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: |
|---------------------------------------|--|---|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR FIRST MI MR. JEFF | OFFICE USE ONLY |
| | NICKNAME LAST SUFFIX | Date Received |
| | SELLERS | |
| 4 CANDIDATE/ | ADDRESS / PO BOX: APT / SUITE #: CITY; STATE: ZIP CODE | RECEIVED |
| OFFICEHOLDER MAILING | P.O. BOX 533 MARRIEFALLS, TX. | 1434 1 5 4040 |
| ADDRESS | | JAN 15 2018 |
| Change of Address | 78654 | Burnet Co Elections |
| 5 CANDIDATE/ OFFICEHOLDER | AREA CODE PHONE NUMBER EXTENSION | |
| PHONE | (830) 613 - 8926 | Date Hand-dolivered or Date Postmarked |
| 6 CAMPAIGN | MS / MRS / MR | Receipt # Amount \$ |
| TREASURER NAME | MRS. TERRI | |
| | NICKNAME LAST SUFFIX | Date Processed |
| | SELLERS | Date Imaged |
| 7 CAMPAIGN | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: | ZIP CODE |
| TREASURER ADDRESS | P.O. BUX 533 MARGEE FAILS, TX. 7 | |
| (Residence or Business) | Asympton tous, 1x. 1 | 8654 |
| | | · |
| 8 CAMPAIGN | AREA CODE PHONE NUMBER EXTENSION | |
| TREASURER PHONE | | |
| | (830) 613 - 8413 | |
| | | |
| 9 REPORT TYPE | | |
| | January 15 30th day before election Runoff | 15th day after campaign treasurer appointment |
| | July 15 Exceeded \$500 limit | (Officeholder Only) |
| | | Final Report (Attach C:OH - FR) |
| 10 PERIOD COVERED | Month Day Year Month | Day Year |
| OOVENED | 07 /15 2017 THROUGH 01/12 | 2 /2018 |
| | 73 WV 7 111100011 | # / B/O/ 8 |
| 11 ELECTION | ELECTION DATE ELECTION TYPE | |
| | Month Day Year Primary Runoff Other | |
| | 03/06/18 General Special | |
| 12 OFFICE | OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) | |
| | is office addard (it known) | 1.0 No 110 |
| | JWILL A | ne peace # 3 |
| | JUSTICE OF T BURNET COL | ~Ty, 7x. |
| | | |
| | GO TO PAGE 2 | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | | | |
|--|--|--|--|
| | lett ? | SELLERS 1 | 5 Filer ID (Ethics Commission Filers) |
| 16 NOTICE FROM : POLITICAL COMMITTEE(S) | SUPPORT THE CANE | OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES OF POLITICAL EXPENDITURES MAY HAVE BEEN MADE WINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES. | THOUT THE CANDIDATE'S OF AFFICENCY BED'O |
| | COMMITTEE TYPE | COMMITTEE NAME | |
| | GENERAL | | |
| | | COMMITTEE ADDRESS | |
| | SPECIFIC | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | |
| Additional Pages | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| 47.001/70/21/2 | | | |
| 17 CONTRIBUTION TOTALS | 1. TOTAL I PLEDGE | OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ | AN \$ S |
| · · · · · · · · · · · · · · · · · · · | 2. TOTAL (OTHER | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 2,700.00 |
| EXPENDITURE TOTALS | EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS. 4. TOTAL POLITICAL EXPENDITURES \$4. STOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY | | \$ 0 |
| · · · · · · · · · · · · · · · · · · · | | | |
| BALANCE | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 275.79 | | |
| 18 · AFFIDAVIT | | | |
| ALICI No Sta | A K. FERRILL otary Public ste of Texas Expires 07-11-2019 | true and correct and includes all info under Title 15, Election Code. | erjury, that the accompanying report is mation required to be reported by me |
| Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEALABOVE | | | |
| AFFIX NUIARY STAME | //SEALABOVE | . 1 | 2 |
| Sworn to and subscr | ibed before me. b | v the said TSAF STILLINS | this the |
| day of IM | 1 😾 | o certify which, witness my hand and seal of office. | this the |
| Aliand Y Jropill | | | Nateral |
| Signature of officer a | dministering oath | Printed name of officer administering oath | Title of officer administering oath |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 FILER NAME JEST SECLES 20 Filer ID (Ethics O | Commission Filers) |
|--|--------------------|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS | \$ 2700.00 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. SCHEDULE E: LOANS | \$3,100.00 |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$3,100.00 |
| 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 | \$ 281.00 |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OF | |
| 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: 2 FILER NAME JEFF SELLERS 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor Out-of-state PAC (ID#:_____ 7 Amount of contribution (\$) 6 Contributor address: City; State; Zip Code 1.00.00 132 Tuskey Run, Mendourbles. Tx. 7864 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) Tommy Solem Contributor address: City; State: Zip Code 8-16-17 250.00 801 CR 403 MARGLE FAILS, TX. 786521 Principal occupation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID# Amount of contribution (\$) A.B. WALIGES Contributor address: City; State; Zip Code 1,00000 3003 CR 335 BURNET (TX. 7861) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#; Amount of contribution (\$) FRED & LOQ1 HA~15H Contributor address; City; State; Zip Code 9-27-17 909 AELON CIR MAPRIFFIELD, Principal occupation / Job title (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.

