

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:

~~18~~ 14

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Linda

NICKNAME

LAST

SUFFIX

O'Neal

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1713 Woodland Ave

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

512)

680-7000

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Javier

NICKNAME

LAST

SUFFIX

Peru

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

CITY;

STATE;

ZIP CODE

1500 E. Riverside Dr.
Austin TX 78741

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

688

417-8563

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☒

8th day before election

☐

Exceeded \$500 limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

July / 10 / 2018
Sept 20 / 2018

THROUGH

10 / 29 / 18
10 / 27 / 18

20

11 ELECTION

ELECTION DATE

Month

Day

Year

11

06

18

☐ Primary

☐ Runoff

ELECTION TYPE

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

NA

13 OFFICE SOUGHT (if known)

City Council
District 9

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Linda O'Neal 15 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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 150⁰⁰

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4015⁰⁰

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 9894⁰⁰

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

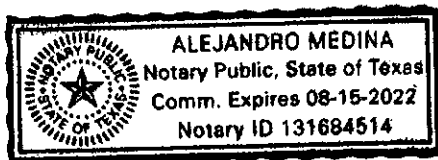
\$

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 5,780

18 AFFIDAVIT



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.

Linda O'Neal
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Linda O'Neal, this the 29th
day of October, 20 18, to certify which, witness my hand and seal of office.

Alejandro Medina
Signature of officer administering oath

Alejandro Medina
Printed name of officer administering oath

Notary
Title of officer administering oath

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

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,015 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	\$ 5,780 ⁰⁰
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9894 ⁰⁰
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Linda O'Neal		3 Filer ID (Ethics Commission Filers)
4 Date 08/08/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anthony Frische 6 Contributor address; City; State; Zip Code 6000 Connict Hill ATX 78749	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) +
Date 08/01/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Frank Schaeffer Contributor address; City; State; Zip Code 715 Woodland Ave ATX 78741	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) OSW		Employer (See Instructions) SWSX
Date 07/18/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jon Conley Contributor address; City; State; Zip Code jon67@sbeglobalnet.com	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) NOT SURE		Employer (See Instructions) +
Date 07/18/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Grisel Ramirez Contributor address; City; State; Zip Code 1601 Royal Crest ATX 78741	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Waitress		Employer (See Instructions) + Mongers
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Linda O'Neal

3 Filer ID (Ethics Commission Filers)

4 Date

07/18/18

5 Full name of contributor

Luke Swinney

☐ out-of-state PAC (ID#)

6 Contributor address:

City: State: Zip Code

1646 N. Harvard Blvd LA 90027

7 Amount of contribution (\$)

40⁰⁰

8 Principal occupation / Job title (See instructions)

entertainment

9 Employer (See instructions)

?

Date

07/16/18

Full name of contributor

Lawrence Johnson

☐ out-of-state PAC (ID#)

Contributor address:

City: State: Zip Code

600 Congress Ave ATX 78701

Amount of contribution (\$)

350⁰⁰

Principal occupation / Job title (See instructions)

Entrepreneur

Employer (See instructions)

Self-employed

Date

07/16/18

Full name of contributor

Pure for Men

☐ out-of-state PAC (ID#)

Contributor address:

City: State: Zip Code

600 Congress Ave ATX 78701

Amount of contribution (\$)

350⁰⁰

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

07/16/18

Full name of contributor

Javier Peru

☐ out-of-state PAC (ID#)

Contributor address:

City: State: Zip Code

1500 Riverside ATX 78741

Amount of contribution (\$)

800⁰⁰

Principal occupation / Job title (See instructions)

Teacher

Employer (See instructions)

DMSD

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: 6
2 FILER NAME Linda O'Neal		3 Filer ID (Ethics Commission Filers)
4 Date 08/19/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Linda Curtis 6 Contributor address; City; State; Zip Code lcurtis@indy.texas.org	7 Amount of contribution (\$) 100⁰⁰
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 07/18/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Langstad Contributor address; City; State; Zip Code John48erik@gmail.com	Amount of contribution (\$) 350⁰⁰
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) berkshire
Date 07/29/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mimi Reynolds Contributor address; City; State; Zip Code 12600 Lamppost Lane 78721	Amount of contribution (\$) 350⁰⁰
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sharhenda Bossier Contributor address; City; State; Zip Code 1300 S. Figueroa St # 303 LA, CA 90015	Amount of contribution (\$) 100⁰⁰
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) EOC
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Linda O'Neal</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>07/10/18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Tania Martinez</i> 6 Contributor address; City; State; Zip Code <i>ATX 78155</i> <i>6503 Orange Blossom Way</i>	7 Amount of contribution (\$) <i>50.00</i>
8 Principal occupation / Job title (See Instructions) <i>Medical</i>		9 Employer (See Instructions) <i>?</i>
Date <i>07/12/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Charles Moody</i> Contributor address; City; State; Zip Code <i>4000 Bradwood Rd ATX 78722</i>	Amount of contribution (\$) <i>300.00</i>
Principal occupation / Job title (See Instructions) <i>Teacher</i>		Employer (See Instructions) <i>Goodwill</i>
Date <i>07/12/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Nieves Hill</i> Contributor address; City; State; Zip Code <i>1803 Sylvan ATX 78741</i>	Amount of contribution (\$) <i>350.00</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>07/12/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jerome Hill</i> Contributor address; City; State; Zip Code <i>1803 Sylvan ATX 78741</i>	Amount of contribution (\$) <i>350.00</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Linda O'Neal		3 Filer ID (Ethics Commission Filers)
4 Date 07/12/18	5 Full name of contributor Mark Kyle <input type="checkbox"/> out-of-state PAC (ID#): 6 Contributor address; City; State; Zip Code 502 Leekhart Dr A TX 78704	7 Amount of contribution (\$) 25 ⁰⁰
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 07/12/18	Full name of contributor Bobby Rod Riques <input type="checkbox"/> out-of-state PAC (ID#): Contributor address; City; State; Zip Code 70 Rainey St A TX 787	Amount of contribution (\$) 350 ⁰⁰
Principal occupation / Job title (See Instructions) management / Apt		Employer (See Instructions)
Date 07/12/18	Full name of contributor Josiah Stevenson <input type="checkbox"/> out-of-state PAC (ID#): Contributor address; City; State; Zip Code josiahstevenson@gmail.com	Amount of contribution (\$) 25 ⁰⁰
Principal occupation / Job title (See Instructions) ?		Employer (See Instructions)
Date 07/12/18	Full name of contributor Stark Remeny <input type="checkbox"/> out-of-state PAC (ID#): Contributor address; City; State; Zip Code Sremeny@gmail.com	Amount of contribution (\$) 350 ⁰⁰
Principal occupation / Job title (See Instructions) ?		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Linda O'Neal		3 Filer ID (Ethics Commission Filers)
4 Date 10/04/18	5 Full name of contributor Mona Mehdy <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; City: State: Zip Code mcmehdy@gmail.com	7 Amount of contribution (\$) 15.00
8 Principal occupation / Job title (See Instructions) ?		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City: State: Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City: State: Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City: State: Zip Code	Amount of contribution (\$)
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:

