

Official Public Records of
Harris County
Stan Stanart
County Clerk

Campaign Finance Report



Stan Stanart

COUNTY CLERK
HARRIS COUNTY, TEXAS

FileNo: 2017233
Received By Clerk: 7/17/2017
File Date: July 17, 2017
Office: Justice Of The Peace Pct. 3, Place 2
Candidate: Bates, Lucia G.
Treasurer: Brisco, Mike
Category: Contributions And Expenditures
Delivered By: Personal Appearance
Type: COR

Harris County No Fee

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 (Ethics Commission Filers) 2016569		2 Total pages filed: 22	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR (MR) FIRST LULIA MI G		OFFICE USE ONLY		
	NICKNAME LAST BATES SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 15315 Southern Breeze Ct Houston, Tx 77049				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (281) PHONE NUMBER 352-2593 EXTENSION		Date Received		
6 CAMPAIGN TREASURER NAME	MS / MRS (MR) FIRST MIKE MI		Date Hand-delivered or Date Postmarked		
	NICKNAME LAST BRISCO SUFFIX		Receipt # Amount \$		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 15307 Plantation Glen Park Houston, Texas 77049				
8 CAMPAIGN TREASURER PHONE	AREA CODE (713) PHONE NUMBER 907-7382 EXTENSION		Date Processed		
9 REPORT TYPE	Date Imaged				
10 PERIOD COVERED	<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 checked="" 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)				
11 ELECTION	Month Day Year Month Day Year 12 / 19 / 2016 THROUGH 06 / 30 / 2017 ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 03 / 04 / 2018 <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) JUSTICE OF THE PEACE PRECINCT 3 PLACE 2		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

14 JC/OH NAME LUCIA G BATES 15 Filer ID (Ethics Commission Filers) 2016569

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

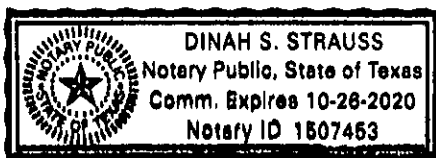
COMMITTEE CAMPAIGN TREASURER NAME

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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 850.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 574.99
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 567.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Lucia G Bates
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lucia Bates, this the 17th day of July, 20 17, to certify which, witness my hand and seal of office.

Dinah S. Strauss
Signature of officer administering oath

Dinah S. Strauss
Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME

LUCIA G. BAILES

20 Filer ID (Ethics Commission Filers)

2016569

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ <i>850.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>500.00</i>
3.	<input checked="" type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$ <i>0.00</i>
4.	<input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$ <i>0.00</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0.00</i>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0.00</i>
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0.00</i>
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>274.99</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>300.00</i>
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0.00</i>
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0.00</i>
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>33.50</i>

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 2
2 FILER NAME LULIA G BATES		3 Filer ID (Ethics Commission Filers) 2016569
4 Date 3/6/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: ALAN HELFMAN	7 Amount of contribution (\$) 250.
6 Contributor address: City: State: Zip Code 8727 CRESCENT GATE HOUSTON, TX 77024		
8 Contributor's principal occupation CAR DEALERSHIP		9 Contributor's job title CAR DEALER
10 Contributor's employer/law firm RIVER OAKS CHRYSLER DODGE		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 4/27/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: MIKE BRISCO	Amount of contribution (\$) 200.
Contributor address: City: State: Zip Code 15307 PLANTATION GLEN CT HOUSTON TX 77049		
Contributor's principal occupation RETIRED		Contributor's job title RETIRED
Contributor's employer/law firm RETIRED FROM SHELL		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 5/6/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: KAREN LABALAIS	Amount of contribution (\$) 200.
Contributor address: City: State: Zip Code P.O. BOX 315 HANKAMER TX 77560		
Contributor's principal occupation ANALYST		Contributor's job title DIRECTOR
Contributor's employer/law firm HKR RANCHES		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <u>2</u>
2 FILER NAME <u>LUCIA G. BATES</u>		3 Filer ID (Ethics Commission Filters) <u>2014569</u>
4 Date <u>5/6/2017</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>RACHEL RABALAIS</u>	7 Amount of contribution (\$) <u>200.</u>
6 Contributor address; City; State; Zip Code <u>1403 SADDLE CREEK FARMS DR CROSBY TX 75532</u>		
8 Contributor's principal occupation <u>MEDICAL AESTHETICIAN</u>		9 Contributor's job title <u>AESTHETICIAN</u>
10 Contributor's employer/law firm <u>MEMORIAL PLASTIC SURGERY</u>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
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	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
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)		
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>LULIA G BATES</u>		3 Filer ID (Ethics Commission Filers) <u>2016569</u>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>06/30/17</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>KIMBERLY GONZALEZ</u>	8 Amount of Contribution \$ <u>500.00</u>	9 In-kind contribution description <u>COOZIES FOR EVENT</u>
7 Contributor address; City; State; Zip Code <u>3930 FM 1960 RD HUMBLE, TX 77338</u>		<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) <u>COPIER DISTRIBUTOR</u>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <u>PRESIDENT</u>	
14 Contributor's employer/law firm (FOR JUDICIAL) <u>PLATINUM COPIERS</u>		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)			

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

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

The instruction Guide explains how to complete this form.		1 Total pages Schedule B(J): <div style="text-align: center; font-size: 1.5em;">1</div>	
2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">LULIA G BATES</div>		3 Filer ID (Ethics Commission Filers) <div style="font-size: 1.2em; font-family: cursive;">2016569</div>	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code		8 Amount of Pledge \$
		9 In-kind contribution description <input type="checkbox"/> 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)			

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS (JUDICIAL)**SCHEDULE E(J)**

The Instruction Guide explains how to complete this form.				1 Total pages Schedule E(J): 1	
2 FILER NAME LULIA G BATES				3 Filer ID (Ethics Commission Filers) 2016569	
4 TOTAL OF UNITEMIZED LOANS				\$ 0.00	
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (IO#: _____)			9 Loan Amount (\$)	
6 Is lender a financial institution? Y N	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 a 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 a child, law firm of parent(s) (if any)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender 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
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:	2 FILER NAME <i>LUCIA G BATES</i>	3 Filer ID (Ethics Commission Filers) <i>2016569</i>
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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

UNPAID INCURRED OBLIGATIONS		SCHEDULE F2	
EXPENDITURE CATEGORIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	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 F2:	2 FILER NAME <i>LUCIA G BATES</i>		3 Filer ID (Ethics Commission Filers) <i>2016569</i>
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS			\$ <i>0.00</i>
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(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	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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			

**PURCHASE OF INVESTMENTS MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

1

2 FILER NAME

LUCIA G BATES

3 Filer ID (Ethics Commission Filers)

2016569

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased;

City;

State;

Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased;

City;

State;

Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 F4: 4		2 FILER NAME JULIA G BATES		3 Filer ID (Ethics Commission Filers) 2016569	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ 15.68	
5 Date 4/5/17		6 Payee name FACEBOOK			
7 Amount (\$) 7.68		8 Payee address; City; State; Zip Code 24906412Y1391E89G 4046 FACEBK EEXYZAE022 650-6187714 CA 1213951229			
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)		(b) Description	
		ADVERTISING EXPENSE		<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 5/1/17		Payee name FACEBOOK			
Amount (\$) 8.00		Payee address; City; State; Zip Code 24906413R146NG3B8 4046 FACEBK VUYZ0B2022 650-6187714 CA 1216066167			
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)		Description	
		ADVERTISING EXPENSE		<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					

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 F4: 4	2 FILER NAME LUCIA G BATES	3 Filer ID (Ethics Commission Filers) 2016569
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 95.76
5 Date 6/1/2017	6 Payee name FALEBOOK	
7 Amount (\$) 13.00	8 Payee address: City: State: Zip Code 24204294 PGNS 15WW7 4046 FALEBK DB3XNB2922 650-5434800 CA 124554232	
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) 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
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 6/8/2017	Payee name BARU SPORTS	
Amount (\$) 82.76	Payee address: City: State: Zip Code 12770 E 39th AVENUE UNIT C DENVER CO 80239	
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) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 F4:

4

2 FILER NAME

LUCIA G BATES

3 Filer ID (Ethics Commission Filers)

2016569

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ 41.40

5 Date

6/16/2017

6 Payee name

99 CENTS ONLY STORES

7 Amount (\$)

21.40

8 Payee address:

City: State: Zip Code

5809 E SAM HOUSTON PKWY N. HOUSTON, TX 77049

9 TYPE OF EXPENDITURE



Political



Non-Political

10

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

EVENT EXPENSE

(b) Description



Check if travel outside of Texas. Complete Schedule T.



Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

6/28/2017

Payee name

PW CUSTOM

Amount (\$)

20.00

Payee address:

City: State: Zip Code

961 BETHEL AVE PENNSAUKEN, NJ 08110

TYPE OF EXPENDITURE



Political



Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

ADVERTISING EXPENSE

Description



Check if travel outside of Texas. Complete Schedule T.



Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 F4: 4	2 FILER NAME LUCIA G BATES	3 Filer ID (Ethics Commission Filers) 2016569
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 122.15
5 Date 06/30/2017	6 Payee name TRANSFER EXPRESS	
7 Amount (\$) 122.15	8 Payee address; City; State; Zip Code 7650 TYLER RD MENTOR OH 44060	
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) 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
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	Office sought
Payee name	Office held	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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 PERSONAL FUNDS

SCHEDULE G

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 G: 1		2 FILER NAME LUCIA G. BATES		3 Filer ID (Ethics Commission Filers) 2016569	
4 Date 5/12/2017		5 Payee name CONSTABLE CHRIS DIAZ			
6 Amount (\$) 300.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 101 S RICHEY ST. PASADENA, TEXAS 77506			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name CONSTABLE CHRIS DIAZ		Office sought CONSTABLE Pct 2.	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H: 1	2 FILER NAME LULIA G BATES	3 Filer ID (Ethics Commission Filers) 2016569
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	2 FILER NAME LULIA G BATES	3 Filer ID (Ethics Commission Filers) 2016569
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

LUCIA G BATES

3 Filer ID (Ethics Commission Filer)

2016569

4 Date

5 Name of person from whom amount is received

AMEGV BANK OF TEXAS

8 Amount (\$) 33.50

6 Address of person from whom amount is received; City; State; Zip Code

P.O. BOX 27459 HOUSTON TEXAS 77227

7 Purpose for which amount is received

FEE REFUND

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

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OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:

1

2 FILER NAME

LUCIA G BATES

3 Filer ID (Ethics Commission Filers)

2016569

LENDER
INFORMATION

4 Name of lender

5 Lender address; City; State; Zip Code

GUARANTOR
INFORMATION

6 Name of guarantor

☐ not applicable

7 Guarantor address; City; State; Zip Code

LENDER
INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR
INFORMATION

Name of guarantor

☐ not applicable

Guarantor address; City; State; Zip Code

LENDER
INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR
INFORMATION

Name of guarantor

☐ not applicable

Guarantor address; City; State; Zip Code

LENDER
INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR
INFORMATION

Name of guarantor

☐ not applicable

Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The Instruction Guide explains how to complete this form.

1 Total pages Schedule M: 1

2 FILER NAME

LUCIA G BATES

3 Filer ID (Ethics Commission Filers)

2016569

4 Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <u>1</u>
2 FILER NAME <u>LUCIA G BATES</u>		3 Filer ID (Ethics Commission Filers) <u>2016569</u>
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Schedule A2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B(J)</div> <div style="width: 33%;"><input type="checkbox"/> Schedule C2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule D</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F1</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F4</div> <div style="width: 33%;"><input type="checkbox"/> Schedule G</div> <div style="width: 33%;"><input type="checkbox"/> Schedule H</div> <div style="width: 33%;"><input type="checkbox"/> Schedule COH-UC</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B-SS</div> </div>		
6 Dates of travel	7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Schedule A2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B(J)</div> <div style="width: 33%;"><input type="checkbox"/> Schedule C2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule D</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F1</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F4</div> <div style="width: 33%;"><input type="checkbox"/> Schedule G</div> <div style="width: 33%;"><input type="checkbox"/> Schedule H</div> <div style="width: 33%;"><input type="checkbox"/> Schedule COH-UC</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B-SS</div> </div>		
Dates of travel	Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Schedule A2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B(J)</div> <div style="width: 33%;"><input type="checkbox"/> Schedule C2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule D</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F1</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F4</div> <div style="width: 33%;"><input type="checkbox"/> Schedule G</div> <div style="width: 33%;"><input type="checkbox"/> Schedule H</div> <div style="width: 33%;"><input type="checkbox"/> Schedule COH-UC</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B-SS</div> </div>		
Dates of travel	Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Schedule A2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B(J)</div> <div style="width: 33%;"><input type="checkbox"/> Schedule C2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule D</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F1</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F4</div> <div style="width: 33%;"><input type="checkbox"/> Schedule G</div> <div style="width: 33%;"><input type="checkbox"/> Schedule H</div> <div style="width: 33%;"><input type="checkbox"/> Schedule COH-UC</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B-SS</div> </div>		
Dates of travel	Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
<div style="text-align: center;"> ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED </div>		