| Date Section Full name of contributor Out-of-state PAC (IDE: Section Sectio | | e Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
|--|----------------|--|--------------------------------------|
| Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Date Full name of contributor Principal occupation / Job title (See Instructions) Date Full name of contributor Principal occupation / Job title (See Instructions) Date Full name of contributor Principal occupation / Job title (See Instructions) Date Full name of contributor B: II Lue Recke Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Date Full name of contributor B: II Lue Recke Contributor address: City: State: Zip Code Date Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (IDR: Amount of contribution (See Instructions) Date Full name of contributor Michoel How Contributor address: City: State: Zip Code Amount of contribution (See Instructions) Date Full name of contributor Michoel How Contributor address: City: State: Zip Code Amount of contribution (See Instructions) Date Full name of contributor Michoel How Contributor address: City: State: Zip Code Amount of contribution (See Instructions) Date Full name of contributor Michoel How Contributor address: City: State: Zip Code Amount of contribution (See Instructions) | PILER NAME | JEFF SELLERS | 3 Filer ID (Ethics Commission Filers |
| Second S | 1 Date | E voi oi oidic i Ao (ID#: | 7 Amount of contribution (\$) |
| Date Full name of contributor B: II Lue Acke Contributor address: City: State: Zip Code ID 0.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code ID 0.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Date Full name of contributor Contributor address: City: State: Zip Code Amount of contribution (See Instructions) Contributor address: City: State: Zip Code Amount of contribution (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code Amount of contribution (See Instructions) Amount of contribution (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code Amount of contribution (See Instructions) Amount of contribution (See Instructions) Contributor address: City: State: Zip Code Amount of contribution (See Instructions) | 0-8-17 | 6 Contributor address: City; State; Zip Code | 350.00 |
| Date Full name of contributor B: II Lue Acke Contributor address: City: State: Zip Code ID 0.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code ID 0.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Date Full name of contributor Contributor address: City: State: Zip Code Amount of contribution (See Instructions) Contributor address: City: State: Zip Code Amount of contribution (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code Amount of contribution (See Instructions) Amount of contribution (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code Amount of contribution (See Instructions) Amount of contribution (See Instructions) Contributor address: City: State: Zip Code Amount of contribution (See Instructions) | | 1606 WOLLHWOOD WORKE LYIS IX J 8654 | |
| Amount of contribution (Pati Young Contributor address: City: State: Zip Code /bob Notthword Markefolds, 7x, 78654 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: | Principal occi | 100 0 1 (-1. A) 1 (- | ions) |
| Contributor address: City: State: Zip Code 100.00 | Date | | Amount of contribution (\$) |
| The principal occupation / Job title (See Instructions) Employer (See Instructions) | 0-28-17 | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor B: 11 Lue Recke Contributor address: City: State: Zip Code 2267 CR 316 BETTUM. Tx. 78605 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: | | · • | 100.00 |
| Bill Lue Recke Contributor address: City: State: Zip Code 2767 Contributor address: City: State: Zip Code 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (See Instructions) Contributor address: City: State: Zip Code Contributor address: City: State: Zip Code 311 Leanne Total malgrafalls, 7x, 7844 | Principal occu | matical (table) in the contract of the contra | ions) |
| B:11 Lue Recke Contributor address; City: State: Zip Code 2267 CR 316 BETTUM. Tx. 78605 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (See Instructions) Contributor address; City: State: Zip Code 311 Leaning Toke malgrefalls. Tx. 7864 | Date | Full name of contributor | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor MICHOEL How Contributor address: City: State; Zip Code 311 Leaning Teel malgue falls, 7x, 7864 | בותות | Bill Lue Gecke Contributor address; City: State: Zin Code | (*) |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (S MICHOEL HOW Contributor address; City; State; Zip Code 311 Leaning TREE malgue falls, 7x, 78484 | · | | 10000 |
