



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Elaxis Grimes

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

SPECIFIC

COMMITTEE ADDRESS

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

\$ 0

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

\$ 4,020.00

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 4,861.62

CONTRIBUTION  
BALANCE

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

\$ 2,604.08

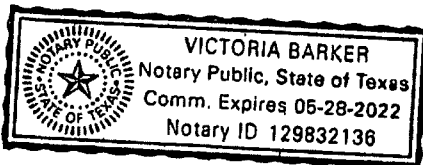
OUTSTANDING  
LOAN TOTALS

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

\$ 2,500.00

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.



*Elaxis F. Grimes*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elaxis F. Grimes, this the 9<sup>th</sup> day of October, 20 18, to certify which, witness my hand and seal of office.

*Victoria Barker*

Signature of officer administering oath

Victoria Barker

Printed name of officer administering oath

Notary Public, State of Texas

Title of officer administering oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

<b>19 FILER NAME</b> Elexis Grimes		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,020.00
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	\$ 2,500.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3894.01
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	\$ 967.61
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: **174**

2 FILER NAME

*Elejia James*

3 Filer ID (Ethics Commission Filers)

4 Date

*9/11*

5 Full name of contributor

*Trinity Kelly*

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

*50.00*

6 Contributor address:

City: State: Zip Code

*Cedar Park, TX 78613*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*9/7*

Full name of contributor

*Murray Hensley*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*300.00*

Contributor address:

City: State: Zip Code

*Cedar Park, TX 78613*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*9/20/18*

Full name of contributor

*Daniel Chavez Company*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*250.00*

Contributor address:

City: State: Zip Code

*Cedar Park, TX 78613*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*9/20/18*

Full name of contributor

*Sam Manly*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*100.00*

Contributor address:

City: State: Zip Code

*Leander, TX 78641*

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>294</i>
2 FILER NAME <i>Cheris Grimes</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/28/18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linda McDaniel</i> 6 Contributor address: _____ City: _____ State: _____ Zip Code <i>Baytown TX 78628</i>	7 Amount of contribution (\$) <i>100.00</i>
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>9/26/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linda Jewett</i> Contributor address: _____ City: _____ State: _____ Zip Code <i>Cedar Park TX 78613</i>	Amount of contribution (\$) <i>50.00</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>8/28</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lyle Grimes Campaign</i> Contributor address: _____ City: _____ State: _____ Zip Code <i>Cedar Park TX 78635-0842</i>	Amount of contribution (\$) <i>2,000.00</i>
Principal occupation / Job title (See Instructions) <i>Acct. Sales Manager</i>		Employer (See Instructions) <i>American Airlines</i>
Date <i>9/22/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kristyne Bolten</i> Contributor address: _____ City: _____ State: _____ Zip Code <i>Cedar Park TX 78613</i>	Amount of contribution (\$) <i>300.00</i>
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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **384**

2 FILER NAME

*Elexis Dumes*

3 Filer ID (Ethics Commission Filers)

4 Date

*9/21/18*

5 Full name of contributor

*Mark Birtle*

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

*100.00*

6 Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

*Cedar Park TX 78613*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*9/27/18*

Full name of contributor

*Emily Oataki*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*300.00*

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

*Cedar Park, TX 78613*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*9/27/18*

Full name of contributor

*John Harweg*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*50.00*

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

*Round Rock, TX 78681*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*9/29/18*

Full name of contributor

*Karen Wend*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*50.00*

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

*Cedar Park, TX 78613*

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.