2 FILER NAME

Linda O'Neal

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 5780⁰⁰

5 Date of loan

10/26/18

7 Name of lender

Linda O'Neal

☐ out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

5780⁰⁰

6 Is lender a financial institution?

Y ☒ N

8 Lender address; City; State; Zip Code

1713 Woodland Ave ATX 78741

10 Interest rate

0

11 Maturity date

Jan 01, 2019

12 Principal occupation / Job title (See Instructions)

Teacher

13 Employer (See Instructions)

ALSD

14 Description of Collateral

☒ none

15 Check if personal funds were deposited into political account (See Instructions)

☒

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☒ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

☐ 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

☐ none

Check if personal funds were deposited into political account (See Instructions)

☐

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
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: 7		2 FILER NAME Rinda O'Neal		3 Filer ID (Ethics Commission Filers)	
4 Date 07/03/18		5 Payee name WIX.COM			
6 Amount (\$) 35.45		7 Payee address; City; State; Zip Code 2601 Mission St. San Fran Ca 94110			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) ADV		(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	
Date 07/04/18		Payee name Sigus.com			
Amount (\$) 387.58		Payee address; City; State; Zip Code 15505. Gladwick St Ut 84204			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADV.		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	
Date 07/04/18		Payee name Shutter stock			
Amount (\$) 29⁰⁰		Payee address; City; State; Zip Code 350 5th Ave NY NY 10119			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADV		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	

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.

1 Total pages Schedule F1:		2 FILER NAME Linda O'Neal		3 Filer ID (Ethics Commission Filers)	
4 Date 7/02/18		5 Payee name GOT PRINT			
6 Amount (\$) 11.7		7 Payee address; City; State; Zip Code 7651 N. San Fernando Rd Burbank CA 91505			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) ADV		(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 07/01/18		Payee name Vista Print			
Amount (\$) 39.48		Payee address; City; State; Zip Code 95 Hayden Ave Lexington MA 02401			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		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 07/12/18		Payee name GOT PRINT.COM			
Amount (\$) 46.01		Payee address; City; State; Zip Code 7651 N. San Fernando Burbank CA 91505			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADV		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.

1 Total pages Schedule F1:		2 FILE NAME <u>Linda O'Neal</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>07/18/18</u>		5 Payee name <u>Signs on the Cheap</u>			
6 Amount (\$) <u>360⁴⁸</u>		7 Payee address; City; State; Zip Code <u>11525 a Stonekellow Dr AIX</u> <u>Texas</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>ADV</u>		(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 <u>07/22/18</u>		Payee name <u>Ext Print</u>			
Amount (\$) <u>35.66</u>		Payee address; City; State; Zip Code <u>7651 N. San Fern. Rd Burbank Ca</u> <u>91505</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>ADV</u>		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 <u>07/24/18</u>		Payee name <u>Square</u>			
Amount (\$) <u>70.07</u>		Payee address; City; State; Zip Code <u>1455 Market St San Fran</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Acct.</u>		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.

1 Total pages Schedule F1:	2 FILER NAME Rinda O Neal	3 Filer ID (Ethics Commission Filers)
4 Date 07/18/18	5 Payee name Ginny's PRINTING	
6 Amount (\$) 49.15	7 Payee address; City: State: Zip Code 8410 B Tuscany Way ATK 78756	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADV	(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 07/26/18	Payee name Left + Brain Studios	
Amount (\$) 50.00	Payee address; City: State: Zip Code left brain studios . com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADV	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 07/17/18	Payee name OFFICE DEPOT	
Amount (\$) 25.67	Payee address; City: State: Zip Code 2100 S. Lamar ATX 78704	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADV	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		