CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gu	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MR. JEff	MI	OFFICE USE ONLY		
NAME	NICKNAME LAST	SUFFIX	Date Received		
CANDIDATE (SE LIERS	CITY; STATE; ZIP CODE	RECEIVED		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. Box 533 MAR	,	FEB 2 6 2018		
Change of Address		Burnet Co Elections			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (830) 613- 8916	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST MAS. TERRI	Mi	Receipt # Amount \$		
NAME	NICKNAME LAST	SUFFIX	Date Processed		
	561166		Date imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	FIREET ADDRESS (NO PO BOX PLEASE): APT		ZIP CODE		
8 CAMPAIGN TREASURER PHONE	(830) 613 -8418	EXTENSION			
9 REPORT TYPE	January 15 30th day befo	re election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 8th day before	e election Exceeded \$500 limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 02 /06 /2018	THROUGH OA	Day Year (86 / 2018		
11 ELECTION	ELECTION DATE Month Day Year Prima 03 / 06 / 18 Gene	Description			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If know	THE DEACE #3		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	jeff s	SELLERS 1	5 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.				
	GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS			
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	AN ZED \$		
		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 947.41		
:	4. TOTAL	POLITICAL EXPENDITURES	\$		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	T DAY \$		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF DAY OF THE REPORTING PERIOD	* 1186.8/		
18 AFFIDAVIT	MARGIE AGUILER Notary Public State of Texas ID # 12855183-2 Comm. Expires 03-10	true and correct and includes all in under Title 15, Election Code.	perjury, that the accompanying report is formation required to be reported by me		
AFFIX NOTARY STAI		by the said Jeff Sellers	this the 22nd		
day of Feb	, 20 <u>/ 8</u>	, to certify which, witness my hand and seal of office			
Maryel	milla	Margie Aguilera Printed name of officer administering oath	With August Title of officer administering oath		
Signature of officer	administering oath	ranted hame or oncer administering can			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Com	mission Filers)
JEFF SELL	E85		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. SCHEDULE A1	1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A	2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B	: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E	: LOANS		\$
5. SCHEDULE F	1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 947,41
6. SCHEDULE F	2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F	3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8. SCHEDULE F	4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE C	3: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$
10. SCHEDULE H	: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11. SCHEDULE I:	NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$
12. SCHEDULE K	C: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS	\$

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 Gilf/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

Candidate/Officeholder/Politica Credit Card Payment	· initing E	Vages/Contract Labor Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME JEFF SELLERS	3 Filer ID (Ethics Commission Filers)			
4 Date &-6-18	FACEBOOK				
6 Amount (\$)	7 Payee address: City: State; Zip Code				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	ADVERTISING	Check If Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
2-17-18	FACEBOOK				
Amount (\$)	Payee address; City: State; Zip Code				
751.50					
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Aquertisine	Check if Austin, TX, officeholder fiving expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
e e					
Amount (\$)	Payee address: City; State; Zip Code				
	·				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE		Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					