| MICHOEL HOW Contributor address; City; State; Zip Code 311 LEANING TOEE MORGE FAILS, 7x, 78684 Principal accuration (Attains of Contribution (S | | 2367 CR 326 BETTEM. TX. 78605 | 100:00 |
| 311 LEANING TOEE MARGLE FAILS, TX, 786RY Principal accuration (let village) | Principal occu | | |
| Bringing committee (the William TOEE mod SLE FAILS, TX. 786RY | _ | Full name of contributor out-ol-state PAC (ID#: | |
| Principal compation (let titl (0) | Date | Full name of contributor Out-ol-state PAC (ID#:) MICHOEL HOW | Amount of contribution (\$) |
| | Date | Full name of contributor | Amount of contribution (\$) |
| | Date | Full name of contributor out-of-state PAC (ID#:) MICHOEL HOW Contributor address; City; State; Zip Code 311 LEANING TOEE MORGE FAILS, 7x, 78484 | Amount of contribution (\$) |
| | Date | Full name of contributor out-of-state PAC (ID#:) MICHOEL HOW Contributor address; City; State; Zip Code 311 LEANING TOEE MORGE FAILS, 7x, 78484 | Amount of contribution (\$) |
| | Date 7 | Full name of contributor out-of-state PAC (ID#:) MICHOEL HOW Contributor address; City; State; Zip Code 311 LEANING TOEE MORGE FAILS, 7x, 78484 | Amount of contribution (\$) |
| | Date 7-9-17 | Full name of contributor out-of-state PAC (ID#:) MICHOEL HOW Contributor address; City; State; Zip Code 311 LEANING TOEE MORGE FAILS, 7x, 78484 | Amount of contribution (\$) |
| | Date 7 | Full name of contributor out-of-state PAC (ID#:) MICHOEL HOW Contributor address; City; State; Zip Code 311 LEANING TOEE MORGE FAILS, 7x, 78484 | Amount of contribution (\$) |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME JEFF SELLGES 3 Filer ID (Ethics Commission Filers) 5 Full name of contributor ___ out-of-state PAC (ID#:___ 4 Date 7 Amount of contribution (\$) Davidd Nancy Ly Khen 6 Contributor address: City: City; State; Zip Code 10-20-17 200.00 2409 moenon mil) malsefals, 7x, 7864 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:____ Amount of contribution (\$) David Cusied 10-28-17 336 ARRIVA DR. BLAZT, TX. 78611 100.00 Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:_____ Amount of contribution (\$) DEVOLOTY SENGRS City; State; Zip Code Contributor address: 10-28-17 Contributor address: City; State; Zip Code 1201 Jechwas Rum Rock Tx. 78681 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:___ Below SE11685 Contributor address; Amount of contribution (\$) City; State; Zip Code 312 Jos Tree Roung Dock, Tx. 78(8) Employer (See Instructions) Principal occupation / Job title (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.

| The Ins | Struction Guide explains how to compl | lete this form. | 1 Total pages Schedule E: |
|--|---------------------------------------|--|---------------------------------------|
| Je | PE SELLERS | | |
| TOTAL OF UNIT | | | 3 Filer ID (Ethics Commission Filers) |
| | EMIZED LOANS | | \$ |
| Date of loan 7 | Name of lender out-of-state | PAC (ID#: | 9 Loan Amount (\$) |
| 7-25-17 | Jeff SELLERS | , | 3,100.00 |
| Is lender 8 | Lender address; City; S | State; Zip Code | 10 Interest rate |
| | Po Box 533 mapsi | LE falls, 7x.78654 | 11 Maturity date |
| 2 Principal occupation / | / Job title (See Instructions) | 13 Employer (See Instructions) Sc \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | <u></u> |
| 4 Description of Collate | ral | 15 Check if personal funds were account (See Instructions) | deposited into political |
| GUARANTOR 17 | 7 Name of guarantor | | 19 Amount Guaranteed (\$) |
| Principal Occupation | | 21 Employer (See Instructions) | |
| Date of loan | Name of lender | PAC (ID#: | Loan Amount (\$) |
| Is lender a financial Institution? | Lender address: City: S | | Interest rate |
| YN | | | Maturity date |
| Principal occupation / | Job title (See Instructions) | Employer (See Instructions) | |
| Description of Collatera | al | Check if personal funds were | denosited into political |
| none | | account (See Instructions) | aspested into political |
| GUARANTOR INFORMATION | Name of guarantor | | Amount Guaranteed (\$) |
| not applicable | Guarantor address; City; S | State; Zip Code | |
| Principal Occupation (| See Instructions) | Employer (See Instructions) | |
| | • | (See mandenons) | |
| | | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Oonations Made By
Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursoment Office Overhead/Rental Expense Polling Expense Printing Expense Salarios/Wades/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District

| Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services Salaries/V The Instruction Guide explains how to c | Vages/Contract Labor Of | ther (enter a category not listed above) |
|--|---|---|--|
| 1 Total pages Schedule F1: | | | Filer ID (Ethics Commission Filers) |
| 4 Date 7-28-17 | 5 Payee name 516~5 8 60 | | |
| 9541.17 | 7 Payee address: City: State; Zip Code 813 1274 57. MQ4 | LEfolls, Tx. | 78654 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) PRINTING EXENSE | (b) Description Check if travel outside | of Texas. Complete Schedule T. officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 10-17-17 | S16N5 260 | | |
| Amount (\$) | Payee address; City: State; Zip Code | | |
| 859.51 | 813 127455. MAR | GLE FATTST | x. 78654 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ACTIVE EXPENSE | Description Check if travel outside of | f Texas. Complete Schedule T. officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 8-5-17 | PER 15505 VINEYA | 160 | |
| Amount (\$) | Payee address; City; State; Zip Code | *************************************** | |
| 450.00 | 7214 PARK ROAD LIKE | W. BURNET, | Tx. 78611 |
| PURPOSE OF | Category (See Categories listed at the top of this schedule) | Description Check if travel outside o | Texas. Complete Schedule T. |
| EXPENDITURE | EVENT EXPENSE | LJ 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 NEEDE |) |

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| Candidate/Officeholder/Politica Credit Gard Payment | Garanes/Wages/Contract Labor | (a mar a datagory not hated above) |
|--|---|---------------------------------------|
| 1 Total pages Schedule F1: | The Instruction Guide explains how to complete this form 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 9-10-17 | 5 Payee name OVER~16HT PRI~TS | |
| 6 Amount (\$) 54.79 | 7 Payee address: City: State; Zip Code | S VEGAS, NV. 89183 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if tra | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Office sough | office held |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Adventising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

| Candidate/Officeholder/Pol Credit Card Payment | V 144 Sa | nting Expense Travel Out Of District laries/Wages/Contract Labor Other (enter a category not listed above) |
|---|---|--|
| 4 | The Instruction Guide explains ho | ow to complete this form. |
| 1 Total pages Schedule G | JERF SEITERS | 3 Filer ID (Ethics Commission Fil |
| 4 Date | 5 Payee name | |
| 7-25-17 | BICAYUNE | |
| 6 Amount (\$) 281.00 | 7 Payee address: City: State: Zip Co | de |
| Reimbursement from | P.O. Box 10 | |
| political contributions intended | MARGE FAILS, TX. | 1 <i>\$</i> 65८/ |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule | (b) Description |
| OF EXPENDITURE | ADVERTISING EXPENSE | Check if travel outside of Texas. Complete Schedule T. |
| Complete ONLY if direct | Candidate (OV) | Check if Austin, TX, officeholder living expense |
| expenditure to benefit Co | OH | Office sought Office held |
| | JEFF SELLERS | INTICE OF THE PEACE # 3 |
| Date | Payee name | |
| | | |
| Amount (\$) | Payee address; City: State; Zip Coo | |
| | Oity, Giate; Zip Coo | de |
| Reimbursement from | | |
| political contributions intended | | |
| | Category (See Categories listed at the top of this schedule) | |
| PURPOSE OF | a the top of this schedule | |
| EXPENDITURE | | Check if travel outside of Texas. Complete Schedule T. |
| Complete ONLY if direct | Candidate / Officeholder name | Check if Austin, TX, officeholder living expense |
| expenditure to benefit C/0 |)H | Office sought Office held |
| Date | Payee name | |
| | | |
| Amount (\$) | Payee address: City; State: Zip Code | 9 |
| | | - |
| Reimbursement from political contributions intended | | |
| Dupped | Category (See Categories listed at the top of this schedule) | (h) D. |
| PURPOSE OF | | (b) Description |
| EXPENDITURE | | Check if travel outside of Texas. Complete Schedule T. |
| Complete ONLY if direct | Candidate / Officeholder name | Check if Auslin, TX, officeholder living expense |
| expenditure to benefit C/C | H | Office sought Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEEDED |
| | | |
| ms provided by Texas Et | nics Commission | |