

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>14</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <u>Ms.</u>	FIRST <u>Elizabeth</u>		
		NICKNAME	LAST <u>Santos</u>	SUFFIX	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Date Hand-delivered or Date Postmarked	
5 ORIGINAL PERIOD COVERED		Month      Day      Year      Month      Day      Year <u>7 / 1 / 2017</u> THROUGH <u>9 / 28 / 2017</u>		Receipt #      Amount \$	
				Date Processed	
				Date Imaged	

6 EXPLANATION OF CORRECTION  
 Schedules A1, A2, and F1 were submitted with duplicated copies of their respective first pages, instead of the second and subsequent pages. We are resubmitting all of schedules A1, A2, and F1.

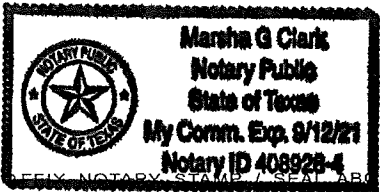
7 AFFIDAVIT


I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

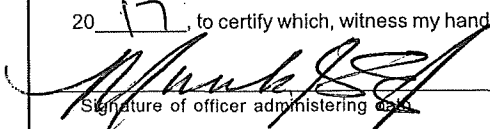
**Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Elizabeth Santos, this the 11<sup>th</sup> day of October, 2017, to certify which, witness my hand and seal of office.

  
 \_\_\_\_\_  
 Signature of officer administering oath

Marsha Clark  
 Printed name of officer administering oath

NOTARY  
 Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
6

2 FILER NAME

Elizabeth Santos

3 Filer ID (Ethics Commission Filers)

4 Date  
7/10/17

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Carlos Venegas

7 Amount of contribution (\$) \$80.00

6 Contributor address; City; State; Zip Code  
Houston, TX 77040

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
7/22/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Elizabeth Wolff

Amount of contribution (\$) \$100.00

Contributor address; City; State; Zip Code  
Dallas, TX 75228

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
9/25/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Neil Tofsky

Amount of contribution (\$) \$150.00

Contributor address; City; State; Zip Code  
Houston, TX 77005

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
8/24/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Stuart M. Weil

Amount of contribution (\$) \$1,000.00

Contributor address; City; State; Zip Code  
Houston, TX 77006

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:  
6

**2** FILER NAME

Elizabeth Santos

**3** Filer ID (Ethics Commission Filers)

**4** Date  
7/31/17

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Alberto Cardenas

**7** Amount of contribution (\$)  
\$150.00

**6** Contributor address; City; State; Zip Code  
Houston, TX 77002

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
7/1/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Claudia de Leon

Amount of contribution (\$)  
\$25.00

Contributor address; City; State; Zip Code  
Houston, TX 77008

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
8/24/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Mark and Tanya Strum

Amount of contribution (\$)  
\$250.00

Contributor address; City; State; Zip Code  
Houston, TX 77057

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
9/23/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Omar Leon

Amount of contribution (\$)  
\$1,500.00

Contributor address; City; State; Zip Code  
Houston, TX 77007

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:  
6

2 FILER NAME  
Elizabeth Santos

3 Filer ID (Ethics Commission Filers)

4 Date  
7/6/17

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Art Garduno

7 Amount of contribution (\$)  
\$200.00

6 Contributor address; City; State; Zip Code  
Houston, TX 77009

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
7/8/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Claudia de Leon

Amount of contribution (\$)  
\$40.00

Contributor address; City; State; Zip Code  
Houston, TX 77008

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
7/10/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Murry Penner

Amount of contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
Houston, TX 77006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
8/26/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Paul D Grossbard

Amount of contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
Houston, TX 77002

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:  
6

2 FILER NAME

Elizabeth Santos

3 Filer ID (Ethics Commission Filers)

4 Date  
9/25/17

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Benjamin and Sarah Becker

7 Amount of contribution (\$)  
\$1,000.00

6 Contributor address; City; State; Zip Code  
\_\_\_\_\_, Houston, TX 77018

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
7/16/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Diane Morrow

Amount of contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
\_\_\_\_\_, Flagstaff, AR, 86004

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
8/24/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Murry Penner

Amount of contribution (\$)  
\$1,000.00

Contributor address; City; State; Zip Code  
\_\_\_\_\_, Houston, TX 77006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
7/10/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Ryan Penner

Amount of contribution (\$)  
\$82.00

Contributor address; City; State; Zip Code  
\_\_\_\_\_, Houston, TX 77022

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:  
6

2 FILER NAME  
Elizabeth Santos

3 Filer ID (Ethics Commission Filers)

4 Date  
8/24/17

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Belinda Hillhouse

7 Amount of contribution (\$)  
\$100.00

6 Contributor address; City; State; Zip Code  
\_\_\_\_\_  
\_\_\_\_\_, Katy, TX 77494

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
7/10/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Claudia DeLeon

