



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

*Juan Jasso*

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

\$

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

\$

*12,275*

EXPENDITURE  
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

*4,258.<sup>82</sup>*

CONTRIBUTION  
BALANCE

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

\$

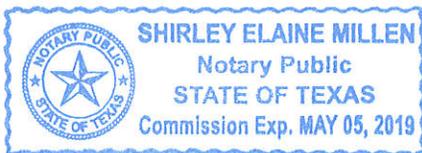
*11,999.<sup>42</sup>*

OUTSTANDING  
LOAN TOTALS

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

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

*Juan Jasso*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Juan Jasso, this the 5<sup>th</sup> day of February, 2018, to certify which, witness my hand and seal of office.

*Shirley Elaine Millen*  
Signature of officer administering oath

Shirley Elaine Millen  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME <i>Juan Jasso</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>12,275</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ <i>875.<sup>50</sup></i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>3,383.<sup>32</sup></i>
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:

9

2 FILER NAME

*TUAN JESSE*

3 Filer ID (Ethics Commission Filers)

4 Date

*4/6/18*

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

*REBECCA GREENAN*

7 Amount of contribution (\$)

*100*

6 Contributor address; City; State; Zip Code

*511 N. AKARD, #1501 DALLAS, TX 75201*

8 Principal occupation / Job title (See Instructions)

*ATTORNEY/ASSISTANT DEAN*

9 Employer (See Instructions)

*UNIVERSITY OF NORTH TEXAS COLLEGE OF LAW*

Date

*4/6/18*

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

*SANDRA MORALES*

Amount of contribution (\$)

*100*

Contributor address; City; State; Zip Code

*4410 VANDELIA, DALLAS, TX 75219*

Principal occupation / Job title (See Instructions)

*NONE*

Employer (See Instructions)

*NONE*

Date

*4/16/18*

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

*JOHN WILEY PRICE*

Amount of contribution (\$)

*500*

Contributor address; City; State; Zip Code

*510 E. SRU, DALLAS, TX 75203*

Principal occupation / Job title (See Instructions)

*COUNTY COMMISSIONER*

Employer (See Instructions)

*DALLAS COUNTY*

Date

*4/20/18*

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

*BRIDGET LOPEZ*

Amount of contribution (\$)

*250*

Contributor address; City; State; Zip Code

*6258 VELASCO DALLAS, TX 75244*

Principal occupation / Job title (See Instructions)

*ATTORNEY*

Employer (See Instructions)

*LINEBARGER*

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 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

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

7 Amount of contribution (\$)

1/22/16

Dr. MARIA ELBA GARCIA

500

6 Contributor address;

City; State; Zip Code

618 W. JEFFERSON DALLAS, TX. 75208

8 Principal occupation / Job title (See Instructions)

COUNTY COMMISSIONER

9 Employer (See Instructions)

DALLAS COUNTY

Date

Full name of contributor

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

Amount of contribution (\$)

1/23/16

LINEBARGER GOGGAN BLAIR & SAMPSON

1,000

Contributor address;

City; State; Zip Code

2777 N. STEMMONS FWY, #1000 DALLAS, TX. 75207

Principal occupation / Job title (See Instructions)

LAW FIRM

Employer (See Instructions)

SAME

Date

Full name of contributor

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

Amount of contribution (\$)

1/23/16

DON MAISON

100

Contributor address;

City; State; Zip Code

P.O. BOX 192671 DALLAS, TX. 75219

Principal occupation / Job title (See Instructions)

ADMINISTRATOR

Employer (See Instructions)

AIDS SERVICES OF DALLAS

Date

Full name of contributor

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

Amount of contribution (\$)

1/24/16

RONALD DANIEL

100

Contributor address;

City; State; Zip Code

825 HAINES, DALLAS, TX. 75208

Principal occupation / Job title (See Instructions)

—

Employer (See Instructions)

RETIRED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

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

7 Amount of contribution (\$)

1/24/18

Joe Alcantara

6 Contributor address;

City; State; Zip Code

250

7304 Lane Park Court, Dallas, TX 75225

8 Principal occupation / Job title (See Instructions)

Businessman

9 Employer (See Instructions)

Self employed

Date

Full name of contributor

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

Amount of contribution (\$)

1/25/18

Brenda Loyd

Contributor address;

City; State; Zip Code

100

829 N. Montclair, Dallas, TX 75208

Principal occupation / Job title (See Instructions)

None

Employer (See Instructions)

None

Date

Full name of contributor

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

Amount of contribution (\$)

1/25/18

James Mathis

Contributor address;

City; State; Zip Code

100

2029 W. Colorado Blvd., Dallas, TX 75208

Principal occupation / Job title (See Instructions)

Businessman

Employer (See Instructions)

Self

Date

Full name of contributor

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

Amount of contribution (\$)

1/25/18

Monny Gamber

Contributor address;

City; State; Zip Code

250

1310 Kings Hwy., Dallas, TX 75208

Principal occupation / Job title (See Instructions)

Businessman

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

1/25/18

David VARELA

250

6 Contributor address; City; State; Zip Code

210 N. Elm, Dallas, TX. 75211

8 Principal occupation / Job title (See Instructions)

Businessman

9 Employer (See Instructions)

SELF

Date

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

Amount of contribution (\$)

1/25/18

Raymond Quintanilla

500

Contributor address; City; State; Zip Code

4739 Maple Ave, Dallas, TX. 75219

Principal occupation / Job title (See Instructions)

Businessman

Employer (See Instructions)

SELF

Date

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

Amount of contribution (\$)

1/25/18

Guadalupe Garcia

1,000

Contributor address; City; State; Zip Code

300 W. Davis, Dallas, TX. 75208

Principal occupation / Job title (See Instructions)

Funeral Director

Employer (See Instructions)

SELF

Date

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

Amount of contribution (\$)

1/25/18

Jorge Baldoz

2,000

Contributor address; City; State; Zip Code

1999 McKinley Ave. #1804, Dallas, TX 75201

Principal occupation / Job title (See Instructions)

Businessman

Employer (See Instructions)

SELF

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 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

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

7 Amount of contribution (\$)

1/25/18

KATHERINE RODRIGUEZ

500

6 Contributor address;

City; State; Zip Code

5539 MEADOW CREST, Dallas, TX. 75230

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

—

RETIRED

Date

Full name of contributor

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

Amount of contribution (\$)

1/25/18

ALFREDO DUARTE

500

Contributor address;

City; State; Zip Code

924 GLADE FOREST CIR., CEDAR HILL, TX. 75104

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

BUSINESSMAN

SELF

Date

Full name of contributor

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

Amount of contribution (\$)

1/25/18

VICTOR BALLAS

1,000

Contributor address;

City; State; Zip Code

4936 RADBROOK PL., DALLAS, TX. 75220

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

BUSINESSMAN

SELF

Date

Full name of contributor

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

Amount of contribution (\$)

1/25/18

MINERVA RODRIGUEZ

500

Contributor address;

City; State; Zip Code

2030 MAIN, #450 DALLAS, TX. 75201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

EVENT PLANNER

SELF

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 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

1/25/18

RICHARD MARQUEZ

550

6 Contributor address; City; State; Zip Code

325 W. 12th, Dallas, TX. 75208

8 Principal occupation / Job title (See Instructions)

CEO

9 Employer (See Instructions)

TEXANS CAN ACADEMIES

Date

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

Amount of contribution (\$)

1/25/18

PAMELA CARROLL

100

Contributor address; City; State; Zip Code

123 W. Woodfin Dallas, TX. 75224

Principal occupation / Job title (See Instructions)

NONE

Employer (See Instructions)

NONE

Date

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

Amount of contribution (\$)

1/25/18

AL WEIR

500

Contributor address; City; State; Zip Code

10721 LUNA RD., Dallas, TX. 75220

Principal occupation / Job title (See Instructions)

BUSINESSMAN

Employer (See Instructions)

SELF

Date

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

Amount of contribution (\$)

1/26/18

J. SCOTT CHASE

100

Contributor address; City; State; Zip Code

1700 Pacific Av., #3700 Dallas, TX. 75201

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

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

7 Amount of contribution (\$)

1/27/18

ANGEL REYES

250

6 Contributor address;

City; State; Zip Code

5950 BERKSHIRE LN. #410 DALLAS, TX 75225

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

SELF

Date

Full name of contributor

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

Amount of contribution (\$)

1/27/18

MARTIN ROONSMAN, JR.

100

Contributor address;

City; State; Zip Code

3529 ROCK CREEK DR., DALLAS, TX 75204

Principal occupation / Job title (See Instructions)

Medical Doctor

Employer (See Instructions)

SELF

Date

Full name of contributor

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

Amount of contribution (\$)

1/29/18

ANDRES RUZO

200

Contributor address;

City; State; Zip Code

7139 HILLGREEN DR., DALLAS, TX 7524

Principal occupation / Job title (See Instructions)

BUSINESSMAN

Employer (See Instructions)

SELF

Date

Full name of contributor

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

Amount of contribution (\$)

1/30/18

MARICELA MARTINEZ

50

Contributor address;

City; State; Zip Code

11394 EARLYWOOD DR., DALLAS, TX 75216

Principal occupation / Job title (See Instructions)

BUSINESSWOMAN

Employer (See Instructions)

SELF

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 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

1/20/16

Gloria Bowden

50

6 Contributor address; City; State; Zip Code

109 Trinity Ln., Waxahachie, TX. 75168

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

RETIRED

Date

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

Amount of contribution (\$)

1/20/16

Trinidad Garza

50

Contributor address; City; State; Zip Code

2235 W. Colorado, Dallas, TX. 75211

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

Date

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

Amount of contribution (\$)

1/30/16

David Bradley

100

Contributor address; City; State; Zip Code

2504 Summit Dr., Irving, TX. 75062

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

REAL ESTATE

SELF

Date

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

Amount of contribution (\$)

1/30/16

Nellie Tafalla

100

Contributor address; City; State; Zip Code

4603 Asubrook Rd., Dallas, TX. 75227

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

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 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

1/30/16

5 Full name of contributor

Lyla Turner

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

7 Amount of contribution (\$)

350

6 Contributor address;

City; State; Zip Code

3512 Haynie Av., Dallas, TX 75205

8 Principal occupation / Job title (See Instructions)

Businessman

9 Employer (See Instructions)

SELF

Date

1/30/16

Full name of contributor

Mary Castilleja

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

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

2626 Bentley, Dallas, TX 75211

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/31/16

Full name of contributor

David Luther, Jr.

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

Amount of contribution (\$)

75

Contributor address;

City; State; Zip Code

619 Kessler Springs Dr., Dallas, TX 75206

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

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.

# 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.

1 Total pages Schedule F1: <u>1</u>	2 FILER NAME <u>Joan Gasso</u>	3 Filer ID (Ethics Commission Filers)
-------------------------------------	--------------------------------	---------------------------------------

4 Date <u>1/12/18</u>	5 Payee name <u>Go Oak Cliff</u>
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6 Amount (\$) <u>600</u>	7 Payee address; City; State; Zip Code <u>info @ go oak cliff. org, Dallas, TX. 75208</u>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <u>EVENT EXPENSE</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
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Date <u>1/23/18</u>	Payee name <u>Bobby's T-SHIRTS</u>
---------------------	------------------------------------

Amount (\$) <u>184<sup>02</sup></u>	Payee address; City; State; Zip Code <u>907 WYNNWOOD VILLAGE, Dallas, TX. 75224</u>
-------------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>OTHER - T-SHIRTS</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>1/23/18</u>	Payee name <u>Hill Town LIQUOR</u>
---------------------	------------------------------------

Amount (\$) <u>91.48</u>	Payee address; City; State; Zip Code <u>3610 W. JEFFERSON, #200, Cockrell Hill, TX. 75211</u>
--------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>FOOD/BEVERAGE EXPENSE</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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME JUAN MASO	3 Filer ID (Ethics Commission Filers)
---------------------------------	---------------------------	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 Date 12/19/17	6 Payee name EDWARDS & PATTERSON
--------------------	-------------------------------------

7 Amount (\$) 2,706. <sup>76</sup>	8 Payee address; City; State; Zip Code 4733 Dow Dr., Dallas, TX 75247
---------------------------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------	---	---

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

Date 1/30/18	Payee name EDWARDS & PATTERSON
-----------------	-----------------------------------

Amount (\$) 676. <sup>56</sup>	Payee address; City; State; Zip Code 4733 Dow Dr., Dallas, TX 75247
-----------------------------------	--

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	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
------------------------	--	---

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