

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <b>16</b>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI Ms.                                      Elizabeth                      A <hr style="border-top: 1px dotted black;"/> NICKNAME                              LAST                              SUFFIX Santos	<b>OFFICE USE ONLY</b>  Date Received: <b>OCT 30 2017</b>  Date Hand-delivered or Date Postmarked:	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE P.O. Box 30243, Houston, TX, 77249		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION ( 832 ) 844-0139		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI Ms.                                      Gabriella <hr style="border-top: 1px dotted black;"/> NICKNAME                              LAST                              SUFFIX Mindiola	Receipt #	Amount \$
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE 901 Eleanor, Houston, TX, 77009		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION ( 832 ) 272-0483		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month    Day    Year                      Month    Day    Year 9    /    29    /    2017                      THROUGH    10    /    28    /    2017		
<b>11</b> ELECTION	ELECTION DATE Month    Day    Year 11    /    7    /    2017	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any) N/A	<b>13</b> OFFICE SOUGHT (if known) Houston ISD Board of Trustees, District 1	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME **Elizabeth Alba Santos**

15 Filer ID (Ethics Commission Filers)

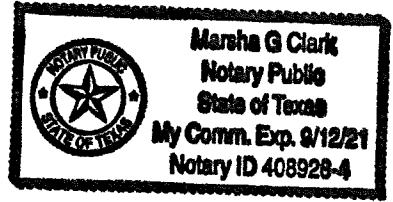
16 NOTICE FROM POLITICAL COMMITTEE(S)  
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> 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	\$ 445.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9245.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 74.87
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,348.43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,559.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

*Elizabeth A. Santos*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elizabeth Alba Santos, this the 30<sup>th</sup> day of October 2017, to certify which, witness my hand and seal of office.

*Marsha G Clark*      *Marsha G Clark*      *NOTARY*  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Elizabeth Alba Santos

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,800.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 700.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13,195.70
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	\$ 1,077.86
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:  
1 of 4

2 FILER NAME

Elizabeth Santos

3 Filer ID (Ethics Commission Filers)

4 Date  
10/26/17

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Houston Federation of Teachers COPE

7 Amount of contribution (\$)  
\$5,000.00

6 Contributor address; City; State; Zip Code  
\_\_\_\_\_  
\_\_\_\_\_, Houston, TX 77027

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
10/16/17

Full name of contributor  out-of-state PAC (ID#: C00027342)  
IBEW PAC Voluntary Fund

Amount of contribution (\$)  
\$500.00

Contributor address; City; State; Zip Code  
\_\_\_\_\_  
\_\_\_\_\_, NW, Washington, DC 20001

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/27/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Deborah Milner

Amount of contribution (\$)  
\$100.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/26/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Adam Milasincic

Amount of contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
\_\_\_\_\_  
\_\_\_\_\_, Houston, TX 77055

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:  
2 of 4

**2** FILER NAME

Elizabeth Santos

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

**4** Date  
10/26/17

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

**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  
10/16/17

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

Amount of contribution (\$)  
\$200.00

Contributor address; City; State; Zip Code  
\_\_\_\_\_  
\_\_\_\_\_, Houston, TX 77009

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/24/17

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

Amount of contribution (\$)  
\$250.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/26/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Teresa Jayanty

Amount of contribution (\$)  
\$500.00

Contributor address; City; State; Zip Code  
\_\_\_\_\_  
\_\_\_\_\_, Houston, TX 77024

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:  
3 of 4

2 FILER NAME

Elizabeth Santos

3 Filer ID (Ethics Commission Filers)

4 Date  
10/25/17

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

7 Amount of contribution (\$)  
\$100.00

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

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
10/15/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Janette Garza

Amount of contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
-, houston, TX, 77009

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/26/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Zeph Capo

Amount of contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
Houston, TX 77018

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/27/17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Theresa Keefe

Amount of contribution (\$)  
\$250.00

Contributor address; City; State; Zip Code  
Houston, TX 77018

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:  
4 of 4

2 FILER NAME

Elizabeth Santos

3 Filer ID (Ethics Commission Filers)

4 Date  
10/25/17

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

Mindy Wilson

7 Amount of contribution (\$)  
\$500.00

6 Contributor address; City; State; Zip Code

, Houston, TX 77018

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
10/27/17

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

Jason Cisneroz

Amount of contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code

, Houston, TX 77009

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1	
2 FILER NAME Elizabeth Santos		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$0	
5 Date 10/1/2017	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santiago Santos	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code _____ _____, Houston, TX 77022	700	Campaign HQ Space
		<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#: _____) _____ Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			



# 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: 1 of 3	<b>2</b> FILER NAME Elizabeth Santos	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/24/2017	<b>5</b> Payee name Cognitive Campaigns	
<b>6</b> Amount (\$) \$6,109.23	<b>7</b> Payee address; City; State; Zip Code 2902 Fuqua, Houston, TX 77047	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Consulting 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  Direct Mail Campaign
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10/23/2017	Payee name Cognitive Campaigns	
Amount (\$) \$2,500.00	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 10/2/2017	Payee name Cognitive Campaigns	
Amount (\$) \$1,847.00	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: _____	

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: 2 of 3	<b>2</b> FILER NAME Elizabeth Santos	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 10/24/2017	<b>5</b> Payee name Facebook
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<b>6</b> Amount (\$) \$11.82	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA-94205
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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) 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 Digital Advertising
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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 10/20/2017	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 Campaign literature
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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 10/2/2017	Payee name Facebook
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Amount (\$) \$10.53	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA-94205
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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 Digital Advertising
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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 10/24/2017		<b>5</b> Payee name Facebook			
<b>6</b> Amount (\$) \$238.24		<b>7</b> Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA-94205			
<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  Digital Advertising		

<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 10/18/2017	Payee name Facebook
Amount (\$) \$50.02	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA-94205

<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  Digital Advertising
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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 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
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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 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.

<b>1</b> Total pages Schedule G: 1 of 1	<b>2</b> FILER NAME Elizabeth Santos	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 10/28/2017	<b>5</b> Payee name Campaign Partners
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<b>6</b> Amount (\$) 49 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 16 Dudley Street, Fitchburg MA, 01420
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Website</b> <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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<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 10/11/2017	Payee name John Locke
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Amount (\$) 600 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2214 Ruth Street, Houston, TX 77004
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>	(b) Description <b>Volunteer Coordinator</b> <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 10/18	Payee name Sprint 2 Print
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Amount (\$) 428.86 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8748 Clay Road, Suite 300, Houston, TX 77080
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <b>Campaign literature</b> <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