Amount of contribution (\$)  
\$40.00

Contributor address; City; State; Zip Code  
\_\_\_\_\_  
\_\_\_\_\_, Houston, TX 77008

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
8/24/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Murry Penner

Amount of contribution (\$)  
\$1,700.00

Contributor address; City; State; Zip Code  
\_\_\_\_\_  
\_\_\_\_\_, Houston, TX 77006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
8/10/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Raul Gutierrez

Amount of contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
\_\_\_\_\_  
\_\_\_\_\_, Houston, TX 77049

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: 6
2 FILER NAME Elizabeth Santos		3 Filer ID (Ethics Commission Filers)
4 Date 8/24/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris Hauser	7 Amount of contribution (\$) 400
6 Contributor address; City; State; Zip Code Houston, TX, 77056		
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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME Elizabeth Santos		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		<b>\$ 335</b>	
5 Date 7/1/2017	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santiago Santos	8 Amount of Contribution \$ 700	9 In-kind contribution description Campaign HQ Space
7 Contributor address; City; State; Zip Code _____, TX 77022		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 8/1/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santiago Santos	Amount of Contribution \$ 700	In-kind contribution description Campaign HQ
Contributor address; City; State; Zip Code 1106 Post, Houston, TX 77022		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME Elizabeth Santos		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 335	
5 Date 9/1/2017	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santiago Santos	8 Amount of Contribution \$ 700	9 In-kind contribution description Campaign HQ Space
7 Contributor address; City; State; Zip Code Houston, TX 77022		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor 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	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: 5	<b>2</b> FILER NAME Elizabeth Santos	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 8/11/2017	<b>5</b> Payee name Wal-Mart
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<b>6</b> Amount (\$) \$69.87	<b>7</b> Payee address; City; State; Zip Code 4412 North Fwy, Houston, TX 77022
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event 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 Canvassing Supplies
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/2/2017	Payee name Cognitive Campaigns
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Amount (\$) \$1,847.00	Payee address; City; State; Zip Code 2902 Fuqua, Houston, TX 77047
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Direct Mail Campaign
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/11/2017	Payee name Jesus Garcia
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Amount (\$) \$280.00	Payee address; City; State; Zip Code 1912 Hardy St, Houston, TX 77026
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<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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 5	<b>2</b> FILER NAME Elizabeth Santos	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 7/5/2017	<b>5</b> Payee name Wal-Mart
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<b>6</b> Amount (\$) \$58.80	<b>7</b> Payee address; City; State; Zip Code 4412 North Fwy, Houston, TX 77022
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event 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 BBQ Fundraiser Supplies
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/11/2017	Payee name Sprint 2 Print
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Amount (\$) \$428.86	Payee address; City; State; Zip Code 8748 Clay Road, Suite 300, Houston, TX 77080
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push Cards
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/5/2017	Payee name Arne's
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Amount (\$) \$140.10	Payee address; City; State; Zip Code 2830 Hicks St, Houston, TX 77007
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Decorations
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 5	<b>2</b> FILER NAME Elizabeth Santos	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 8/10/2017	<b>5</b> Payee name Wal-Mart	
<b>6</b> Amount (\$) \$63.17	<b>7</b> Payee address; City; State; Zip Code 4412 North Fwy, Houston, TX 77022	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Event 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  Canvassing Supplies
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 9/29/2017	Payee name Cognitive Campaigns	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 2902 Fuqua, Houston, TX 77047	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Direct Mail Campaign
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 8/4/2017	Payee name Sprint 2 Print	
Amount (\$) \$1,564.21	Payee address; City; State; Zip Code 8748 Clay Road, Suite 300, Houston, TX 77080	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Signs
	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: 5	<b>2</b> FILER NAME Elizabeth Santos	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 7/10/2017	<b>5</b> Payee name Wal-Mart	
<b>6</b> Amount (\$) \$5.41	<b>7</b> Payee address; City; State; Zip Code 4412 North Fwy, Houston, TX 77022	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Event 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  Decorations
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 9/8/2017	Payee name Houston Independent School District	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 4400 West 18th St., Houston, TX 77092	
<b>PURPOSE OF EXPENDITURE</b>	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  Filing Fee
	Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 7/6/2017	Payee name Sam's Club	
Amount (\$) \$161.63	Payee address; City; State; Zip Code 5310 S Rice Ave, Houston, TX 77081	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  BBQ Fundraiser Supplies
	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>5</b>	<b>2</b> FILER NAME Elizabeth Santos	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 7/5/2017	<b>5</b> Payee name Wal-Mart
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<b>6</b> Amount (\$) \$6.32	<b>7</b> Payee address; City; State; Zip Code 4412 North Fwy, Houston, TX 77022
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event 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 BBQ Fundraiser Supplies
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED