

# 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) 00090500		2 Total pages filed: 13	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Belinda		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/05/2020		
	NICKNAME LAST SUFFIX Greene				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 3901 Cresthill Dr  Austin, TX 78731			Date Hand-delivered or Date Postmarked	
				Receipt # Amount	
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Greene				
	NICKNAME LAST SUFFIX Zachary				
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3901 Cresthill Dr  Austin, TX 78731				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 751-1807				
8 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)				
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 08/17/2020    10/05/2020				
10 ELECTION	ELECTION DATE Month Day Year 11/03/2020		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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13 C / OH NAME	Greene, Belinda	14 Filer ID	(Ethics Commission Filers)
		00090500	

15 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,084.35
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 2,596.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,206.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 100.00

17 AFFADAVIT

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.

Belinda Greene

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering

\_\_\_\_\_  
Printed name of officer administering

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Greene, Belinda		<b>19 Filer ID</b> 00090500	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	3,084.35
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	\$	100.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	1,976.67
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	620.25
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/6 Rpt: 4/13
<b>2</b> FILER NAME Greene, Belinda		<b>3</b> Filer ID (Ethics Commission Filers) 00090500
<b>4</b> Date 08/28/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Christine <hr/> <b>6</b> Contributor address; City; State; Zip Code 7606 W Rim Dr  Austin, TX 78731	<b>7</b> Amount of Contribution (\$)  \$105.58
<b>8</b> Principal occupation / Job title (See Instructions) Communications		<b>9</b> Employer (See Instructions) State of Texas
Date 08/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauld, Stuart <hr/> Contributor address; City; State; Zip Code 4502 Spanish Oak Trl  Austin, TX 78731	Amount of Contribution (\$)  \$316.11
Principal occupation / Job title (See Instructions) Manufacturing Controller		Employer (See Instructions) Applied Materials
Date 08/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benton, Deborah <hr/> Contributor address; City; State; Zip Code 4601 East Nasa Pkwy 113B Seabrook, TX 77586	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brugha, Michele <hr/> Contributor address; City; State; Zip Code 9205 Tejas Ct  La Porte, TX 77571	Amount of Contribution (\$)  \$110.41
Principal occupation / Job title (See Instructions) Data Entry		Employer (See Instructions) Clear Lake Regional HCA healthcare
Date 09/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dettling, Doris <hr/> Contributor address; City; State; Zip Code 1721 Bearkat Canyon  Dripping Springs, TX 78620	Amount of Contribution (\$)  \$74.15
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/6 Rpt: 5/13
<b>2</b> FILER NAME Greene, Belinda		<b>3</b> Filer ID (Ethics Commission Filers) 00090500
<b>4</b> Date 08/28/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felicia, Krumbeck <hr/> <b>6</b> Contributor address; City; State; Zip Code 100 Cypresswood Dr Spring, TX 77388	<b>7</b> Amount of Contribution (\$)  \$36.80
<b>8</b> Principal occupation / Job title (See Instructions) Sales		<b>9</b> Employer (See Instructions) Ace Mart Restaurant Supply
Date 09/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Christopher <hr/> Contributor address; City; State; Zip Code 4517 Sinclair Ave Austin, TX 78756	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Sayers Advisors
Date 09/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Mercedes <hr/> Contributor address; City; State; Zip Code 4517 Sinclair Ave Austin, TX 78756	Amount of Contribution (\$)  \$77.39
Principal occupation / Job title (See Instructions) Digital Media Strategist		Employer (See Instructions) Mcgarrah Jessee
Date 09/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Becky <hr/> Contributor address; City; State; Zip Code 1901 Wildwood Deer Park, TX 77536	Amount of Contribution (\$)  \$44.38
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Hunter <hr/> Contributor address; City; State; Zip Code 8300 Red Bluff Rd apt 1133 Pasadena, TX 77507	Amount of Contribution (\$)  \$43.56
Principal occupation / Job title (See Instructions) Flight Attendant		Employer (See Instructions) Flight Services International

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/6 Rpt: 6/13
<b>2</b> FILER NAME Greene, Belinda		<b>3</b> Filer ID (Ethics Commission Filers) 00090500
<b>4</b> Date 09/06/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Jeffery <hr/> <b>6</b> Contributor address; City; State; Zip Code 614 Alyse St Deer Park, TX 77536	<b>7</b> Amount of Contribution (\$)  \$73.06
<b>8</b> Principal occupation / Job title (See Instructions) Transportation Director		<b>9</b> Employer (See Instructions) Deer Park ISD
Date 08/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustafson, Judie <hr/> Contributor address; City; State; Zip Code 205 Garrapata San Antonio, TX 78232	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hand, Sandra <hr/> Contributor address; City; State; Zip Code 3524 Suiter Way Pasadena , TX 77503	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, Fancy <hr/> Contributor address; City; State; Zip Code 7306 Running Rope Austin, TX 78731	Amount of Contribution (\$)  \$36.80
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Self Employed
Date 09/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mize, Ben <hr/> Contributor address; City; State; Zip Code 12400 Wycliff Lane Austin, TX 78728	Amount of Contribution (\$)  \$82.81
Principal occupation / Job title (See Instructions) Chemist		Employer (See Instructions) 3M

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/6 Rpt: 7/13
<b>2</b> FILER NAME Greene, Belinda		<b>3</b> Filer ID (Ethics Commission Filers) 00090500
<b>4</b> Date 08/28/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obabkov, Angie <hr/> <b>6</b> Contributor address; City; State; Zip Code 25115 Carrick Bend Dr  Spring, TX 77389	<b>7</b> Amount of Contribution (\$)  \$42.21
<b>8</b> Principal occupation / Job title (See Instructions) Regional Manager		<b>9</b> Employer (See Instructions) Agilent Diagnostics
Date 08/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Molly <hr/> Contributor address; City; State; Zip Code 13210 Turkey Roost  Manchaca, TX 78652	Amount of Contribution (\$)  \$117.99
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Austin Real Space
Date 08/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pickrel, Michael <hr/> Contributor address; City; State; Zip Code 719 heathgate  Houston, TX 77062	Amount of Contribution (\$)  \$42.21
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) TW TELECOM
Date 09/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Josie <hr/> Contributor address; City; State; Zip Code 313 West Oak Street  Deer Park, TX 77536	Amount of Contribution (\$)  \$173.99
Principal occupation / Job title (See Instructions) Travel Agent		Employer (See Instructions) A1 Cruises
Date 08/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Bobby <hr/> Contributor address; City; State; Zip Code 715 Circle Dr  La Porte, TX 77571	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) Acoustical Mechanic		Employer (See Instructions) A Bay Ceiling

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/6 Rpt: 8/13
<b>2</b> FILER NAME Greene, Belinda		<b>3</b> Filer ID (Ethics Commission Filers) 00090500
<b>4</b> Date 09/08/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riley, Aaron <hr/> <b>6</b> Contributor address; City; State; Zip Code 914 Forest Lake Dr  Seabrook, TX 77586	<b>7</b> Amount of Contribution (\$)  \$210.84
<b>8</b> Principal occupation / Job title (See Instructions) Project Materials Manager		<b>9</b> Employer (See Instructions) S&B Engineers & Construction
Date 09/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Kathryn <hr/> Contributor address; City; State; Zip Code 3909 Cresthill Dr  Austin, TX 78731	Amount of Contribution (\$)  \$106.08
Principal occupation / Job title (See Instructions) Mother		Employer (See Instructions) Self
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Royal, Amanda <hr/> Contributor address; City; State; Zip Code 719 Heathgate  Houston, TX 77062	Amount of Contribution (\$)  \$36.80
Principal occupation / Job title (See Instructions) Mother		Employer (See Instructions) Self Employed
Date 09/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Shannon <hr/> Contributor address; City; State; Zip Code 6003 Lonesome Valley Trl  Austin, TX 78731	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self
Date 09/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Shannon <hr/> Contributor address; City; State; Zip Code 6003 Lonesome Valley Trl  Austin, TX 78731	Amount of Contribution (\$)  \$123.40
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/6 Rpt: 9/13
<b>2</b> FILER NAME Greene, Belinda		<b>3</b> Filer ID (Ethics Commission Filers) 00090500
<b>4</b> Date 09/06/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Jorge <hr/> <b>6</b> Contributor address; City; State; Zip Code 18231 Grove Brook Lane  Cypress, TX 77429	<b>7</b> Amount of Contribution (\$)  \$82.81
<b>8</b> Principal occupation / Job title (See Instructions) Retired US Marine		<b>9</b> Employer (See Instructions) Retired US Marine
Date 08/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Laura <hr/> Contributor address; City; State; Zip Code 7306 Flagler Ave  Pasadena , TX 77505	Amount of Contribution (\$)  \$82.81
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Houston Methodist Clear Lake
Date 09/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) greene, zachary <hr/> Contributor address; City; State; Zip Code 3901 Cresthill Dr  Austin, TX 78731	Amount of Contribution (\$)  \$188.89
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) True Manufacturing

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 10/13
<b>2</b> FILER NAME Greene, Belinda		<b>3</b> Filer ID (Ethics Commission Filers) 00090500
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 08/26/2020	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) greene, belinda	<b>9</b> Loan Amount (\$) \$100.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code 3901 Cresthill Dr  Austin, TX 78731	<b>10</b> Interest Rate 0
		<b>11</b> Maturity Date 12/31/2020
<b>12</b> Principal occupation / Job title (See Instructions) sales		<b>13</b> Employer (See Instructions) Edward Don
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES 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.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 11/13	<b>2</b> FILER NAME Greene, Belinda	<b>3</b> Filer ID (Ethics Commission Filers) 00090500
<b>4</b> Date 09/26/2020	<b>5</b> Payee name Bonfire.com	
<b>6</b> Amount (\$) \$1,113.06	<b>7</b> Payee address; City; State; Zip Code PO Box 3131  Glen Allen, VA 23058-3131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Shirts, Online printer and store.
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2020	Payee name DonateWay/Stripe	
Amount (\$) \$78.10	Payee address; City; State; Zip Code PO Box 301267  Austin , TX 78703	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Website fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/01/2020	Payee name Harland Clark Checks	
Amount (\$) \$34.95	Payee address; City; State; Zip Code 15955  san antonio, TX 78256	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Checks for the campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES 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: Sch: 2/2 Rpt: 12/13	2 FILER NAME Greene, Belinda	3 Filer ID (Ethics Commission Filers) 00090500
4 Date 09/11/2020	5 Payee name Victory Store	
6 Amount (\$) \$750.56	7 Payee address; City; State; Zip Code 5200 SW 30th Street  Davenport , IA 52802	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought  Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 1/1 Rpt: 13/13	<b>2</b> FILER NAME Greene, Belinda	<b>3</b> Filer ID (Ethics Commission Filers) 00090500
<b>4</b> Date 08/17/2020	<b>5</b> Payee name City Of Austin City Clerk	
<b>6</b> Amount (\$) \$500.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 301 W 2nd St suite 1120 Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Election Fee to Run for City Council
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2020	Payee name Godaddy.com	
Amount (\$) \$120.25  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 14455 N. Hayden Rd #219 Scottsdale, AZ 85260	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Setup
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held