

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 C	iulde explains how t	o complete this for	n,	(Ethics Commission Filers)	2 Total pages file	ed:
3 CANDIDATE/ OFFICEHOLDER	MS MRS MR	FIRST	ULIA	16569 MG	OFFICE	USE ONLY
NAME	NICKNAME	LAST BH	TES	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		OUTHER E				
Change of Address		<u>,</u>		,		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (281)	PHONE NUMBER 352-25	93	EXTENSION	Date Hand-delivered	i or Date Posimarked
6 CAMPAIGN TREASURER	MS / MRS (MR)	FIRST	lise	MI.	Receipt #	Amount \$
NAME		LAST B	0520	SUFFIX	Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		o po box please); af Plantatio	***************************************	CITY; STATE; PARK HOUS	ZIP CODE	XAS 7704Y
8 CAMPAIGN TREASURER PHONE	AREA CODE (7/3)	PHONE NUMBER 907-73	<i>9</i> 2	EXTENSION		
9 REPORT TYPE	January 15 July 15		elaro election fore election	Runoff Exceeded \$500 limit	treasurer ap (Officeholde	
10 PERIOD COVERED	Month Day 19/1	Year 2016	HROUGH	Month Day <i>06 / 30 /</i>	4017 2017	
11 ELECTION	ELECTION DATE Day O3 / O4 / o	_ 		ELECTION TYPE Unoff Other Description Description		
12 OFFICE	OFFICE HELD (if any)			3 OFFICE SOUGHT (II KNOWN JUSTICE OF PRECINCT.	THE PEA	
		GO	TO PAGE	2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME		2	15 Filer ID (Ethics Commission Filers)
LUCI	AGB	ATES	2016569
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE NSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORTURES.	WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	_		·
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	GOMMITTEE ADDRESS	
>			
Additional Pages	i.	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		a.	
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER T S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM	HAN S O. OO
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 850.00
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS	\$ 0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$574.99
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS ORTING PERIOD	\$ 567.01
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS ONLY OF THE REPORTING PERIOD	F THE \$ 0.00
18 AFFIDAVIT			
	DINAH S. ST ENotary Public, St Comm. Expires Notary ID 1	true and correct and includes all i under Title 15, Election Code. 10-26-2020 507453	of perjury, that the accompanying report is information required to be reported by me
AFFIX NOTARY STAME	P/SEALABOVE)	100
Sworn to and subsci	ribed before me.	ov the said [U.M.I. Dates	this the
day of \) Ulu	14	to certify which, witness my hand and seal of offic	
(XI) Lugar	Strum	Dinah S. Strauss	
Signature of office a	dministering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Com	nmission Filers)
	LULIA G BATES 2016564	9.
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ <i>8.50</i> .00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500.00
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$ 0.00
4,	SCHEDULE E(J): LOANS (JUDICIAL)	\$ 0.00
5,	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6.	SCHEDULE F2. UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	· 274.99
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$300.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12,	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 33.50

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, LUCIA G BATES	3 Filer ID (Ethics Commission Filers)
3/6/2011 6 Contributor address City: State: Zip Code 8121 CLESCENT GATE HOUSTON, 1x 17024	2016569 7 Amount of contribution (\$) 250.
8 Contributor's principal occupation 9 Contributor's job title CAR SEALERSHIP CAR DEA	
10 Contributor's employer/law firm ### Law firm of contributor ###################################	
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Le/27/2017 Contributor address; City: State: Zip Code 15307 PLANTATION GLEN CT HOUSTON TANK Contributor's principal occupation Contributor's job title	Amount of contribution (\$),280.
RETIRED KEARED	
Contributor's employer/law firm Law firm of contributo	r's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$) 200.
Contributor's principal occupation Contributor's job title ANAL VST AIRECTOR	
Contributor's employer/law firm Law firm of contributo HKR RANCHES	or's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see instruction guide for additiona	

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 LUCIA G. BATES	3 Filer ID (Ethics Commission Filers) 2016-56-9 7 Amount of contribution (\$) 200			
5 Full name of contributor out-of-state PAC ID#:	7 Amount of contribution (\$) 200			
8 Contributor's principal occupation 9 Contributor's job title MEDICAL ACSTHETICIAN ACSTHET	CIAN			
10 Contributor's employer/law firm 11 Law firm of contribut 12 SUPSERY	or's spouse (il.any)			
12 If contributor is a child, law firm of parent(s) (if any)				
Date Full name of contributor Out-of-state PAC ID#:	Amount of contribution (\$)			
Contributor address; City; State; Zip Code				
Contributor's principal occupation	B			
Contributor's employer/law firm Law firm of contributor	tor's spouse (if any)			
If contributor is a child, law firm of parant(s) (if any)				
Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)			
Contributor address; City; State: Zip Code				
Contributors principal occupation Contributor's job tit	le			
Contributor's employer/law firm Law firm of contributor	utor's spouse (if any)			
If contributor is a child, law firm of parent(s) (if any)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	S NEEDED nal reporting requirements.			

The Instruction Guide explains how to complete this form	•	1 Total pages Schedule A2:	
FILER NAME LULIA G BATES		3 Filer ID (Ethics Commission Filers)	
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	
Date 6 Full name of contributor out-of-state PAC (ID#: SIMBERLY GONIALEZ 7 Contributor address; City: State: Zip Code 3930Fm 1960RN HUMBLE, TX	77220	8 Amount of 9 In-kind contribution description 500.00 COZIES FOR EVENT Check if travel outside of Texas. Complete Schedul	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		or (FOR NON-JUDICIAL)(See Instructions)	
2 Contributor's principal occupation (FOR JUDICIAL) OPIER DISTRIBUTOR 4 Contributor's employer/law firm (FOR JUDICIAL) OPIER DISTRIBUTOR FOR JUDICIAL) If if contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	PR	ntor's job title (FOR JUDICIAL) (See Instructions) CESIDE NT n of contributor's spouse (if any) (FOR JUDICIAL)	
Date Full name of contributor out-of-state PAC filds: Contributor address; Gity; State; Zip Goo	de	Amount of Contribution \$ In-kind contribution description Check if travel outside of Texas. Complete Schedu	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	ar (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions	
Contributor's employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (If any) (FOR JUDICIA	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

The instruction Guide explains how to complete this for	m. 1 Total pages Schedule B(J):			
2 FILER NAME, LULIA G BATES	3 Filer ID (Ethics Commission Filers) 20/6569			
4 TOTAL OF UNITEMIZED PLEDGES	2016569 \$ 0.00			
5 Date 6 Full name of pledgor out-of-state PAC (ID#:	8 Amount 9 In-kind contribution of Pledge \$ description			
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)				
Date Full name of pledgor out-of-state PAC (ID#:	Amount In-kind contribution of Pledge \$ description			
Pledgor address; City; State; Zi	p Code			
	Check if travel outside of Taxas. 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	Amount of Pledge \$ In-kind contribution description			
Pledgor address; City; State; Zi	p Code Check If travel outside of Texas, Complete Schedule T.			
Pledgor's principal occupation	Pledgors job litle			
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 11 contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

SCHEDULE E(J)

Total pages Schedule E(J):

2 FILER NAME	6 BATES		3 Filer ID (Ethics Commission Filers) 20/4569	
4 TOTAL OF UNITEMIZED LOANS			\$ 0.00	
5 Date of loan	7 Name of lender		9 Loan Amount (\$)	
6 Is lender a financial institution?	8 Lender address; City; S	State; Zip Code	10 Interest rate	
Y N	,		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 spou	se (if any)	
16 If lender is a child,	law firm of parent(s) (if any)			
17 Description of Collateral 18 Check if personal funds were deposited into political account (See Instructions) 19 QUARANTOR 20 Name of guaranter 22 Amount Guaranteed (\$)				
INFORMATION			Z Allouit Guarantou (4)	
	21 Guarantor address; City;	State; Zip Code		
not applicable				
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)				

Forms provided by Texas Ethics Commission

LOANS (JUDICIAL)

The Instruction Guide explains how to complete this form.

www.ethics.state.tx.us

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

Revised 9/8/2015

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to	complete this form.
Total pages Schedule F1:	2 FILER NAME AUCIA G BATES	3 Filer ID (Ethics Commission Filers)
Date	5 Payee name	30.000/
Amount (\$)	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) 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
Date	Payee name	
Amount (\$)	Payee address; City; State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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/OR	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 Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense

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 Faes Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica	
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F2:	2 FILER NAME 3 Filer ID (Ejhics Commission Filers) 2016569
4 TOTAL OF UNITER	AIZED UNPAID INCURRED OBLIGATIONS \$ 0.00
5 Date	6 Payee name
7 Amount (\$)	8 Payee address; City; State: Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (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/Of	Candidate / Officeholder name Office sought Office held
Date	Payoe name
Amount (\$)	Payee address; City; State: Zip Cede
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	Category (Sea Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expanditure to benefit C/O	Candidate / Office held H
	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:
2 FILER NAME LUCIA & BATES	3 Filer ID (Ethics Commission Pilers) 2016-569
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 SCHEDU	LE AS NEEDED

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 Gitt/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)

Candidate/Officeno)der/Politica	The Instruction Guide explains how to compl	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F4:	SULIA 6 BATES	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CRED	* 15.68
5 Date 4/5/17	6 Payee name FACEBOOK	
7 Amount (\$) 7.48	8 Payee address; City; State; Zip Code	
	2490641241391E89G 404	6 FALEBK EEXXZAEDD2 450-6187714 CA 1213956729
9 TYPE OF EXPENDITURE	Political Non-Politica	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	No. 180	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	ADVERTISING EIPENSE	Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O		sought Office held
- CAPONIANATO ID BONGIN OF		
5/1/17	Payee name FBUEBOOK	<u> </u>
Amount (\$) 8.00	Payee address; City; State; Zip Code	
	24906413R146NG3B8 4046FX	LEBK VUYZB2022 650-68774 CA 1216066169
TYPE OF EXPENDITURE	Political Non-Politica	al
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	Anvenue	Check if travel outside of Taxas, Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	ADVERTISING EXPENSE	Check if Austria, 1A, Dilicenologi living expense
Complete ONLY if direct expenditure to benefit C/C		e sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCH	IEDULE AS NEEDED
(

SCHEDULE F4

	EXPENDITURE CATE	GORIES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor			
<u>-</u>	The Instruction Guide explai	ns how to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME LULIA G BATE	5	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	: 95.76	
5 Date 6/1/2017	6 Payee name FALEBOOK			
7 Amount (\$) /3.00	8 Payee address; City; State; 24204294 PGNS 15WW	,	083 KN 82922 4800 CA 124554232	
9 TYPE OF EXPENDITURE	Political	Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Category	Check	if travel outside of Texas, Complete Schedule T, tif Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date, 6/2017	Payee name BARU SPORTS			
Amount (\$) 82.76	Payee address; City; State;	•	ENVER CO 80239	
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF	Category (See Categories listed at the top of	Chec	tion kiftravel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense	
EXPENDITURE	EVENT EXPENSE	1]Chac	n ii Aussifi, I.A. bilicenbloef living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	IEEDED	

SCHEDULE F4

	EXPENDITURE CATE	GORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expenso Polling Expense Printing Expense Salaries/Wagos/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travet In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explai	ns how to complete this form.	1
1 Total pages Schedule F4:	LUCIA G BATES		3 Filer ID (Ethics Commission Filers) 2016569
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 41.40
5 Date //// 2017	99 CENTS ONLY	STORES	,
7 Amount (\$) 21-40	8 Payee address: City, State;	Zip Code	_
	5809 E SAM HOUSTO	N PKWY N. HOU.	STON, TX 77049
9 TYPE OF . EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of	this schedule) (b) Descripti	lon
PURPOSE		Check	if travel outside of Texas, Complete Schedule T.
OF EXPENDITURE		Check	t if Austin, TX, officeholder living expense
EXPENDITURE	EVENT GAPENS		
11 Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
6/28/2017	Payed name CUSTOM		
Amount (\$) 20.00	Payee address; City; State	; Zip Code	
	941 BETHEL H	THE PENNSON	KEN, NJ 08110
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of	this achedule) Descrip	tion
01155005	Category (see categories issue at the top of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	k if travel outside of Texas. Complete Schedule T.
PURPOSE OF	ADVERTISING EXP	DEN COL	k if Austin, TX, officeholder living expense
EXPENDITURE	1,200011011 - 041		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
expenditure to denent C/C	on .	N.	
•	ATTACH ADDITIONAL CODIES	OF THIS SCHEDULE AS N	NEEDED WWW

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Committee Legal Services	Expense Printing Expense Salaries/Wages/Co					
The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME LUCIA G BA	165	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEM	ZED EXPENDITURES CH	HARGED TO A CREDIT	CARD \$ 122.15				
5 Date 04/30/2011	6 Payee name	EXPRESS					
7 Amount (\$)/22.15	8 Payee address; Cit						
	7650 TYLER K	D MENTOR	04 44060				
9 TYPE OF EXPENDITURE	V Political	Non-Political					
10	(a) Category (See Categories listed	at the top of this schedule)	(b) Description				
PURPOSE			Check if travel outside of Texas, Complete Schedule T.				
OF	ANVEDTICINA	-4	Check if Austin, TX, officeholder living expense				
EXPENDITURE	ADVERTISING	EVENSE	CHECK II Addilli, 17, Unicerciae living expense				
11 Complete ONLY if direct expenditure to benefit C/O	11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
Date	Payee name						
Amount (\$)	Payee address: Ci	iy; State; Zip Code					
TYPE OF EXPENDITURE	Political	Non-Political					
	Category (See Categories lister	i at the top of this schedule)	Description				
PURPOSE			Check if trave) outside of Texas. Complete Schedule T.				
OF			Check if Austin, TX, officeholder living expense				
EXPENDITURE							
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholde	ar name Office s	ought Office held				
·							
	"magger"						
	ATTACH ADDITIONAL	COPIES OF THIS SCHE	DULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

 				···		
	<u>-</u>	EXPENDITURE CA	TEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Consulting Expense Candidate/Officeholder/Politik Credit Card Payment		Event Expenso Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services The Instruction Guide ex	Office Of	Expense Wages/Contract Labor	Travel In District Travel Out Of Dis	uipment & Related Expense
1 Total pages Schedule G:	2 FILER NA	ME 9 G BATES			3 Filer ID (Eth	ics Commission Filers)
5/12/2017	5 Payee nar		IS DIA	Z		•
6 Amount (\$)300.50	7 Payee add	dress; City; State; SRICHEY ST	Zip Code	SADENA, T	TEXAS 9	17506
ntended 8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of the	nis schedule)		de of Texas. Complete Sc	
9 Complete ONLY if direct expenditure to benefit C/6	Candid	PAISING EXF ate / Officeholder name IBBLE CHRIS	AIAZ	Office sought	CONSTABL	Office held $E Pot 2$.
Date	Payee nar					
Amount (\$) Relimbursement from political contributions intended	Payee ad	dress; City; State;	Zip Code	,		,
PURPOSE OF EXPENDITURE	Category	See Categories listed at the top of t	his schedule)		ide of Texas. Complete So TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/		ate / Officeholder name		Office sought		Office held
Date	Payee nar	ne				
Amount (\$)	Payee ad	dress; City; State;	Zip Code			
Reimbursement from political contributions Intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of t	his schedule)	<u> </u>	ide of Texas. Complete Si TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/		late / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

Page - 18

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

SCHEDULE H

										_
		EXPENDIT	URE CATEG	ORIES	OR BOX	8(a)				
Advertising Expenso Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politik Credit Card Payment		Event Expense Foes Food/Beverage Expe Glit/Awards/Memoria Logal Services The Instruction	als Expense	Office Over Polling Ex Printing Ex Salaries/M	pense /ages/Contrac	Expense t Labor	Transpo Travel Ir Travel C	n District Out Of District	ment & Related Expens	8
1 Total pages Schedule H:	2 FILER NA	SULIA (f BA	155			3 Filer	ID (Ethics)	Commission Filers)	
4 Date	5 Business						•			
6 Amount (\$)	7 Business	address; Cit	y: State; Zij	p Code						
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed	at the top of this sc	hedule) (b)	Checki	travel outside		nplete Schedul r living expen	-108K	
9 Complete ONLY if direct expenditure to benefit C/O	· •	ate / Officeholder	name		Office soug	jht			Office held	
Date	Business	name		*						
Amount (\$)	Business	address; G	iý; State; Zi	p Code						
PURPOSE OF EXPENDITURE	Category	(See Categories listed	at the top of this so	thedule)		I travel outsid		mplete Schedul er living exper		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	· ·	ate / Officeholder	name		Office soug	ht			Office held	
Date	Business	name								
Amount (\$)	Business	address; Ci	ty; Stato; Z	ip Code						
PURPOSE OF EXPENDITURE	Category	' (See Categories listed	i at the top of this so	chedule)		if travel outsic		omplete Schadu er Hving expe		
Complete ONLY if direct expenditure to benefit C/C	*	ate / Officeholder	name		Office sou	ght			Office held	
	ΑT	ACH ADDITION	AL COPIES	OF THIS	SCHEDUL	E AS NE	EDED			

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

600000				
V Z	The Instruc	tion Guide explains how to co	mplete this form.	
1 Total pages Schedule I:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
1 \	SULIA	6 BATES		2016569
4 Date	5 Payeo name			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
8 PURPOSE OF	(a) Category (See instru- categories.)	ctions for examples of acceptable	(b) Description (See	instructions regarding type of information
EXPENDITURE				
Date	Payee name			
Amount (\$)	Payee address;	City; State; Zip Code		
PURPOSE OF	Category (See instru categories.)	ections for examples of acceptable	Description (Sec	instructions regarding type of information
EXPENDITURE				
Date	Payee name			
Amount (\$)	Payee address;	City; State; Zip Code		
PURPOSE OF	Category (See instru categories.)	ictions for examples of acceptable	Description (See	e Instructions regarding type of information
EXPENDITURE				
Date	Payee name	-		
Amount (\$)	Payee address;	City; State; Zlp Code		
PURPOSE OF EXPENDITURE	Category (See instrucategories.)	uctions for examples of acceptable	Description (Ser	u instructions reparding type of information
	ATTACH AD	DITIONAL COPIES OF THI	S SCHEDULE AS NE	EEDED

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:	
2 FILER NAME	VUIA G BATES	3 Filer ID (Ethics Commit 2016569	ssion Filers) 2
4 Date	5 Name of person from whom amount is received AMEGY BANK OF TEXAS 6 Address of person from whom amount is received; City; State; P.O.BOX 27459 HOUSTON TEX		Amount (\$) 33,50
	7 Purpose for which amount is received Check if FEE REFUND	political contribution returned	ed to filer
Date	Name of person from whom amount is received Address of person from whom amount is received: City: State	Zip Code	Amount (\$)
	Purpose for which amount is received Check if	political contribution return	ed to filer
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State;	Zìp Code	Amount (\$)
	Purpose for which amount is received Check if	political contribution return	ed to filer
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State	; Zip Code	Amount (\$)
	Purpose for which amount is received Check if	political contribution return	ed to filor
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS NEEDED	

OUTSTA	NDING LOANS	SCHEDULE L
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule L:
2 FILER NAME	IVIA 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
<u></u>	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED

ASSETS VALUED AT \$500 OR MORE	SCHEDULE M
The Instruction Guide explains how to complete this form.	1 Total pages Schedule M:
2 FILER NAME AUCHA G BALES	3 Filer ID (Ethlos 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	3300
Description of Asset	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

IN-KIND CON FOR TRAVEL		S OR POLITIC OF TEXAS	AL EXPEN	DITURES	SCHEDULE T			
The Instruc	tion Guide explain	s how to complete this	form.	1 Total pages Schedule) T: /			
2 FILER NAME 3 Filer ID (Ethics Commission File) 20/6569								
4 Name of Contributor / C	Corporation or Labor	Organization / Pledgor / F	Рауве		,			
5 Contribution / Expenditu Schedule A2 Schedule F2	ure reported on: Schedule B Schedule F4	Schedule B(J)	Schedule C2	Schedule D	Schedule F1			
6 Dates of travel	7 Name of person(s) traveling 8 Departure city or name of departure location							
					·			
	9 Destination city of	or name of destination loc	ation	•				
10 Means of transportatio	n 11 Pur	pose of travel (including r	ame of conference,	seminar, or other event)				
Name of Contributor / (Corporation or Labor	r Organization / Pledgor /	Payee					
Contribution / Expendit			Schedule C2	Schedule D	Schedule F1			
Schedule A2	Schedule B	Schedule B(J)	Schedule H	Schedule COI				
Dates of travel	Name of persor							
	Departure city o	r name of departure locat	lon					
	*							
	Destination city	or name of destination lo	cation					
Means of transportat	ion - Pu	rpose of travel (including	name of conference	e, seminar, or other ever	nt)			
Name of Contributor /	Corporation or Labo	r Organization / Pledgor /	Рауее					
Contribution / Expendi	iture reported on:							
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1			
Schedule F2	Schedule F		Schedule H	Schedule CO				
Dates of travel	Name of perso	n(s) traveling		At the time of recordation found to be inadequate for t	this instrument was he best photographic			
Departure city or name of departure location reproduction because of illegibility, carbon or photo copy, discolored paper, etc. All blockouts, additions and changes were present at the time.								
Destination city or name of destination location the instrument was filed and recorded.								
Means of transporta	Means of transportation Purpose of travel (including name of conference, seminar, or other event)							
	ATTACH	I ADDITIONAL COPIES	OF THIS SCHED	ULE AS NEEDED				