# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Suide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAMÉ	CHRISTOPI NICKNAME LAST	THER S.	Date Received
	"SHANE" SEXTON		ປປ US.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX: APT / SUITE #; CO PO BOX 151451 AUSTIN, TX 78715	CITY; STATE; ZIP CODE	RECEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 512 ) 800.0647	EXTENSION	Date Hand-delivered or Date Postmatked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI OJFO C	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	"SHANE" SEXTON		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 8700 BRODIE LN # 427 AUSTIN, TX 78745		ZIP CODE
	, , , , , , , , , , , , , , , , , , , ,		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 800-0647	EXTENSION	
9 REPORT TYPE	January 15 30th day before el	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elec	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 03 / 27 / 2017	Month THROUGH 06/	Day Year / 2017
11 ELECTION	ELECTION DATE  Mooth Day Year Primary	ELECTION TYPE Runoff Other	
	Month Day Year General	Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	)
		AUSTIN CITY C	COUNCIL - DISTRICT &
GO TO PAGE 2			

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME			Filer ID (Ethics Commission Filers)	
CHRISTO	PHER "SHA	LE "SEXTEN		
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.				
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
_		COMMITTEE CAMPAIGN TREASURER ADDRESS	,	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 310.00			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL POLITICAL EXPENDITURES \$ 972.69			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  \$ 48.30			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 139.23			
18 AFFIDAVIT				
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
CAROL RIEHLE				
Notary Public, State of Texas  Comm. Expires 12-26-2017				
Nolary ID 353189-6 Signature of Candidate er Officenoider				
AFFIX NOTARY STAMP/SEAL ABOVE				
Sworn to and subscribed before me, by the said Christopher Shane Sexton, this the				
day of 5014, 2017, to certify which, witness my hand and seal of office.				
Carol Richle notary				
Signature of officer administering 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 20 Filer ID (Ethics Co	ommission Filers)			
	CHRISTOPHER "SHAWE" SEXTON				
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 310.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$ 239.23			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 475.93			
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	\$ 496.76			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$			
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

		· · · · · · · · · · · · · · · · · · ·	1 OF 3	
The instruction Guide explains how to complete this form.			1 Total pages Schedule A1:	
2 FILER NAME	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
CHRI	STOPHER "SHANE" SEXTON			
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)	
	SENAIDA SANDOVAL  6 Contributor address; City; State			
5/29/17			10.00	
	109 S. AVE K HALE CENT	ER, TX 79041		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
SPECI	IAL EDUCATION AIBE	OLTON IS	>	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
. ,	TAMMY CUTTS  Contributor address; City; State			
3/31/17	Contributor address; City; State	e; Zip Code	50.00	
	46 WHITE BLUFF # 218 KYO	E. TX 78640		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
, ,	N/A	NA	·	
		<u> </u>		
Date	Full name of contributor	C (10#:)	Amount of contribution (\$)	
4/21/17	JENNIFER SWIFT Contributor address; City; State; Zip Code		25.00	
	1467 STAR MEADON KYLE	TX 78640		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)	
	NA	N/A		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
4/21/17			25.00	
4813 BOX CANYON TEMPLE, TX 76502				
Principal occupation / Job title (See Instructions) Employer (See Instruct		-		
CUSTON	NER SERVICE	INDECO SAL	ES	
i de la companya de				
· · · · · · · · · · · · · · · · · · ·				
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	1 Total pages Schedule A1:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
MAIST	OPHER "SHANE" SEXTON				
4 Date			7 Amount of contribution (\$)		
	5 Full name of contributor out-of-state PA	C (ID#;)	Amount of contribution (\$)		
./ /	EDNA DUNGER				
4/28/17	EDNA TUNGER  6 Contributor address; City; State	e; Zip Code	50.00		
· · · · · · · · · · · · · · · · · · ·	3204 PLANTATION AUST				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
LEGAL	SECRETARY	ATLAS HALL	RODRIGHEZ LLP		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
	LAUREN JOHNSON				
5/15/17	LAUREN JOHNSON  Contributor address; City; State	e. Zio Code			
7.7.		-,	25.00		
	4508 SECURE LN AUSTIN	, TX 78725			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
ADVOCACY FELLOW AUSTIN TRAVIS COUNTY REENTRY					
Date		C (fD#:)	Amount of contribution (\$)		
	a= Polo us silaton				
11/2019	STEPHANIE SWANSON Contributor address; City; State	· · · · · · · · · · · · · · · · · · ·	50.00		
	Contributor address, City, State	, zp code	-		
	5205 CYPRESS RANCH SPIC	EWOOD, TX 7866	9		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
	N/A	NA	•		
Date	Full name of contributor	; (ID#:) [	Amount of contribution (\$)		
	EDWARD TURNER				
6/26/17	- · · · · · · · · · · · · · · · · · · ·	; Zip Code	<b></b>		
	Continued address, City, Calle	, Lip ovae	50.00		
	3011 PARK KOW DALLAS,	TX 75215			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
INSURANCE BROKER SELF.EMI		LOVED			

### 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	The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:					
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
CHRIS	TOPHER "SHANE" SEXTON					
4 Date	5 Full name of contributor	(ID#:)	7 Amount of contribution (\$)			
	<u>,</u>					
6/30/17	LAURA SMITH 6 Contributor address; City; State	; Zip Code	25.00			
·	4448 CAMPO VERDE DR AU					
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct				
Di	IETICIAN	ASCENSION H	IEALTH			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
	Contributor address; City; State	; Zip Code				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
,		, , ,				
<del></del>						
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)			
	Contributor address; City; State	; Zip Code				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
	Contributor address; City; State	; Zip Code				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
			i			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### LOANS

### SCHEDULE E

The Instruction Guide explains how to complete this form.			1 Total pages Schedule E:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
CHRISTOCI	HER "SHANE" SEXTON			
	NITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)	
5/1/17	SHANE SEXTON		239.23	
6 Is lender	1	State; Zip Code	10 Interest rate	
a financial Institution?	8700 BRODE LN #	427		
Y (N)	AUSTIN, TX 78745	r	11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
LAW ENF	FORCEMENT	ST. EDWARD'S UNIV	ERSITY POLICE DEPT.	
14 Description of Colli		15 Check if personal funds were account (See Instructions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	City C			
	18 Guarantor address; City; S	State; Zip Code		
not applicable				
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	PAC (IO#:)	Loan Amount (\$)	
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate	
Institution?			Maturity date	
YN		<u> </u>		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	Check if personal funds were account (See Instructions)	deposited into political	
none				
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable				
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 Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment 1054 The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CHRISTOPHER "SHANE" SEXTON 5 Pavee name 4 Date 4/3/17 6 Amount (\$) USPS 7 Payee address; City; State; Zip Code 7310 MANCHACA 32 00 AUSTIN, TX 78745 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PHRPOSE Check if Auslin, TX, officeholder living expense OTHER EXPENDITURE (Po Box) Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name CAmPAIGN PARTNER Payee address; City; State; Zip Code Po Box 118 000 STILL RIVER, MA 01467 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF ABVENTISING EXPENSE Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 4/28/17 CAMPAIGN PARTHER Payee address; City; State; Zip Code Amount (\$) PO BOX 118 29.00 STILL RIVER, MA 01467 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense ADVENTISING EXPENSE EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH 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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) ZOF4 The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CHRISTOPHER SHAWE SEXTEN 5 Pavee name 4/29/17 6 Amount (\$) FACE BOOK 7 Payee address; City: State: Zip Code I HACKER WAY 12.33 MENCO PARK, CA 94025 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** ADVENTISING EXPENSE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 4/29/17 11585 Pavee address: City: State: Zip Code 7310 MANCHACA 10.62 AUSTIN, TX 78745 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE OTHER Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 5/1/17 Amount (\$) CHECKMARK TYPESETTING City; State; Zip Code Payee address; 3217 N. 1H 35 239.23 AUSTIN, TX 78722 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense ADVENTISING EXPENSE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Expense Office Over Polling Expense Polling Exp	kpense /ages/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:	* ***	TON	3 Filer ID (Ethics Commission Filers)
4 Date 5/2/17	5 Payee name USPS		
6 Amount (\$)	7 Payee address; City; State; Zip Code 7310 MANCHACA AUSTIN, TX 78745		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the lop of this schedule)  OTHER		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/26/17	FACEBOOK		
Amount (\$)	Payee address; City; State; Zip Code  1 HACKER WAY  MENIO PARK, CA 94025		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ADVENTISING EXPENSE	1 =	tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 5/28/17	Payee name  CAMPAIGN PARTNER		
Amount (\$)	Payee address; City; State; Zip Code Po Box 118  STILL RIVER, MA 01467		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ADVENTISING EXPENSE		nside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

### 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 Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Credit Card Payment 4 of 4 The Instruction Guide explains how to complete this form. 5 Payee name 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) FACEROOK
7 Payee address; City; State; Zip Code 6 Amount (\$) 1 HACKER WAY MENCO PARK, CA 94028 48.89 (b) Description 8 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ADVENTISING EXPENSE EXPENDITURE Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH CAMPAILN PARTHER 6/28/17 Amount (\$) Payee address; City; State; Zip Code Po Box 118 29.00 STILL RIVER MA 01467
Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF L Check if Austin, TX, officeholder living expense ADVENTISING EXPENSE EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date PAYPAL City; State; Zip Code Pavee address: Amount (\$) 12312 PORT GRACE PSEND 9.96 LA VISTA, NE 68128 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### POLITICAL EXPENDITURES **MADE FROM PERSONAL FUNDS**

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising 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/Officenoider/Politic redit Card Payment	The Instruction Guide explains how to	o complete this form.	
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	<u> </u>	CHRISTOPHER "SHANE" SEX	TON	
4	Date 2/20/17	5 Payee name  CAMPAIGN PARTNER		
c	3/28/17 Amount (\$)	7 Payee address; City; State; Zip Code		
0	29.00	Po Box 118	1	
	•	• - • •	`	
	Reimbursement from political contributions intended	STILL RIVER, MA 01467		
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	THE	Check if Austin, TX, officeholder living expense	
9	Complete ONLY it direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought Office held	
	Date	Payee name		
	4/5/17	RELENTLESS DEFENDER		
	Amount (\$)	Payee address; City; State; Zip Code		
	442.59	215 GONYO LN		
	Reimbursement from political contributions intended	RICHMOND, TX 77469		
		Category (See Categories listed at the top of this schedule)	(b) Description	
	PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	ABVERTISING EXPENSE	Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/4	Candidate / Officeholder name OH	Office sought Office held	
	Date	Payee name		
	4/16/17	Bi C TROPHIES		
	Amount (\$)	Payee address; City; State; Zip Code		
	25.17	9410 ANDERSONALL		
	Reimbursement from political contributions intended	AUSTIN, TX 78729		
	PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	OTHER	Check if Austin, TX, officeholder living expense	
	EXPENDITURE	<u> </u>		
	Complete ONLY if direct expenditure to benefit C/4	Candidate / Officeholder name OH	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			