CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / (RS) MR FIRST Augustian LAST	MI SUFFIX	OFFICE USE ONLY Date Repaired FOR RECORD AT 8:49 AM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	CORPUS Christ CORPUS Christ AREA CODE PHONE NUMBER (36) 774-0465 MS/MRS/MRS/MRS FIRST NICKNAME LAST	EXTENSION MI SUFFIX	JAN 1 4 2019 KARA SANDS CLERA COUNTY COURT INJECES COUNTY, TEXAS BY COUNTY COURT INJECES COUNTY, TEXAS BY COUNTY COURT INJECES COUNTY, TEXAS Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street ADDRESS (NO PO BOX PLEASE): APT / SI TOD EVER hart Corpus Christ:	JITE #; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 854-444	EXTENSION	
9 REPORT TYPE	January 15 30th day before elements 30th day b		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	07 01 2018	THROUGH 1Z	Day Year 2018
11 ELECTION	Month Day Year Primary 11 / 04 / 2018 General	Runoff Cher Description Special	
12 OFFICE	Corpus Christi Counci	13 OFFICE SOUGHT (If known	of the Peace
	Member, Dist. 3	Pet. 1	Place 3
	go то	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 F	iler ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE			
	COMMITTEE TYPE	COMMITTEE NAME		
	SPECIFIC	COMMITTEE ADDRESS		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,008.42	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, BITEMIZED	\$	
	4. TOTAL	\$ 2,413.40		
CONTRIBUTION BALANCE	5. TOTAL F	\$ 7,214.64		
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST D	\$		
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. JENNIFER M YSASSI Notary ID # 126400205 My Commission Expires February 5, 2020 AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subsci	101	by the said LNCY Rubio to certify which, witness my hand and seal of office.	, this the	
m		Janifur Ysassi	Court Clerk	
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Com			mmission Filers)
21		ILE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 9,018.42
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.	\times	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$ 2,413.40
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE RETURNED TO FILER	ONS	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 7 Amount of contribution (\$) 2.500.00 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#: Full name of contributor Date Amount of contribution (\$) 6. 508.42 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.

		EXPENDITURE	AIEGONIES	On BOX o(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services	Office Over Polling Exp nse Printing Ex		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment		The Instruction Guide e	explains how to co	omplete this form.		
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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	The Instruction Guide explain	ns how to complete this form.	T		
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	Check if travel of	outside of Texas. Complete Schedule T. in, TX, officeholder living expense		
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURE CATEGORIES FOR BOX 8(a)						
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURE CATEGORIES FOR BOX 8(a)					
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8	(a) Category (See Categories listed at the top of this schedule) (b) Description				
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EXPENDITURE CATEGORIES FOR BOX 8(a)				
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	The Instruction Guide explai	ins how to complete this form.		
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