) Payee address; State; Zip Code \$17.50 2601 Mission Street San Francisco, CA 94110 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Web Site Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/27/2019 Wix.com Payee address; Amount (\$) City; State; Zip Code \$17.50 2601 Mission Street San Francisco, CA 94110 **PURPOSE** (b) Describtion (a) Category (See Categories listed at the top of this schedule) OF Check It travel outside of Texas. Complete Schedule T Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Web Site Candidate/Officeholder name Office held " Complete ONLY if direct Office sought expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Consulting Expense Contributions/ Donations Made By Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee a f 1 Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 8/8 Rpt: 13/15 Skidmore, Danielle Date Payee name 07/26/2019 Wix.com Amount (\$) Payee address; State; Zip Code \$17.50 2601 Mission Street San Francisco, CA 94110 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Web Site Candidate/Officeholder hame Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 08/26/2019 Wix.com Amount (\$) Payee address; City; State; Zip Code A Let Arm \$22.00 2601 Mission Street San Francisco, CA 94110 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Web Site Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/25/2019 Wix.com Amount (\$) Payee address; City; Zip'\Code \$22.00 2601 Mission Street San Francisco, CA 94110 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX₁ officeholder living expense Web Site Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 14/15 2 FILER NAME 3 Filer ID Skidmore, Danielle 5 Name of person from whom amount is received 8 Amount (\$) 03/04/2020 Texas Workforce Commission \$10.93 6 Address of person from whom amount is received; City; State; Zip Code 101 E 15th St Austin, TX 78778 7 Purpose for which amount is received Check if political contribution returned to filer Excess Employment Tax Refund

| | | 1 | | FOI | RM C/OH - FR |
|----|--|---|-------------------------------------|--|--|
| 1 | The Instruction Guide explains how to com | mplete this for | m. | | |
| _ | ** Complete only if "Report Type" on page | 1 is marked " | Final Report | ** | Page 15 of 15 |
| 1 | 1 C/OH NAME | i i | = | 2 Filer ID | 1811 |
| _ | Skidmore, Danielle | () | 62 d | danielle@dar | nielleforall.com |
| 3 | 3 SIGNATURE | | T , | | |
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