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>494</b>
2 FILER NAME <i>Elepis Arnes</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/27/18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Julie Harold</i>	7 Amount of contribution (\$) <i>50.00</i>
6 Contributor address: _____ City: _____ State: _____ Zip Code <i>Austin, TX 78750</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9/27/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Phillip Dupuy</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address: _____ City: _____ State: _____ Zip Code <i>Cedar Park, TX 78613</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/27/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jon Luyf</i>	Amount of contribution (\$) <i>150.00</i>
Contributor address: _____ City: _____ State: _____ Zip Code <i>Cedar Park, TX 78613</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/13/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lois Bendley</i>	Amount of contribution (\$) <i>70.00</i>
Contributor address: _____ City: _____ State: _____ Zip Code <i>Cedar Park, TX 78613</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <i>1</i>
2 FILER NAME <i>Elexis Grimes</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <i>-</i>
5 Date of loan <i>8/21/18</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elexis Grimes</i>	9 Loan Amount (\$) <i>1000. -</i>
6 Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address: City: State: Zip Code <i>2307 Mayfield Way Cedar Park TX 78613</i>	10 Interest rate <i>-</i>
		11 Maturity date <i>-</i>
12 Principal occupation / Job title (See Instructions) <i>Operations &amp; Marketing Director</i>		13 Employer (See Instructions) <i>WECO Int'l. Texas Division</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 <i>8/22/18</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elexis Grimes</i>	Loan Amount (\$) <i>1500. -</i>
Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>	Lender address: City: State: Zip Code <i>2307 Mayfield Way Cedar Park TX 78613</i>	Interest rate <i>-</i>
		Maturity date <i>-</i>
Principal occupation / Job title (See Instructions) <i>Operations &amp; Marketing Director</i>		Employer (See Instructions) <i>WECO Int'l. Texas Division</i>
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>1 of 3</i>	<b>2</b> FILER NAME Elexis Grimes	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/10/18	<b>5</b> Payee name Lowes	
<b>6</b> Amount (\$) \$64.86	<b>7</b> Payee address; City; State; Zip Code 1495 HWY 183, Leander, TX 78641	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(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 Wood for road signs
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 09/12/18	Payee name Vista Print	
Amount (\$) \$406.72	Payee address; City; State; Zip Code Hudsonweg 8, Venlo, Netherlands 5928 LW	
<b>PURPOSE OF EXPENDITURE</b>	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 Door Hangers
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 09/21/18	Payee name R & J Clothing	
Amount (\$) \$158.25	Payee address; City; State; Zip Code 645 Columbus Ave, Cedar Park, TX 78613	
<b>PURPOSE OF EXPENDITURE</b>	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 T - Shirts
	<b>9</b> 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b> <i>2 of 3</i>		<b>2</b> FILER NAME Elaxis Grimes		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 09/24/18		<b>5</b> Payee name Anedot			
<b>6</b> Amount (\$) 31.20		<b>7</b> Payee address; City; State; Zip Code 1920 McKinney Ave, Dallas, TX 75201			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  other		<b>(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  donation processing fee	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		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 <u>ONLY</u> 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3 of 3	<b>2</b> FILER NAME Elexis Grimes	<b>3</b> Filer ID (Ethics Commission Filers)
---	--------------------------------------	--

<b>4</b> Date 08/24/18	<b>5</b> Payee name Designer Graphics
---------------------------	--

<b>6</b> Amount (\$) \$1598.91	<b>7</b> Payee address; City; State; Zip Code 12404 HWY 155 South, Tyler, TX 75703
-----------------------------------	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(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 ROAD SIGNS
---	--	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 08/30/18	Payee name Super Cheap Signs
------------------	---------------------------------

Amount (\$) \$1578.29	Payee address; City; State; Zip Code 9200 Waterford, Suite 100, Austin, TX 78758
--------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	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 Yard Signs
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 09/04/18	Payee name Vista Print
------------------	---------------------------

Amount (\$) \$55.78	Payee address; City; State; Zip Code Hudsonweg 8, Venlo, Netherlands 5928 LW
------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	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 Business Cards
-------------------------------	---	---

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 PERSONAL FUNDS

**SCHEDULE G**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <i>1 of 2</i>	<b>2</b> FILED NAME <i>Elisio Duran</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>8/30/18</i>	<b>5</b> Payee name <i>Facebook</i>	
<b>6</b> Amount (\$) <i>153.87</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City: State: Zip Code <i>1 Facebook Way Menlo Park, Ca. 94025</i>	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

Date <i>9/4</i>	Payee name <i>Twitter</i>
Amount (\$) <i>22.41</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code <i>1355 Market St. Ste 900 San Francisco, Ca. 94103</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name                      Office sought                      Office held

Date <i>8/21/18</i>	Payee name <i>Vista Print</i>
Amount (\$) <i>1280.99</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code <i>Hudsonwig 8 Venlo, The Netherlands 5928 LW</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>
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 PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>2 of 2</i>	2 FILER NAME <i>Elexis Munis</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8/30/18</i>	5 Payee name <i>Facebook</i>	
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>\$ 58.89</i>	7 Payee address: City: State; Zip Code <i>1 Facebook Way Merle Park, TX 79025</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <i>8/21/18</i>	Payee name <i>Vista Print</i>	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>280.99</i>	Payee address: City: State; Zip Code <i>Harrisonway &amp; Veslo, The Netherlands 5928 LW</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <i>9/27/18</i>	Payee name <i>Santa Catarina Restaurant</i>	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>140.46</i>	Payee address: City: State; Zip Code <i>500 Cypress Creek Road Cedar Park, TX 78613</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Trent 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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED