

# 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: <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px;">12</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="radio"/> MR	FIRST MI CHRISTOPHER S.	<div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>   <div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">           2017 JUL 12 PM 9:38            RECEIVED            AUSTIN CITY CLERK         </div> <div>           Date Received             Date Hand-delivered or Date Postmarked         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Date Processed</div> <div>Date Imaged</div> </div> </div>
	NICKNAME LAST SUFFIX "SHANE" SEXTON	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 151451 AUSTIN, TX 78715	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 800-0647		
6 CAMPAIGN TREASURER NAME	MS / MRS / <input checked="" type="radio"/> MR	FIRST MI CHRISTOPHER S.	
	NICKNAME LAST SUFFIX "SHANE" SEXTON	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8700 BRODIE LN # 427 AUSTIN, TX 78745	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 800-0647		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	Month Day Year 03 / 27 / 2017 THROUGH 06 / 30 / 2017		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div>           ELECTION DATE            Month Day Year            11 / 06 / 18         </div> <div>           ELECTION TYPE  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description  <input type="checkbox"/> General <input type="checkbox"/> Special         </div> </div>		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)  AUSTIN CITY COUNCIL - DISTRICT 8	

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**FORM C/OH**  
**COVER SHEET PG 2**

**18 AFFIDAVIT**

 **CAROL RIEHLE**  
Notary Public, State of Texas  
Comm. Expires 12-26-2017  
Notary ID 353189-6

Signature of Candidate ~~or Officeholder~~

Carol Rich

Carol Riehle

Notary

Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME***CHRISTOPHER "SHANE" SEXTON***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 310.00
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	\$ 239.25
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 475.93
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 496.76
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	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:

3

2 FILER NAME

CHRISTOPHER "SHANE" SEXTON

3 Filer ID (Ethics Commission Filers)

4 Date

3/29/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

SENALDA SANDOVAL

6 Contributor address;

City; State; Zip Code

109 S. AVE K HALE CENTER, TX 79041

7 Amount of contribution (\$)

10.00

8 Principal occupation / Job title (See Instructions)

SPECIAL EDUCATION AIDE

9 Employer (See Instructions)

OLTON ISD

Date

3/31/17

Full name of contributor

☐ out-of-state PAC (ID#:

TAMMY CUTTS

Contributor address;

City; State; Zip Code

46 WHITE BLUFF #218 KYLE, TX 78640

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

4/21/17

Full name of contributor

☐ out-of-state PAC (ID#:

JENNIFER SWIFT

Contributor address;

City; State; Zip Code

1467 STAR MEADOW KYLE, TX 78640

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

4/21/17

Full name of contributor

☐ out-of-state PAC (ID#:

DEE DEE STEWART

Contributor address;

City; State; Zip Code

4813 BOX CANYON TEMPLE, TX 76502

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

CUSTOMER SERVICE

Employer (See Instructions)

INDECO SALES

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 form.

1 Total pages Schedule A1:  
2 OF 3

2 FILER NAME

CHRISTOPHER "SHANE" SEXTON

3 Filer ID (Ethics Commission Filers)

4 Date

4/28/17

5 Full name of contributor

☐ out-of-state PAC (ID#)

EDNA DUNGER

6 Contributor address;

City; State; Zip Code

3204 PLANTATION AUSTIN, TX 78745

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

LEGAL SECRETARY

9 Employer (See Instructions)

ATLAS HALL & RODRIGUEZ, LLP

Date

5/15/17

Full name of contributor

☐ out-of-state PAC (ID#)

LAUREN JOHNSON

Contributor address;

City; State; Zip Code

4508 SECURE LN AUSTIN, TX 78725

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

ADVOCACY FELLOW

Employer (See Instructions)

AUSTIN TRAVIS COUNTY REENTRY

Date

6/1/2017

Full name of contributor

☐ out-of-state PAC (ID#)

STEPHANIE SWANSON

Contributor address;

City; State; Zip Code

5205 CYPRESS RANCH SPICEWOOD, TX 78669

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

6/26/17

Full name of contributor

☐ out-of-state PAC (ID#)

EDWARD TURNER

Contributor address;

City; State; Zip Code

3011 PARK ROW DALLAS, TX 75215

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

INSURANCE BROKER

Employer (See Instructions)

SELF-EMPLOYED

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 form.

1 Total pages Schedule A1:

3 of 3

2 FILER NAME

CHRISTOPHER "SHANE" SEXTON

3 Filer ID (Ethics Commission Filers)

4 Date

6/30/17

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

LAURA SMITH

6 Contributor address;

City; State; Zip Code

4448 CAMPO VERDE DR AUSTIN, TX 78749

7 Amount of contribution (\$)

25.00

8 Principal occupation / Job title (See Instructions)

DIETICIAN

9 Employer (See Instructions)

ASCENSION HEALTH

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (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.

# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; text-align: center; line-height: 20px;">1</div>	
2 FILER NAME  <i>CHRISTOPHER "SHANE" SEXTON</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$	
5 Date of loan  <i>5/1/17</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)  <i>SHANE SEXTON</i>	9 Loan Amount (\$)  <i>239.23</i>	
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code  <i>8700 BRODIE LN # 427 AUSTIN, TX 78745</i>	10 Interest rate  —	
		11 Maturity date  —	
12 Principal occupation / Job title (See Instructions)  <i>LAW ENFORCEMENT</i>		13 Employer (See Instructions)  <i>ST. EDWARD'S UNIVERSITY POLICE DEPT.</i>	
14 Description of Collateral  <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)  <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral  <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)  <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	
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  
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: <b>(4)</b>		2 FILER NAME <b>CHRISTOPHER "SHANE" SEXTON</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/3/17</b>		5 Payee name <b>USPS</b>			
6 Amount (\$) <b>32.00</b>		7 Payee address; City; State; Zip Code <b>7310 MANCHACA AUSTIN, TX 78745</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>OTHER (PO Box)</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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>4/5/17</b>		Payee name <b>CAMPAIGN PARTNER</b>			
Amount (\$) <b>5.00</b>		Payee address; City; State; Zip Code <b>PO Box 118 STILL RIVER, MA 01467</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>4/28/17</b>		Payee name <b>CAMPAIGN PARTNER</b>			
Amount (\$) <b>29.00</b>		Payee address; City; State; Zip Code <b>PO Box 118 STILL RIVER, MA 01467</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

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 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)

2 OF 4

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>CHRISTOPHER "SHANE" SEXTON</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/29/17</i>		5 Payee name <i>FACEBOOK</i>			
6 Amount (\$) <i>12.33</i>		7 Payee address; City; State; Zip Code <i>1 HACKER WAY MENLO PARK, CA 94025</i>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <i>4/29/17</i>		Payee name <i>USPS</i>			
Amount (\$) <i>10.62</i>		Payee address; City; State; Zip Code <i>7310 MANCHACA AUSTIN, TX 78745</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>OTHER</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <i>5/1/17</i>		Payee name <i>CHECKMARK TYPESETTING</i>			
Amount (\$) <i>239.23</i>		Payee address; City; State; Zip Code <i>3217 N. IH 35 AUSTIN, TX 78722</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

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 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.

3 OF 4

1 Total pages Schedule F1: 3 OF 4		2 FILER NAME CHRISTOPHER "SHANE" SEXTON		3 Filer ID (Ethics Commission Filers)	
4 Date 5/2/17		5 Payee name USPS			
6 Amount (\$) 3.03		7 Payee address; City; State; Zip Code 7310 MANCHACA AUSTIN, TX 78745			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) OTHER		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/26/17		Payee name FACEBOOK			
Amount (\$) 27.87		Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025			
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/28/17		Payee name CAMPAIGN PARTNER			
Amount (\$) 29.00		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) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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 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.

4 of 4

1 Total pages Schedule F1: 4 of 4		2 FILER NAME CHRISTOPHER "SHANE" SEXTON		3 Filer ID (Ethics Commission Filers)	
4 Date 6/28/17		5 Payee name FACEBOOK			
6 Amount (\$) 48.89		7 Payee address; City; State; Zip Code 1 HACKER WAY MENDO PARK, CA 94025			
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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/28/17		Payee name CAMPAIGN PARTNER			
Amount (\$) 29.00		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) 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/30/17		Payee name PAYPAL			
Amount (\$) 9.96		Payee address; City; State; Zip Code 12312 PORT GRACE BLVD LA VISTA, NE 68128			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FEES		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

# POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule G: <b>(1)</b>		2 FILER NAME <b>CHRISTOPHER "SHANE" SEXTON</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3/28/17</b>		5 Payee name <b>CAMPAIGN PARTNER</b>			
6 Amount (\$) <b>29.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <b>PO BOX 118 STILL RIVER, MA 01467</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>4/5/17</b>		Payee name <b>RELENTLESS DEFENDER</b>			
Amount (\$) <b>442.59</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>215 Gonyo LN RICHMOND, TX 77469</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>4/16/17</b>		Payee name <b>B&amp;C TROPHIES</b>			
Amount (\$) <b>25.17</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>9410 ANDERSONWELL AUSTIN, TX 78729</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>OTHER</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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED