

2019 JAN 15 PM 2:12
FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 24		OFFICE USE ONLY					
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR	FIRST			MI	Date Received		
		Paula							
		NICKNAME	LAST	SUFFIX					
		Rosales							
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	Date Processed	
		07	01	2018	THROUGH	09	27	2018	
								Receipt #	Amount \$
								Date Imaged	

6 EXPLANATION OF CORRECTION

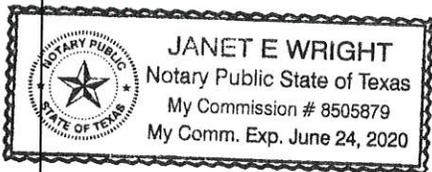
In-kind contributions were not subtracted when calculating "total political contributions maintained as of the last day of the reporting period" on cover sheet page 2 in this and in prior report, error discovered after CPA review and re-examination of all 2018 filed reports. Calculations have been corrected to reflect subtraction of in-kind contributions from totals.

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Paula Rosales
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Paula Rosales, this the 15th day of January 20 19, to certify which, witness my hand and seal of office.

Janet E Wright Janet E Wright Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: <p style="text-align:center;">23</p>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Paula	MI
	NICKNAME	LAST Rosales	SUFFIX
OFFICE USE ONLY			
Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	PO Box 515801		
	Dallas, TX 75251		
	Date Hand-delivered or Date Postmarked		
Receipt #		Amount	
Date Processed			
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Dr. Michael W. Waters	MI
	NICKNAME	LAST	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	3203 Holmes Street, Dallas, Texas 75215		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		972-754-7275	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election CORRECTED <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month	Day	Year
	07/01/2018	THROUGH	09/27/2018
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	11/06/2018		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Statutory County Judge - Judge, County Court at Law No. 4

GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**
2 of 23

13 C / OH NAME Rosales, Paula	14 Filer ID
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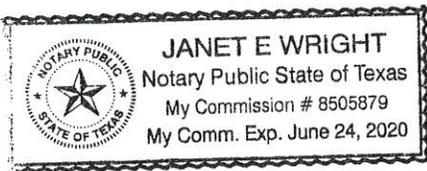
15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	32,328.47
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	11,888.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	40,861.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 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.

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Janet E Wright Janet E Wright Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Rosales, Paula	19 Filer ID
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/>	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 27,075.00
2. <input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 5,253.47
3. <input checked="" type="checkbox"/>	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$ 0.00
4. <input checked="" type="checkbox"/>	SCHEDULE E(J): LOANS (JUDICIAL)	\$ 0.00
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 11,888.67
6. <input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. <input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0.00
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/8 Rpt: 4/23
2 FILER NAME Rosales, Paula		3 Filer ID
4 Date 09/19/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barber, Scott	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 2908 Masters Circle Plano, TX 75093		
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baron & Budd, P.C.	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code 3102 Oak Lawn Ave Suite 1100 Dallas, TX 75219		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baron and Blue, Attorneys at Law	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 25 Highland Park Village Suite 100-772 Dallas, TX 75205		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/8 Rpt: 5/23
2 FILER NAME Rosales, Paula		3 Filer ID
4 Date 07/18/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barriozabal, Maria	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 1148 W. Russel PL San Antonio, TX 78201		
8 Contributor's Principal Occupation retired		9 Contributor's Job Title retired
10 Contributor's employer/law firm n/a		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/09/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Tre'	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 751 Kessler Lake Dr. Dallas, TX 75208		
Contributor's Principal Occupation On Target supplies and logistics		Contributor's Job Title president
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonesio, W. Michael	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code P.O. Box 62 Rockwall, TX 75087		
Contributor's Principal Occupation Attorney-Mediator		Contributor's Job Title Attorney-Mediator
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/8 Rpt: 6/23
2 FILER NAME Rosales, Paula		3 Filer ID
4 Date 08/20/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, AI	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 3811 Turtle Creek Blvd. Suite 400 Dallas, TX 75219		
8 Contributor's Principal Occupation lawyer		9 Contributor's Job Title lawyer
10 Contributor's employer/law firm Sommerman, McCaffity & Quesada, L.L.P.		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/24/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank L. Branson, P.C.	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code Highland Park Place, Suite 1800 4514 Cole Ave. Dallas, TX 75205		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/08/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Melissa	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 13928 Hughes Lane Dallas, TX 75240		
Contributor's Principal Occupation lawyer		Contributor's Job Title lawyer
Contributor's employer/law firm Meg Health Care		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/8 Rpt: 7/23
2 FILER NAME Rosales, Paula		3 Filer ID
4 Date 07/20/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff M. Tillotson, P.C.	7 Amount of Contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code 1807 Ross Ave Suite 325 Dallas, TX 75201		
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/12/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey M. Tillotson, P.C.	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 1807 Ross Ave. Dallas, TX 75201		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John R. Salazar, P.C.	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code The Salazar Center 2201 Main Street, 9th Floor Dallas, TX 75201		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/8 Rpt: 8/23
2 FILER NAME Rosales, Paula		3 Filer ID
4 Date 09/20/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Brittany Gomez, P.C. <hr/> 6 Contributor address; City; State; Zip Code 2034 Main St. Dallas, TX 75201	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/12/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Carmen S. Mitchell, LLC <hr/> Contributor address; City; State; Zip Code 750 N. St. Paul Dallas, TX 75201	Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/18/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lidji, Isaac <hr/> Contributor address; City; State; Zip Code 10440 N. Central Expressway Suite 1240 Dallas, TX 75231	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm The Lidji Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/8 Rpt: 9/23
2 FILER NAME Rosales, Paula		3 Filer ID
4 Date 09/18/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronquillo, Marcos	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 13155 Noel Road Suite 700, LB # 13 Dallas, TX 75240		
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Fishman Jackson Ronquillo PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/25/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shrader & Associates, LLP	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code 3900 Essex Lane Suite 390 Houston, TX 77027		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Somerman, McCaffity, & Quesada, LLP	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 3811 Turtle Creek Blvd Suite 1400 Dallas, TX 75219		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/8 Rpt: 10/23
2 FILER NAME Rosales, Paula		3 Filer ID
4 Date 08/02/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Benton Law Firm, PLLC	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 1825 Market Center Blvd. Suite 350 Dallas, TX 75207		
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd H. Ramsey PC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 3500 Maple Ave Suite 1250 Dallas, TX 75219		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/05/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughan & Ramsey	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2000 E. Lamar Blvd., No. 430 Arlington, TX 76006		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/8 Rpt: 11/23
2 FILER NAME Rosales, Paula		3 Filer ID
4 Date 07/26/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wishnew, Dave <hr/> 6 Contributor address; City; State; Zip Code 1700 Pacific Avenue Suite 1290 Dallas, TX 75201	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Crawford, Wishnew & Lang, PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 12/23	
2 FILER NAME Rosales, Paula		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 09/20/2018	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAS Law Firm	8 Amount of contribution (\$) \$5,253.47	9 In-kind contribution description Fundraiser: location, food, beverage, gratuity - \$4,707.47; Valet/tip - \$296; Photography - \$250
	7 Contributor address; City; State; Zip Code 212 W. Spring Valley Rd. Richardson, TX 75081	<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)			

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B(J):
Sch: 1/1 Rpt: 13/23

2 FILER NAME
Rosales, Paula

3 Filer ID
lrlasiter@gmail.com

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Pledgor's principal occupation

11 Pledgor's job title

12 Pledgor's employer/law firm

13 Law firm of pledgor's spouse (if any)

14 If pledgor is a child, law firm of parent(s) (if any)

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 1/1 Rpt: 14/23
2 FILER NAME Rosales, Paula		3 Filer ID
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> None		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/9 Rpt: 15/23		2 FILER NAME Rosales, Paula		3 Filer ID	
4 Date 08/22/2018		5 Payee name Amazon			
6 Amount (\$) \$49.16		7 Payee address; City; State; Zip Code 410 Terry Ave North Seattle, WA 98109			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photo folders	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/27/2018		Payee name Amazon			
Amount (\$) \$15.14		Payee address; City; State; Zip Code 410 Terry Ave North Seattle, WA 98109			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense photo envelopes	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/02/2018		Payee name Azul Strategies			
Amount (\$) \$4,000.00		Payee address; City; State; Zip Code 2022 Ford Street Austin, TX 78704			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense partial campaign victory bonuses	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/9 Rpt: 16/23		2 FILER NAME Rosales, Paula		3 Filer ID	
4 Date 07/02/2018		5 Payee name Azul Strategies			
6 Amount (\$) \$3,128.43		7 Payee address; City; State; Zip Code 2022 Ford Street Austin, TX 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Runoff campaign contract; remainder of bonuses; event mngmt, invitations, design/printing/ mailing	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/16/2018		Payee name BBVA Compass Bank			
Amount (\$) \$3.00		Payee address; City; State; Zip Code 1134 N. Buckner Dallas, TX 75218			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense paper statement fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/21/2018		Payee name BBVA Compass Bank			
Amount (\$) \$3.00		Payee address; City; State; Zip Code 1134 N. Buckner Dallas, TX 75218			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense paper statement fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES 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: Sch: 3/9 Rpt: 17/23	2 FILER NAME Rosales, Paula	3 Filer ID
4 Date 09/24/2018	5 Payee name BBVA Compass Bank	
6 Amount (\$) \$3.00	7 Payee address; City; State; Zip Code 1134 N. Buckner Dallas, TX 75218	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense paper statement fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 08/27/2018	Payee name Beto O'Rourke Campaign	
Amount (\$) \$100.00	Payee address; City; State; Zip Code PO Box 3628 El Paso, TX 79923	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 08/21/2018	Payee name Bill Gipson for Constable Precinct 2	
Amount (\$) \$100.00	Payee address; City; State; Zip Code PO Box 850994 Mesquite, TX 75185	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/9 Rpt: 18/23	2 FILER NAME Rosales, Paula	3 Filer ID
4 Date 07/16/2018	5 Payee name Dallas Morning News	
6 Amount (\$) \$14.02	7 Payee address; City; State; Zip Code 1954 Commerce Street Dallas, TX 75201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Newspaper	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2018	Payee name George Allen Courthouse Parking	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 600 Commerce Street Dallas, TX 75202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense judges-elect orientation meeting parking fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2018	Payee name Glitteratti	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 3208 Riverlakes Dr. Hurst, TX 76053	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography for June 28, 2018 Meet & Greet
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/9 Rpt: 19/23	2 FILER NAME Rosales, Paula	3 Filer ID
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4 Date 09/20/2018	5 Payee name Here Lounge
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6 Amount (\$) \$70.00	7 Payee address; City; State; Zip Code 9028 Garland Road Dallas, TX 75218
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign team meals
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/16/2018	Payee name National Association of Latino Elected Officials
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 1415 N. Loop West Fwy Ste. 1020 Houston, TX 77008
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership fee
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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 07/02/2018	Payee name Office Depot
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Amount (\$) \$38.96	Payee address; City; State; Zip Code 5111 Greenville Ave. Dallas, TX 75206
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stationery
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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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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/9 Rpt: 20/23	2 FILER NAME Rosales, Paula	3 Filer ID
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4 Date 09/24/2018	5 Payee name Office Depot
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6 Amount (\$) \$20.29	7 Payee address; City; State; Zip Code 5111 Greenville Ave. Dallas, TX 75206
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fundraiser poster
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/21/2018	Payee name Ramos for Texas House District 102
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Amount (\$) \$100.00	Payee address; City; State; Zip Code PO Box 102 Richardson, TX 75085
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/27/2018	Payee name Sasha Moreno for Justice of the Peace Precinct 4-2
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Amount (\$) \$100.00	Payee address; City; State; Zip Code PO Box 166095 Irving, TX 75016
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/9 Rpt: 21/23	2 FILER NAME Rosales, Paula	3 Filer ID
4 Date 07/02/2018	5 Payee name Sohne, Tina	
6 Amount (\$) \$1,250.00	7 Payee address; City; State; Zip Code 3671 Crowberry Way Eules, TX 76040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign victory bonus
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2018	Payee name Sohne, Tina	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 3671 Crowberry Way Eules, TX 76040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense graphic design, social media, event management services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2018	Payee name Sohne, Tina	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 3671 Crowberry Way Eules, TX 76040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimbursement for stationery and postage costs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/9 Rpt: 22/23		2 FILER NAME Rosales, Paula		3 Filer ID	
4 Date 09/20/2018		5 Payee name Sohne, Tina			
6 Amount (\$) \$750.00		7 Payee address; City; State; Zip Code 3671 Crowberry Way Eules, TX 76040			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign manager fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/01/2018		Payee name The Action Network			
Amount (\$) \$344.10		Payee address; City; State; Zip Code 1900 L St NW Washington, DC 20036			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accumulated fundraising fees for on-line donations	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/27/2018		Payee name The Action Network			
Amount (\$) \$139.57		Payee address; City; State; Zip Code 1900 L St NW Washington, DC 20036			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accumulated fees for on-line fundraising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/9 Rpt: 23/23	2 FILER NAME Rosales, Paula	3 Filer ID
4 Date 09/27/2018	5 Payee name Victoria Neave For State Representative	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 10440 N. Central Expy Suite 1230 Dallas, TX 75231	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name _____ Office sought _____ Office held _____		