

Official Public Records of **Harris County Stan Stanart County Clerk**

Campaign Finance Report



HARRIS COUNTY, TEXAS

FileNo:

201884

Received By Clerk:

1/16/2018

File Date:

January 16, 2018

Office:

County Judge

Candidate:

Hidalgo, Lina M.

Treasurer:

Pickett, G Troy

Category:

Contributions And Expenditures

Delivered By:

Personal Appearance

Type:

COR

Harris County No Fee

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH **COVER SHEET PG 1**

Т	he C/OH Instruction	Guide explains how	to complete th	is form.	Filer ID (Ethics Comm	nission Filers)	2. Total pag	es filed:
3	CANDIDATE/	MS/MRS/MR	FIRST	<u></u>		MI	OFFICE	USE ONLY
	OFFICEHOLDER NAME		Lina M.				Date Received	
	MANIE	NICKNAME	LAST			SUFFIX		
			Hidalgo					
4	CANDIDATE/	ADDRESS /PO BOX:	APT/SUITE#	CITY	STATE	ZIP CODE	1	
	OFFICEHOLDER ADDRESS	P. O. Box 88392		Houston	TX	77288	Date Hand-deliver	ed or Date Postmarked
	Change of Address							
5	CANDIDATE/	AREA CODE P	HONE NUMBER	₹	EXTENSI	ON	Receipt #	Amount \$
,	OFFICEHOLDER PHONE	(713) 89	8-4624					
 6	CAMPAIGN	MS/MRS/MR	FIRST			MI	Date Processed	
	TREASURER		G. Troy				Date Imaged	
	NAME	NICKNAME	LAST			SUFFIX	Date illiaged	
			Pickett					
7	CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS: 2222 Bissonnet Street	APT/	O3	Houston	STATE:	ZIP CODE 77005	
8	CAMPAIGN	AREA CODE	PHONE NUMB	ER	EXTENS	ON		
	TREASURER PHONE	(713) 58	9-8692					
9	REPORT TYPE	✓ January 15	30th day	before election	[]	Runoff	15th day	after campaign tresurer sent (officeholder only)
		July 15	8th day t	pefore election		Exceeded \$500 limit		ort (Attach- COH-FR)
4.0	DEDIOD	Month Day	Year	•		Month	Day	Year
TŲ	PERIOD COVERED	08/01/2017		THR	OUGH		12/31/2017	
11	ELECTION	ELECTION DAT Month Day		ELECTION Drimary		Runoff	Other	
		03/06/201		General	_	Special		
12	OFFICE	OFFICE HELD (if any)	<u>, </u>			13 OFFICE SOUG	HT (if known) ounty Judge	
		1) TO PAG				
Fo	rms provided by Texas (Ethics Commission	www.e	thics.state.tx	.us			Revised 9/8/201

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Lina M. Hidalgo		15 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE OF CONSENT. CANDIDATES AND OFFICEHOLDERS MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY OF SUCH EXPENDITURES.					
Ī	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages	:				
,		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1 TOTAL POLITICAL (PLEDGES, LOANS,	CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$2,774.84		
	2 TOTAL POLITICAL (OTHER THAN PLE	CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$54,949.75		
EXPENDITURE TOTALS	3 TOTAL POLITICAL I	EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$653.41		
	4 TOTAL POLITICAL I	EXPENDITURES	\$47,828.76		
CONTRIBUTION BALANCE	5 TOTAL POLITICAL OF REPORTING PE	CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY RIOD	\$7,443.08		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	\$1,400.00		
18 AFFIDAVIT		I swear, or affirm, under penalty of period is true and correct and includes all in me under Title 15, Election Code.			
AFFIX NOTARY S	TAMP / SEAL ABOVE	Signature of Cand	idate or Officeholder		
Sworn to and subscri	bed before me, by the said		this the		
day of	20	o certify which, witness my hand and seal of office.	·		
Signature of officer adm		nted name of officer administering oath Title	of officer administering oath		

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19.	FILER NAME Lina M. Hidalgo	20. FILER ID (E	thics Commission Filers)
21.	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTALS AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$52,754.84
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$2,194.91	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0.00	
4.	SCHEDULE E: LOANS		\$1,400.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI	BUTIONS	\$47,828.76
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONT	RIBUTIONS	\$0.00
В.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		. \$0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	SINESS OF C/OH	\$0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$0,00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS TO FILER	RETURNED	\$1,117.00

www.ethics.state.tx.us

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The ins	truction Guide explains how to complete this form.		Total pages Schedule A1: not available	
2. FILER NAME Lina M. Hidalgo)		3. Filer ID (Ethics Commission	Filers)
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
10/29/2017	Moctar Aboubacar	,		\$100.00
	6. Contributor address; City; State; ZII	P Code		
	2 Peabody Ter Apt 904 Cambridge, MA 02138-6213			
8. Principal occup Not Employe	· · · · · · · · · · · · · · · · · · ·	, ,	ver (See Instructions) ot Employed	
4. Date	5. Full name of contributor out-of-state PAC		7. Amount of contribution (\$)	
09/30/2017	Hana Al-Henaid			\$100,00
	6. Contributor address; City; State; Zi	P Code		
	30634 Lucania Dr Rancho Palos Verdes, CA 90275-6265			
Not Employe	·	· -	ver (See Instructions) ot Employed	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
11/05/2017	3939 Veselich Ave Apt 202 Los Angeles, CA 90039-1484	P Code		\$500.00
8. Principal occup Creative Executive	pation / Job title (See Instructions)	WW. 2	ver (See Instructions) he Donners' Company	
4. Date	5. Full name of contributoroul-of-state PAC		7. Amount of contribution (\$)	
09/30/2017	Rita Bergers			\$500.00
	6. Contributor address; City; State; ZI	P Code		
	1123 Berthea St Houston, TX 77006-6469		,	
Principal occup Not Employe	•		yer (See Instructions) ot Employed	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
12/03/2017	Barbara Bergin-Nader	•		\$1,000,00
	6. Contributor address; City; State; • ZI	P Code		
	104 Laura Ln Rollingwood, TX 78746-4666			
1	pation / Job title (See Instructions)		yer (See Instructions)	
Physician		T	exas Orthopedics Sports & Rehabili	itation

SCHEDULE A1

The Instruction Guide explains how to complete this form.				Total pages Schedule A1: not available	
2. FILER NAME Lina M. Hidalgo				3. Filer ID (Ethics Commission Fil	ers)
4. Date	5. Full name of contributorout-of-state	PAC		7. Amount of contribution (\$)	
12/17/2017	Linda Bessin				\$500.00
	6. Contributor address; City; S	State; Zi	P Code		
	741 N Clybourn Ave Burbank, CA 91505-3153				
8. Principal occup Not Employe	pation / Job title (See Instructions)			ver (See Instructions) of Employed	
4. Date	5. Full name of contributorout-of-state	PAC		7. Amount of contribution (\$)	
11/12/2017	Niraj Bhavsar				\$100.00
	6. Contributor address; City; S	State; ZI	P Code		**
	19406 Plantation Orchard Ln Richmond, TX 774	407-3084			
8. Principal occup Not Employe	pation / Job title (See Instructions) d			ver (See Instructions) ot Employed	
4. Date	5. Full name of contributorout-of-state	PAC		7. Amount of contribution (\$)	
08/13/2017	Irteza Binte-Farid				\$200.00
	6. Contributor address; City;	State; Zí	P Code		
	293 Peyton Ct Apt 8 Charlottesville, VA 22903-	-5410			
Principal occup PhD student	pation / Job title (See Instructions)		· -	yer (See Instructions) Penn	
4. Date	5. Full name of contributor out-of-state	PAC		7. Amount of contribution (\$)	
08/27/2017	Dan Black				\$100.00
	6. Contributor address; City;	State; ZI	P Code		
	66 Stroudwater Rd Portland, ME 04102-1614				
1	pation / Job title (See Instructions)			yer (See Instructions)	
Not employe	E Cull name of contributor	- 240	N	7. Amount of contribution (\$)	
10/22/2017	S. Full name of contributorout-of-state	в РАС		7. Amount of contribution (4)	
I CHARLEST !		State: ZI	P Code		\$100.00
	126 Kinnaird St Apt 2 Cambridge, MA 02139-2		. 0000		
8 Principal occur	pation / Job title (See Instructions)	.71 4	0 Employ	yer (See Instructions)	
Not Employe				ot Employed	
	······································				

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Ins	truction Gulde explains how to complete this form.	1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date	5. Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
08/13/2017	Valentin Bolotnyy	\$100.00
	6. Contributor address; City; State; ZIF	ZIP Code
	8 Suffolk St # 3 Cambridge, MA 02139-2713	
8. Principal occup Student	pation / Job title (See Instructions)	9 Employer (See Instructions) Not Employed
4. Date	Full name of contributor	7. Amount of contribution (\$)
10/30/2017	Valentin Bolotnyy	\$50.00
	6. Contributor address; City; State; ZII	ZIP Code
	8 Suffolk St # 3 Cambridge, MA 02139-2713	·
8. Principal occup Student	pation / Job title (See Instructions)	9 Employer (See Instructions) Not Employed
4. Date	Full name of contributor	7. Amount of contribution (\$)
8. Principal occup	3000 Pacific Ave San Francisco, CA 94115-1014	9 Employer (See Instructions) Self employed
4. Date	5. Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
12/31/2017	Lane Burtz	\$100.00
	6. Contributor address; City; State; Zli	ZIP Code
	2505 Mosswood Dr Carrollton, TX 75010-4230	
8. Principal occup Not employed		9 Employer (See Instructions) Retired
4. Date	Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
08/06/2017	Sandra Bustamante	\$50.00
	6. Contributor address; City; State; ZII	ZIP Code
	1701 Hermann Dr Houston, TX 77004-7452	
8. Principal occup Not Employe	· · · · · · · · · · · · · · · · · · ·	9 Employer (See Instructions) Not Employed

SCHEDULE A1

The Ins	struction Guide explains how to complete this form.	Total pages Schedule A1: not available		
2. FILER NAME Lina M. Hidalgo)		3. Filer ID (Ethics Commission	r Filers)
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
08/14/2017	Sandra Bustamante			\$200,00
	6. Contributor address; City; State; ZI	P Code		,
	1701 Hermann Dr Houston, TX 77004-7452			
8. Principal occupation / Job title (See Instructions) Not Employed			rer (See Instructions) ot Employed	
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
08/14/2017	Sandra Bustamante			\$100.00
	6. Contributor address; City; State; ZI	P Code		•••
	1701 Hermann Dr Houston, TX 77004-7452			
		9 Employ	/er (See Instructions)	
Not Employe	d	N	ot Employed	
4. Date 09/10/2017	Sandra Bustamante 6. Contributor address; City; State; ZI 1701 Hermann Dr Houston, TX 77004-7452	P Code	7. Amount of contribution (\$)	\$400.00
8. Principal occu Not Employe	pation / Job title (See Instructions)	20000000 -	yer (See Instructions) ot Employed	
4. Date	5. Full name of contributorout-of-state PAC	***************************************	7. Amount of contribution (\$)	7/31/31/3
10/08/2017	Sandra Bustamante			\$900.00
	6. Contributor address; City; State; Zf	P Code		
	1701 Hermann Dr Houston, TX 77004-7452			
1	•		yer (See Instructions)	
Not Employe		N	ot Employed	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
10/10/2017	Sandra Bustamante			\$43.00
	6. Contributor address; City; State; ZI	P Code		
	1701 Hermann Dr Houston, TX 77004-7452			
	pation / Job title (See Instructions)		yer (See Instructions)	-
Not Employe	ea	N	ot Employed	

SCHEDULE A1

The Ins	struction Guide explains how	to complete this for	m.	Total pages Schedule A1: not available	
2. FILER NAME Lina M. Hidalgo)			3. Filer ID (Ethics Commission	Filers)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
10/22/2017	Sandra Bustamante				\$300.00
	6. Contributor address;	City; State;	ZIP Code		••
	1701 Hermann Dr Houston, TX 7	7004-7452			
8. Principal occup Not Employe	pation / Job title (See Instruction	s)	·	yer (See Instructions) lot Employed	
4. Date	5. Full name of contributor	Dut-of-state PAC		7. Amount of contribution (\$)	
10/25/2017	Sandra Bustamante				\$700.00
	6. Contributor address;	City; State;	ZIP Code		
	1701 Hermann Dr Houston, TX 7	7004-7452			
	pation / Job title (See Instruction	5)		yer (See Instructions)	
Not Employe			N.	lot Employed	
4. Date	5. Full name of contributor	Out-of-state PAC		7. Amount of contribution (\$)	
11/07/2017	Sandra Bustamante		.		\$300.00
	6. Contributor address;	City; State;	ZIP Code		
	1701 Hermann Dr Houston, TX 7	77004-7452			
Principal occur Not Employe	pation / Job title (See Instructioned	s)	.00000000 0000000	yer (See Instructions) lot Employed	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
12/05/2017	Sandra Bustamante				\$1,000.00
	6. Contributor address;	City; State;	ZIP Code		
	1701 Hermann Dr Houston, TX 7	77004-7452			2000000co.
8. Principal occu	pation / Job title (See Instruction	ns)	9 Emplo	yer (See Instructions)	
Not Employe	ed		N	Not Employed	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
12/18/2017	Sandra Bustamante			***************************************	\$100,00
	6. Contributor address;	City; State;	ZIP Code		
-	1701 Hermann Dr Houston, TX	77004-7452			
	pation / Job title (See Instruction	ns)		yer (See Instructions)	
Not Employe	ed		N	Not Employed	

SCHEDULE A1

The Instruction Guide explains how to complete this form.				Total pages Schedule A1: not available			
2. FILER NAME Lina M. Hidalgo				3. Filer ID (Ethics Commission	Filers)		
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)			
08/13/2017	Sergio Bustamante				\$250.00		
	6. Contributor address;	City; State;	ZIP Code				
	2544 Ginger Wren Rd Pepper Pik	e, OH 44124-4564					
8. Principal occup Physician	pation / Job title (See Instructions	s)	I	yer (See Instructions) leveland Clinic			
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)			
10/29/2017	Kris Butler				\$200,00		
	6. Contributor address;	City; State;	ZIP Code	,			
	3501 Ross Ave Dallas, TX 75204	-5449					
8. Principal occul Not Employe	pation / Job title (See Instructions	s)	~~000000	ver (See Instructions) of Employed			
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)			
10/29/2017	Erika Carlsen				\$100.00		
	6. Contributor address;	City; State;	ZIP Code				
	5 Craigie Cir Apt 7 Cambridge, N	IA 02138-3451	. 🔊				
8. Principal occu Assistant Dir	pation / Job title (See Instruction ector	s)		yer (See Instructions) enter for Public Leadership			
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)			
10/15/2017	Synthia Chan				\$2,000.00		
	6. Contributor address;	City; State;	ZIP Code				
	19335 Greenwind Chase Dr Hous	ton, TX 77094-3440					
8. Principal occu Not Employe	pation / Job title (See Instruction	s)		yer (See Instructions) iot Employed			
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)			
09/30/2017	Ashley Chang				\$25.00		
	6. Contributor address;	City; State;	ZIP Code				
	1195 Chapel St Apt 3 New Haver	ı, CT 06511-4700					
I -	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)						
Student			Y	ale School of Drama			

SCHEDULE A1

The Ins	truction Guide explains how t	o complete this fo	rm.	Total pages Schedule A1: not available	
2. FILER NAME Lina M. Hidalgo				3. Filer ID (Ethics Commission I	Filers)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
10/29/2017	Ashley Chang				\$25.00
	6. Contributor address;	City; State;	ZIP Code		·
	1195 Chapel St Apt 3 New Haver	a, CT 06511-4700		•	
Principal occup Student	eation / Job title (See Instruction	s)		er (See Instructions) le School of Drama	
4. Date	5. Full name of contributor	Out-of-state PAC		7. Amount of contribution (\$)	
12/03/2017	Ashley Chang				\$25.00
	6. Contributor address;	City; State;	ZIP Code		
	1195 Chapel St Apt 3 New Haver	, СТ 06511 -4700			
8. Principal occup Student	pation / Job title (See Instruction	s)		er (See Instructions) de School of Drama	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
12/17/2017	Vincent Chen				\$100.00
	6. Contributor address;	City; State;	ZIP Code		
	653 Arkansas St San Francisco, C	CA 94107-2830			
8. Principal occup Business Ana	pation / Job title (See Instruction	s)	· -	er (See Instructions) piter Intellegence	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
09/24/2017	Christian Chung			, . ,	\$200.00
	6. Contributor address;	City; State;	ZIP Code		\$200.00
:	4700 N Capital Of Texas Hwy A	ot 104 Austin, TX 787	746-1132		
8. Principal occup Security Engi	pation / Job title (See Instruction	s)		er (See Instructions) CC Group	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/12/2017	Barbara Comiskey		_		\$200.00
	6. Contributor address;	City; State;	ZIP Code		-
	4810 Kingdale Dr San Jose, CA 9	5124-4909			
	pation / Job title (See Instruction	s)		er (See Instructions)	· · · · · ·
Not Employe	u		No	ot Employed	

SCHEDULE A1

The Ins	struction Guide explains how	to complete this f	orm.	Total pages Schedule A1: not available	
2. FILER NAME Lina M. Hidalg	0	,		3. Filer ID (Ethics Commission	Filers)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
12/31/2017	Jonathan Coopersmith				\$100.00
	6. Contributor address;	City; State;	ZIP Code		
	1811 Shadowwood Dr Tam Colle	ege Station, TX 7784	0-4846		
8. Principal occu academic	pation / Job title (See Instruction	าร)	, ,	yer (See Instructions) exas A&M	
4. Date	5. Full name of contributor	oul-of-state PAC		7. Amount of contribution (\$)	
10/22/2017	Geoffrey Corn 6. Contributor address:	City; State;	ZIP Code		\$50.00
	1238 W 22nd St Houston, TX 77	• •	2,, 0000		
8. Principal occu	pation / Job title (See Instruction	ns)	9 Emplo	yer (See Instructions)	· · · · · · · · · · · · · · · · · · ·
professor			SG	outh texas college of law	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/26/2017	Geoffrey Com				\$50.00
	6. Contributor address;	City; State	ZIP Code		
	1238 W 22nd St Houston, TX 77	7008-1808			
Principal occu professor	pation / Job title (See Instruction	ns)	.000000000 000000C	yer (See Instructions) outh texas college of law	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
12/24/2017	Geoffrey Com				\$50.00
	6. Contributor address;	City; State:	ZIP Code		
	1238 W 22nd St Houston, TX 77	7008-1808			
8. Principal occu professor	pation / Job title (See Instruction	ns)	l l	yer (See Instructions) outh texas college of law	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
12/17/2017	julie Costanzo				\$150.00
	6. Contributor address;	City; State:	ZIP Code		
	140 Divisadero St Apt 1 San Fra	ncisco, CA 94117-32	38		
1 '	pation / Job title (See Instruction	ns)	, ,	yer (See Instructions)	
Producder			S	elf	

SCHEDULE A1

The Ins	truction Guide explains how t	o complete this form		Total pages Schedule A1: not available	
2. FILER NAME Lina M. Hidalgo)			3. Filer ID (Ethics Commission	Filers)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
08/27/2017	Katherine Cromack				\$100.00
	6. Contributor address;	City; State; Z	IP Code	·	\$100.00
	536 Peru Ave San Francisco, CA	94112-1619			
8. Principal occup Operations Co	pation / Job title (See Instruction pordinator	s)		yer (See Instructions) alileo Learning	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/05/2017	jorge CUBIDES	_			\$250.00
	6. Contributor address;	City; State; Z	IP Code		\$250.00
	28314 Rolling Ridge Dr Katy, TX	77494-1455			
8. Principal occup Not Employe	pation / Job title (See Instruction	s)		yer (See Instructions) lot Employed	
4. Date	5. Full name of contributor	out-of-state PAC	······································	7. Amount of contribution (\$)	
12/17/2017	David L DesJardins		1		\$1,000.00
	6. Contributor address;	City; State; Z	IP Code		• 1,000.00
	1538 Burlingame Ave Burlingam	e, CA 94010-5102			
8. Principal occup	pation / Job title (See Instruction	s)	88	yer (See Instructions) elf Employed	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/19/2017	Larry Diamond				\$100.00
	6. Contributor address;	City; State; 2	IP Code		
	837 Tolman Dr Stanford, CA 943	05-1025		Í	
8. Principal occur Senior Fellow	pation / Job title (See Instruction	s)	38 6	yer (See Instructions) tanford University	, , , , , , , , , , , , , , , , , , ,
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
09/30/2017	Lauren Felice				\$200.00
	Contributor address;	City; State; 2	IP Code		
	1263 1st St SE Apt 422 Washingt	on, DC 20003-4522			
8. Principal occup Manager	pation / Job title (See Instruction	s)		yer (See Instructions)	

SCHEDULE A1

The Ins	truction Guide explains how to complete this form.	Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo)	3. Filer ID (Ethics Commission Filers)
4. Date	5. Full name of contributorcut-of-state PAC	7. Amount of contribution (\$)
08/27/2017	Maxime Fischer-Zernin	\$150.00
	6. Contributor address; City; State; ZIP Code	
	300 E 77th St New York, NY 10075-2450	
Principal occup Not employed	· · · · · · · · · · · · · · · · · · ·	oyer (See Instructions) Not employed
4. Date	Full name of contributor	7. Amount of contribution (\$)
08/13/2017	Imani Renee Franklin	\$100.00
	6. Contributor address; City; State; ZIP Code	
	4700 Guilford Forest Dr SW Atlanta, GA 30331-7394	
8. Principal occup Student	· · · · · · · · · · · · · · · · · · ·	oyer (See Instructions) Harvard
4. Date 08/20/2017	5. Full name of contributor Out-of-state PAC Lindsay Funk 6. Contributor address; City: State; ZIP Code 7 W View Dr Flemington, NJ 08822-5937	7. Amount of contribution (\$) \$100.00
 Principal occup Not Employe 	00000000000000000000000000000000000000	oyer (See Instructions) Not Employed
4. Date	Full name of contributor	7. Amount of contribution (\$)
12/31/2017	David Fyffe	\$100.00
	6. Contributor address; City; State; ZIP Code	
	6628 Warm Breeze Ln Dallas, TX 75248-5021	
8. Principal occup Dentist	· · · · · · · · · · · · · · · · · · ·	oyer (See Instructions) Sclf
4. Date	Full name of contributor	7. Amount of contribution (\$)
08/27/2017	Justin Galle	\$150.00
	6. Contributor address; City; State; ZIP Code	
	508 McBride Dr Lafayette, CA 94549-5718	
8. Principal occup Student		oyer (See Instructions) HKS

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Ins	truction Gulde explains how	to complete this fo	rm.	Total pages Schedule A1: not available	
2. FILER NAME Lina M. Hidalgo)			3. Filer ID (Ethics Commission F	Filers)
4. Date	5. Full name of contributor	out-of-state PAC _		7. Amount of contribution (\$)	
10/22/2017	Justin Galle	å			\$25.00
	6. Contributor address;	City; State;	ZIP Code		
	508 McBride Dr Lafayette, CA 9	4549-5718			
8. Principal occup Student	pation / Job title (See Instruction	s)	1	ver (See Instructions) KS	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
10/15/2017	Adam Genecov				\$600.00
	6. Contributor address;	City; State;	ZIP Code		
	1609 Amapola Ave Torrance, CA	90501-3102			
8. Principal occup Engineer	pation / Job title (See Instruction	ıs)		yer (See Instructions) paceX	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
08/20/2017	Daniel Goldberg				- \$100.00
	Contributor address;	City; State;	ZIP Code		
	28 Kelly Rd Apt 2 Cambridge, M	IA 02139-4404			
8. Principal occup Not Employe	pation / Job title (See Instruction d	is)		ver (See Instructions) ot Employed	
4. Date	5. Full name of contributor	ut-of-state PAC	<u> </u>	7. Amount of contribution (\$)	
12/03/2017	Millie Gong				\$100.00
	6. Contributor address;	City; State;	ZIP Code		
	24201 Summerhill Ave Los Alto	s, CA 94024-5230			
8. Principal occup Marketing Co	pation / Job title (See Instruction onsultant	ns)		yer (See Instructions) elf	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
08/20/2017	Jacob Goodman				\$300.00
	6. Contributor address;	City; State;	ZIP Code		
	5619 Kent Pl Goleta, CA 93117-	2131			
	pation / Job title (See Instruction	is)		yer (See Instructions)	
Legal Special	iist		G	oogle	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

		 			
The In	struction Guide explains how t	o complete this fo	rm.	Total pages Schedule A1: not available	
2. FILER NAME Lina M. Hidalg				3. Filer ID (Ethics Commission	n Filers)
4. Date	5. Full name of contributor	out-of-slate PAC		7. Amount of contribution (\$)	
10/22/2017	Colin Gray	· 			\$250.00
	6. Contributor address;	City; State;	ZIP Code		4 20 000
	524 Putnam Ave Cambridge MA	2139 Cambridge, MA	02139-4758		
8. Principal occu PhD Student	pation / Job title (See Instruction	s)		yer (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC	<u>'</u>	7. Amount of contribution (\$)	
08/20/2017	Pukar Hamal				\$100.00
	6. Contributor address;	City; State;	ZIP Code		4
	619 N San Matco Dr Apt 105 San	Mateo, CA 94401-23	344		
'	pation / Job title (See Instruction	s)	9 Emplo	yer (See Instructions)	
Co-Founder			Т	'eamable	
4. Date	5. Full name of contributor	out-of-state PAC	· · · · · · · · · · · · · · · · · · ·	7. Amount of contribution (\$)	
09/17/2017	Pukar Hamai	_			\$100.00
	6. Contributor address;	City; State;	ZIP Code		
	619 N San Mateo Dr Apt 105 San	i Mateo, CA 94401-2.	344		
8. Principal occu Co-Founder	upation / Job title (See Instruction	s)	···· I. ###	yer (See Instructions) Camable	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
08/06/2017	Devney Hamilton				\$202.00
	6. Contributor address;	City; State;	ZIP Code		•
	1419 S 14th St Lafayette, IN 4796	05-1966			
1	pation / Job title (See Instruction	s)		yer (See Instructions)	
Software De			S	assafras Tech Collective	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
10/08/2017	LiHe Han				\$100.00
	6. Contributor address;	City; State;	ZIP Code		
	2240 Blake St Apt 107 Berkeley,	CA 94704-2744			
	pation / Job title (See Instruction	s)		yer (See Instructions)	
Not Employ	ed		1	Not Employed	

SCHEDULE A1

The le	nstruction Guide explains how to complete this form.	Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidal		3. Filer ID (Ethics Commission Filers)
4. Date	Full name of contributoroul-of-state PAC	7. Amount of contribution (\$)
12/31/2017	James Roger Hellums	\$100.00
	6. Contributor address; City; State; ZIP C	
	4537 Pecan Valley Dr Plano, TX 75093-3327	
8. Principal occ Not Employ		Employer (See Instructions) Not Employed
4. Date	Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
08/14/2017	Jorge Luis Hidalgo	\$1,050.00
	6. Contributor address; City; State; ZIP C	
	1701 Hermann Dr # 28F Houston, TX 77004-7452	Ž,
8. Principal occ	cupation / Job title (See Instructions) 9	Employer (See Instructions) Avangard Innovative
4. Date	5. Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
08/13/2017	Sandy Huang	\$500.00
	6. Contributor address; City; State; ZIP 0	Code
	2014 Virginia St Apt 4 Berkeley, CA 94709-2112	
1	cupation / Job title (See Instructions) student Researcher	Employer (See Instructions) UC Berkeley
4. Date	5. Full name of contributorpul-of-state PAC	7. Amount of contribution (\$)
12/18/2017	Sue Jackson	\$250.00
	6. Contributor address; City; State; ZIP C	Code
	25 Via Sierra Grande Manitou Springs, CO 80829-2446	
1	cupation / Job title (See Instructions) 9	Employer (See Instructions)
Teacher 4. Date	5. Full name of contributor Coulot state PAC	Ruth Washburn Cooperative Nursery School 7. Amount of contribution (\$)
08/20/2017		7. Amount of continuation (\$)
08/20/2017	David James	\$2,000.00
	6. Contributor address; City; State; ZIP (-core
Q. Deinainal and	6430 Meadowcreek Dr Dallas, TX 75254-7832	Employer (See Instructions)
Attorney	cupation / Job title (See Instructions) 9	Employer (See Instructions) Edwards Law

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The ins	struction Guide explains how to complete this form	n.	Total pages Schedule A1: not available	
2. FILER NAME Lina M. Hidalgo			3. Filer ID (Ethics Commission	Filers)
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
09/24/2017	David James			\$1,900.00
	6. Contributor address; City; State;	ZIP Code		27, 23.03
	6430 Meadowcreek Dr Dallas, TX 75254-7832			
8. Principal occup	pation / Job title (See Instructions)	9 Employ	yer (See Instructions)	<u> </u>
Attorney		E	dwards Law	~
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
09/24/2017	David James			\$1,000.00
	6. Contributor address; City; State;	ZIP Code		
	6430 Meadowcreek Dr Dallas, TX 75254-7832			
l .	pation / Job title (See Instructions)		yer (See Instructions)	
Attorney		E	dwards Law	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
12/31/2017	David James			\$2,100.00
	6. Contributor address; City; State;	ZIP Code		
	6430 Meadowcreek Dr Dallas, TX 75254-7832			
8. Principal occu Attorney	pation / Job title (See Instructions)	.4886.	yer (See Instructions) dwards Law	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
08/13/2017	Felicia James			\$100.00
	6. Contributor address; City; State;	ZIP Code		
	2640 Creekway Dr Carrollton, TX 75010-4227			
1 '	pation / Job title (See Instructions)	9 Emplo	yer (See Instructions)	
Engineering 1	· · · · · · · · · · · · · · · · · · ·	Z	ipalog Inc.	
4. Date	5. Full name of contributorout-of-state PAC	***	7. Amount of contribution (\$)	
12/31/2017	Steve James			\$250.00
	6. Contributor address; City; State;	ZIP Code		
	6430 Meadowcreek Dr Dallas, TX 75254-7832			
	pation / Job title (See Instructions)		yer (See Instructions)	·
Not Employe	ed	N	ot Employed	

SCHEDULE A1

The I	nstruction Guide explains how t	o complete this fo	rm.	Total pages Schedule A1: not available	
2. FILER NAME Lina M. Hidal	***************************************	***		3. Filer ID (Ethics Commission I	Filers)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/13/2017	Lauren Kamin				\$100.00
	6. Contributor address;	City; State;	ZIP Code		φ100,00
	51 Ardsley Fert Irvington, NY 10	633			
8. Principal occ	supation / Job title (See Instructions	s)	9 Employ	yer (See Instructions)	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
12/31/2017	Alayne Katz				\$100,00
	6. Contributor address;	City; State;	ZIP Code		
	76 Greenway Dr Irvington, NY 10)533-1844			
8. Principal occ Lawyer	cupation / Job title (See Instruction	5)		yer (See Instructions) elf	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/12/2017	Susan Kay			·	\$500.00
	6. Contributor address;	City; State;	ZIP Code		••••
	2640 Benedict Canyon Dr Beverly	y Hills, CA 90210-10	23		
8. Principal occ Not Emplo	cupation / Job title (See Instruction yed	s)	1 ' '	yer (See Instructions) ot Employed	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
10/29/2017	Colin Killick				\$100.00
	6. Contributor address;	City; State;	ZIP Code		
•	163A Albion St Somerville, MA	02144-2647			
	cupation / Job title (See Instruction	s)	***************************************	yer (See Instructions)	
	y Organizer		D	isability Policy Consortium	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
09/01/2017	Amy Kimball				\$250.00
	6. Contributor address;	City; State;	ZIP Code		
	2026 Lakeshore Dr Agoura Hills,	CA 91301-2864			.,
8. Principal occ Medical Di	cupation / Job title (See Instruction	s)	1	yer (See Instructions) mgen	
Tricultal Di			^	•••	

SCHEDULE A1

					
The In	struction Guide explains how to complete	this form.		Total pages Schedule A1: not available	
2. FILER NAME Lina M. Hidalg	0			3. Filer ID (Ethics Commission	Filers)
4. Date	5. Full name of contributorout-of-state	e PAC		7. Amount of contribution (\$)	
12/17/2017	Samuel Kohn		_		\$75.00
	6. Contributor address; City;	State; ZII	P Code		\$ 10.00
<u> </u>	1327 Martin Luther King Jr Way Apt 1 Berkele	y, CA 94709	9-1988		
	pation / Job title (See Instructions) udent Researcher		, -	ver (See Instructions) C Berkeley	
4. Date	5. Full name of contributorout-of-stat	e PAC		7. Amount of contribution (\$)	
08/13/2017	Amy Larsen				\$100.00
	6. Contributor address; City;	State; Zii	P Code		•••••
	103 Hunters Run Dobbs Ferry, NY 10522-3404				
8. Principal occu	pation / Job title (See Instructions)		9 Employ	yer (See Instructions)	
Laywer			D	avis Polk & Wardwell	
4. Date	5. Full name of contributorout-of-stat	e PAC		7. Amount of contribution (\$)	
11/05/2017	Lizhi Liu				\$100,00
	6. Contributor address; City;	State; ZI	P Code		
	509 Fox Ct W Redwood City, CA 94061-3922				•
Principal occu PHD candid	pation / Jeb title (See Instructions)			yer (See Instructions) anford	
4. Date	5 Full name of contributorout-of-stat	e PAC		7. Amount of contribution (\$)	
09/17/2017	Charles Ludlam				\$2,500.00
	6. Contributor address; City;	State; ZI	P Code		
	4020 Reno Rd NW Washington, DC 20008-301	2			
8. Principal occu	upation / Job title (See Instructions)		9 Employ	yer (See Instructions)	
Not Employ	,		N	ot Employed	
4. Date	5. Full name of contributorout-of-stat	e PAC		7. Amount of contribution (\$)	
10/30/2017	Jane Manopoli				\$250.00
	6. Contributor address; City;	State; ZI	P Code		
	370 Beacon St Boston, MA 02116-1002				
8. Principal occu	upation / Job title (See Instructions)		9 Employ	yer (See Instructions)	
Writing and	Editing Professional		Se	elf employed	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Ins	struction Guide explains how to complete this form.		Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo	0		3. Filer ID (Ethics Commission Filers)
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
12/17/2017	Saskia Mauro		\$300.00
	6. Contributor address; City; State; ZI	P Code	
	1001 Tennessee St San Francisco, CA 94107-3015		
8. Principal occup Small Busine	pation / Job title (See Instructions) ss Owner	9 Employ Se	er (See Instructions) If
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)
12/28/2017	Mark McClung		\$250.00
	6. Contributor address; City; State; ZI	P Code	
	4156 Kite Meadow Dr Plano, TX 75074-7778		
1 '	pation / Job title (See Instructions)	B00000000000000.	er (See Instructions)
Electrical En		Te	exas Instrument
4. Date	5. Full name of contributoroul-of-state PAC		7. Amount of contribution (\$)
11/12/2017	Anmol Mehra		\$50.00
	6. Contributor address; City; State; Zi	P Code	
	79 Chandler St Apt 9 Boston, MA 02116-6285		
8. Principal occu Student	pation / Job title (See Instructions)		er (See Instructions) KS
4. Date	Full name of contributor Out-of-state PAC		7. Amount of contribution (\$)
12/10/2017	Anmol Mehra		\$50.00
	6. Contributor address; City; State; Zi	P Code	
	79 Chandler St Apt 9 Boston, MA 02116-6285		
Principal occu Student	pation / Job title (See Instructions)		er (See Instructions)
4. Date	5. Full name of contributor	<u> </u>	KS 7. Amount of contribution (\$)
	Out-or-state FAC		7. Amount of contribution (\$)
09/17/2017	Luis Mendoza		\$300.00
		IP Code	•
	24654 Kingsland Blvd Katy, TX 77494-3386		
· ·	pation / Job title (See Instructions)		rer (See Instructions)
Consultant		Ec	cuatex Investments Co.

SCHEDULE A1

The In	struction Gulde explains how to complete this form	n.	Total pages Schedule A1: not available	
2. FILER NAME Lina M. Hidalg	0		3. Filer ID (Ethics Commission	Filers)
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
10/15/2017	Luis Mendoza			\$300.00
	6. Contributor address; City; State;	ZIP Code		
	24654 Kingsland Blvd Katy, TX 77494-3386			
8. Principal occu Consultant	pation / Job title (See Instructions)	1 .	/er (See Instructions) cuatex Investments Co.	
4. Date	5. Full name of contributorout-of-state PAC	······	7. Amount of contribution (\$)	
08/27/2017	Nhu Miller			\$100.00
	6. Contributor address; City; State;	ZIP Code		
	160 Panoramic Way Berkeley, CA 94704-1830			
8. Principal occur not employe	pation / Job title (See Instructions)	.d00	yer (See Instructions)	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	-
08/27/2017	Thomas Miller			\$500.00
	6. Contributor address; City; State;	ZIP Code		
	725 Washington St # 300 Oakland, CA 94607-3924			
8. Principal occu Lawyer	pation / Job title (See Instructions)	40000	yer (See Instructions) liller Washington & Kim	
4. Date	5. Full name of contributorPAC		7. Amount of contribution (\$)	
10/22/2017	Thomas Miller			\$100.00
	6. Contributor address; City; State;	ZIP Code		
	725 Washington St # 300 Oakland, CA 94607-3924			
 Principal occu Lawyer 	pation / Job title (See Instructions)		yer (See Instructions) filler Washington & Kim	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
11/26/2017	Thomas Miller			\$500.00
	6. Contributor address; City; State;	ZIP Code		
	725 Washington St # 300 Oakland, CA 94607-3924			
8. Principal occu	pation / Job title (See Instructions)	9 Employ	yer (See Instructions)	
Lawyer		M	liller Washington & Kim	

SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1: not available	
2. FILER NAME Lina M. Hidalgo			3. Filer ID (Ethics Commission Filers)	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
12/03/2017	Deborah Milner		\$500.00	-0000
	6. Contributor address; City; State; ZI	P Code	3538.8	
	532 W 23rd St Houston, TX 77008-1940			-
Principal occur Lawyer	pation / Job title (See Instructions)		/er (See Instructions) inson & Elkins	
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
09/03/2017	Querube Montoya		\$100,00	
	6. Contributor address; City; State; ZI	P Code		
	13566 Bullick Hollow Rd Austin, TX 78726-5004			
1 '	· · · · · · · · · · · · · · · · · · ·	388886	yer (See Instructions)	
Financial Adv		C	apital Strategies	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
09/12/2017	Linda Moore		\$200.00	
	6. Contributor address; City; State; Z	P Code	. ·	
	3318 Desert Inn Dr Montgomery, TX 77356-5350	V		
8. Principal occuj	pation / Job title (See Instructions)	9 Employ	yer (See Instructions)	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
08/27/2017	Wallis Nader		\$1,000.00	
	6. Contributor address; City; State; Zi	P Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	2001 Westhermer Rd Apt 326 Houston, TX 77098-1585			
8. Principal occur	pation / Job title (See Instructions)	1	yer (See Instructions)	
Attorney		τ	exas Civil Rights Project	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
08/20/2017	Daniel Peckham		\$50.00	
	6. Contributor address; City; State; Z	P Code		
	255 Massachusetts Ave Apt 705 Boston, MA 02115-3514			
· ' '	pation / Job title (See Instructions)	' '	yer (See Instructions)	
Not Employe	d	N	lot Employed ·	

SCHEDULE A1

The ins	truction Guide explains how t	o complete this fo	rm.	Total pages Schedule A1: not available	
2. FILER NAME Lina M. Hidalgo				3. Filer ID (Ethics Commission I	Filers)
4. Date	5. Full name of contributor	Out-of-state PAC		7. Amount of contribution (\$)	
09/17/2017	Daniel Peckham				\$50.00
	6. Contributor address;	City; State;	ZIP Code		** **********************************
	255 Massachusetts Ave Apt 705 I	Boston, MA 0211 5-3 5	114		
Principal occup Not Employer	eation / Job title (See Instruction	s)	1	yer (See Instructions) ot Employed	· · · · · · · · · · · · · · · · · · ·
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
10/22/2017	Benjamin Peters				\$300.00
	6. Contributor address;	City; State;	ZIP Code		••••
	1719 Sullins Way Houston, TX 7	7058-2321			
8. Principal occup Engineer	eation / Job title (See Instruction	s)		yer (See Instructions) ASA	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
08/27/2017	Elisabeth N Ponce				\$300.00
	6. Contributor address;	City; State;	ZIP Code		*******
	22 Orchard Hill Ln Greenwich, C	Т 06831-3626			
8. Principal occup Not Employe	eation / Job title (See Instruction	s)	****** I	yer (See Instructions) ot Employed	· · · · · · · · · · · · · · · · · · ·
4. Date	5. Full name of contributor	Out-of-state PAC		7. Amount of contribution (\$)	
08/27/2017	Elisabeth N Ponce				\$100.00
	6. Contributor address;	City; State;	ZIP Code		
	22 Orchard Hill Ln Greenwich, C	Т 06831-3626			
Principal occup Not Employer	eation / Job title (See Instruction	s)	· -	yer (See Instructions) ot Employed	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
08/27/2017	Irene Ponce				\$100.00
	6. Contributor address;	City; State:	ZIP Code		
	22 Orchard Hill Ln Greenwich, C	T 06831-3626			
Principal occup Not Employee	eation / Job title (See Instruction	s)	· · · · · · · · · · · · · · · ·	yer (See Instructions)	
L	*		N	ot Employed	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The ins	struction Guide explains how to complete this form.	Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo)	3. Filer ID (Ethics Commission Filers)
4. Date	Full name of contributor	7. Amount of contribution (\$)
11/19/2017	Joseph Quackenbush	\$100.00
	6. Contributor address; City; State; ZIP Cod	***************************************
	600 E 97th St Apt 201 Inglewood, CA 90301-4394	
8. Principal occup Reliability Er	•	nployer (See Instructions) PBF Energy- Torrance Refinery
4. Date	Full name of contributor	7. Amount of contribution (\$)
09/10/2017	Putsata Reang	\$500,00
	6. Contributor address; City; State; ZIP Cod	
	1115 SW 166th St Burien, WA 98166-2950	
8. Principal occup Self-employe	· · · · · · · · · · · · · · · · · · ·	pployer (See Instructions) Self
4. Date	5. Full name of contributor Out-of-state PAC	7. Amount of contribution (\$)
08/13/2017	Otis Reid	\$50.00
	6. Contributor address; City; State; ZIP Cod	de l
	60 Bishop Richard Allen Dr Cambridge, MA 02139-3418	
8. Principal occup MIT	pation / Job title (See Instructions) 9/ Em	nployer (See Instructions) Student
4. Date	5. Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
10/22/2017	Otis Reid	\$100.00
	6. Contributor address; City; State; ZIP Cod	de
	60 Bishop Richard Allen Dr Cambridge, MA 02139-3418	
8. Principal occup MIT	pation / Job title (See Instructions) 9 Em	nployer (See Instructions) Student
4. Date	5. Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
12/24/2017	Margot Riemer	\$100.00
	6. Contributor address; City; State; ZIP Cod	de
	3811 Mound View Ave Studio City, CA 91604-3631	
,		nployer (See Instructions)
Not Employe	u ////	Not Employed

SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1: not available		
2. FILER NAME Lina M. Hidalg	0		3. Filer ID (Ethics Commission Filers)		
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)		
11/05/2017	Matt Rogers		\$10,000.00		
	6. Contributor address; City; State; ZI	P Code			
	65 Montelair Ter San Francisco, CA 94109-1517				
8. Principal occu Engineer	pation / Job title (See Instructions)	, ,	yer (See Instructions) loogle		
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)		
10/29/2017	Danielle Rossoni		\$100.00		
	6. Contributor address; City; State; ZI	P Code	\$100.00		
	2518 29th Ave San Francisco, CA 94116-2928				
8. Principal occu Operations N	,		yer (See Instructions) cople Rocket LLC		
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)		
12/24/2017	Neal Sarkar		\$500.00		
	6. Contributor address; City; State; Zi	P Code			
	1412 Marshall St Houston, TX 77006-4265				
8. Principal occu Lawyer	pation / Job title (See Instructions)		yer (See Instructions) ZA		
4. Date	5. Full name of contributor		7. Amount of contribution (\$)		
10/01/2017	Max Schoening		\$300.00		
30000	6. Contributor address; City; State; ZI	P Code			
	2307 Scott St San Francisco, CA 94115-1723				
8. Principal occu Not Employe	· ·		yer (See Instructions) lot Employed		
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)		
11/12/2017	Ricky Sharma		\$100.00		
	6. Contributor address; City; State; Zi	P Code			
	1560 3rd St Apt 608 San Francisco, CA 94158-2311				
1		1	yer (See Instructions)		
Not Employ	ed	<u>\</u>	Not Employed		

SCHEDULE A1

The Ins	struction Guide explains how	to complete this form	n.	Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo	0			3. Filer ID (Ethics Commission Filers)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)
12/29/2017	Harry Shoening			\$1,000.00
	6. Contributor address;	City; State;	ZIP Code	.,,
	2307 Scott St San Francisco, CA	94115-1723		
8. Principal occu Managing Di	pation / Job title (See Instruction rector	s)		yer (See Instructions) ones Lang LaSalle
4. Date	5. Full name of contributor	Out-of-state PAC		7. Amount of contribution (\$)
09/24/2017	Michael Singley			\$250.00
·	6. Contributor address;	City; State;	ZIP Code	
	7726 Lakewood Dr Austin, TX 7	8750-8104		
8. Principal occu Attorney	pation / Job title (See Instruction	s)	, ,	yer (See Instructions) dwards Law
4. Date	5. Full name of contributor	out-of-state PAC	<u> </u>	7. Amount of contribution (\$)
12/31/2017	Pamela Sutherland		8	\$100.00
	6. Contributor address;	City; State;	ZIP Code	
	3133 Connecticut Ave NW Apt 7	II Washington, DC 200	08-5109	
8. Principal occu lawyer	pation / Job title (See Instruction	is)		yer (See Instructions) elf
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)
10/30/2017	Michelle Swotinsky			\$200.00
	6. Contributor address;	City; State;	ZIP Code	
	21 Raymond Rd Sudbury, MA 0	1776-3444		
	pation / Job title (See Instruction dical Writing	ns)		yer (See Instructions) Llexion Pharmaceuticals, Inc.
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)
09/03/2017	Kingston Tam			\$100.00
	6. Contributor address;	City; State;	ZIP Code	
	435 Steiner St San Francisco, CA	94117-2520		
	pation / Job title (See Instruction	ns)		yer (See Instructions)
Product Man	ager			Google

Page - 28

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1: not available	
2. FILER NAME Lina M. Hidalgo)		3. Filer ID (Ethics Commission Filers)	
4. Date	Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
08/13/2017	Mari Tanabe		\$200.00	
	6. Contributor address; City; State; ZI	P Code		
	4675 W 37th Ave Apt B305 Denver, CO 80212-2193			
1 '	•		ver (See Instructions)	
	Membership Manager	C	olorado Association of Funders	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
12/17/2017	Jennifer Tanner		\$100.00	
	6. Contributor address; City; State; ZI	P Code		
	PO Box 2265 Sedona, AZ 86339-2265			
8. Principal occur consultant	pation / Job title (See Instructions)	9 Employ	ver (See Instructions)	
4. Date	5. Full name of contributor Out-of-state PAC		7. Amount of contribution (\$)	
10/19/2017	Patricia Villamizar		\$60.00	
	6. Contributor address; City; State; Zi	P Code	-	
	14438 Kingston Cove Ln Houston, TX 77077-3544	X		
8. Principal occu Housewife	pation / Job title (See Instructions)		yer (See Instructions) , /A	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
08/27/2017	Jacob Viola		\$100.00	
	6. Contributor address; City; State; Zl	IP Code		
	132 Brindle Cir South Portland, ME 04106-6864			
	pation / Job title (See Instructions)	1	yer (See Instructions)	
Not Employe		N	ot Employed	
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)	
08/13/2017	Fatima Wagdy		\$500.00	
	6. Contributor address; City; State; Z	IP Code		
	450 Massachusetts Ave NW Apt 508 Washington, DC 2000	01-6209		
	pation / Job title (See Instructions)		yer (See Instructions)	
Consultant		B	ooz Allen Hamilton	

SCHEDULE A1

The In	struction Guide explains how t	o complete this form		Total pages Schedule A1: not available	
2. FILER NAME Lina M. Hidalg				3. Filer ID (Ethics Commission	Filers)
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/29/2017	Leslie Walker				\$500.00
	6. Contributor address;	City; State; 2	IP Code		\$500.00
	126 Commonwealth Ave San Fran	ncisco, CA 94118-2604			
8. Principal occu Community	upation / Job title (See Instruction: Volunteer	s)	, ,	yer (See Instructions) elf employed	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
11/12/2017	Kevin Wan				\$250.00
	6. Contributor address;	City; State; Z	ZIP Code		\$250.00
	5660 Glen Haven Ct San Jose, CA	A 95129-4101			
8. Principal occu Education	upation / Job title (See Instruction	s)	1	yer (See Instructions) JUSD	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
08/13/2017	Cole Wheeler				\$150.00
	6. Contributor address;	City; State; 2	ZIP Code		
	600 Pollard Park Williamsburg, V	/A-23185-4033		***	
8. Principal occu Not Employ	upation / Job title (See Instruction red	s)	800 a.	yer (See Instructions) ot Employed	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
12/17/2017	Charlotte Winton 6. Contributor address;	- City; State; 2	ZIP Code		\$250.00
	3905 Clay St San Francisco, CA 9	-	Lif Code		
8. Principal occu	upation / Job title (See Instruction	s)	9 Employ	yer (See Instructions)	
Not Employ			N	ot Employed	
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)	
09/03/2017	Alina Xu				\$100.00
	6. Contributor address;	City; State; 2	ZIP Code		
	1550 Cambridge St Apt 2 Cambri	idge, MA 02139-1036			
	upation / Job title (See Instruction	s)		yer (See Instructions)	
Not Employ	red		l N	ot Employed	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.			1	Total pages Schedule A2: not available			
2. FILER NAME Lina M. Hidalgo		3. Fi	3. Filer ID (Ethics Commission Filers)				
4. TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIBUTIO	NS			\$0.00		
5 Date	6 Full name of contributorout-of-st	ate PAC		8 Amount of	9 In-Kind contribution description		
	Sandra Bustamante			contribution (\$)	·		
11/08/2017	7 Contributor address; City; State; Zip Code			\$514.10	Airfare		
	1701 Hermann Dr Houston, TX 77004-7452			\$514.10			
Ì	,			Check if travel outside	। de of Texas, complete Schedule T		
10 Principal occu	pation / Job Title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR	NON-	JUDICIAL) (See Instruct	ions)		
Not Employed		Not Employed					
12 Contributor's p	rincipal occupation (FOR JUDICIAL)	13 Contributor's jo	r's job title (FOR JUDICIAL) (See Instructions)				
14 Contributor's e	employer/law firm (FOR JUDICIAL)	15 Law firm of con	contributor's spouse (if any) (FOR JUDICIAL)				
16 If contributor is	s a child, law firm of parents (if any) (FOR JUDICIAL)	•					
5 Date	6 Full name of contributor Out-of-s	late PAC		8 Amount of contribution (\$)	9 In-Kind contribution description		
	Sandra Bustamante	***************************************		contribution (\$)	i i		
7 Contributor address; City; State; Zip Code 1701 Hermann Dr Houston, TX 77004-7452				A	de of Texas, complete Schedule T		
	pation / Job Title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)			ions)		
1 /		Not Employed					
12 Contributor's principal occupation (FOR JUDICIAL) 13 Cor		13 Contributor's jo	13 Contributor's Job title (FOR JUDICIAL) (See Instructions)				
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of c		15 Law firm of cor	tributor	's spouse (if any) (FOR	JUDICIAL)		
16 If contributor is	s a child, law firm of parents (if any) (FOR JUDICIAL)	•					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		Total pages Schedule A2: not available			
2. FILER NAM Lina M. Hid			3. Fil	er ID (Ethics Comn	nission Filers)
4. TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIBUTION	NS			\$0.00
5 Date 08/08/2017	Christina Ha			8 Amount of contribution (\$)	In-Kind contribution description Campaign Logo Design
	3507 Bryant St Palo Alto, CA 94306-4263				te of Texas, complete Schedule T
10 Principal occur	pation / Job Title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR	L-NON	UDICIAL) (See Instructi	ons)
Product Manag	er	World Evermore	;		
12 Contributor's p	principal occupation (FOR JUDICIAL)	13 Contributor's joi	or's job title (FOR JUDICIAL) (See Instructions)		
	employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor is	s a child, law firm of parents (if any) (FOR JUDICIAL)				
5 Date	6 Full name of contributor David James	ate PAC		8 Amount of contribution (\$)	9 In-Kind contribution description
12/11/2017	7 Contributor address; City; State; Zip Code 6430 Meadowcreek Dr Dallas, TX 75254-7832			\$139.20	Airfare
1				Check if travel outsic	i de of Texas, complete Schedule T
Attorney	pation / Job Title (FOR NON-JUDICIAL) (See Instructions)	Edwards Law		UDICIAL) (See Instructi	ions)
	principal occupation (FOR JUDICIAL)			OR JUDICIAL) (See Ins	•
	employer/law firm (FOR JUDICIAL)	15 Law firm of con	tributor'	s spouse (if any) (FOR	JUDICIAL)
16 If contributor is	s a chilid, law firm of parents (if any) (FOR JUDICIAL)				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		Total pages Schedule A2: not available				
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)				
4. TOTAL OF U	JNITEMIZED IN-KIND POLITICAL CONTRIBUTION	NS			\$0.00	
5 Date 6 Full name of contributorout-of-state PAC 10/30/2017 Carlos Montanez 7 Contributor address; City; State; Zip Code 6819 Qakbranch Manor Ln Richmond, TX 77407-8541				B Amount of contribution (\$) \$100.00	9 In-Kind contribution description Accounting Services e of Texas, complete Schedule T	
10 Principal occup	pation / Job Title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR	NON-JU	JDICIAL) (See Instruction		
Certified Public	Accountant	Avangard Innov	ative			
			b title (FOR JUDICIAL) (See Instructions)			
	mployer/law firm (FOR JUDICIAL)	15 Law firm of con	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor is	a child, law firm of parents (if any) (FOR JUDICIAL)					
5 Date 08/08/2017	6 Full name of contributor F. Carter Smith	ate PAC		8 Amount of contribution (\$)	9 In-Kind contribution description	
08/08/2017	7 Contributor address; City; State; Zip Code 2000 Edwards St Ste 203 Houston, TX 77007-4433			\$550.00	Photoshoot and Post- production	
		Check if travel outside of Texas, complete Schedule T				
10 Principal occupation / Job Title (FOR NON-JUDICIAL) (See Instructions) Photographer		11 Employer (FOR NON-JUDICIAL) (See Instructions) Self employed				
12 Contributor's principal occupation (FOR JUDICIAL)		3 Contributor's job title (FOR JUDICIAL) (See Instructions)				
14 Contributor's e	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
16 If contributor is	s a child, law firm of parents (if any) (FOR JUDICIAL)					

LOANS

SCHEDULE E

The ins	truction Guide explains how to complete th	nis form.	pages Schedule E available	:
2. FILER NAME Lina M. Hidalge	0	3. Filer II	O (Ethics Commis	sion Filers)
4. TOTAL OF U	NITEMIZED LOANS			\$0.00
5. Date of loan	7. Name of lender out-of-state	PAC		9. Loan Amount
08/01/2017	Lina Hidalgo			\$300.00
6 Is lender a	8. Lender address; City;	State; ZIP Code		10. Interest rate
financial	1701 Hermann Dr Houston, TX 77004-7452			0.00%
Institution?	7701 1101111111111111111111111111111111			11. Maturity date
□Y ☑N				
	upation / Job title (See Instructions)	13 Employer (See Instri	•	
Researcher			Criminal Justice	
14. Description o ✓ none	f Collateral	15 Check if personal fur	ids were deposited	d into political account
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amo	ount Guaranteed (\$)
	18 Guarantor address; City;	State; ZIP Code		
☑ not applicable				
20 Principal Occi	upation (See Instructions)	21 Employer (See	Instructions)	
5. Date of loan	7. Name of lender out-of-state	PAC		9. Loan Amount
09/30/2017	Lina Hidalgo			\$1,100.00
6 Is lender a	8. Lender address; City;	State; ZIP Code		10. Interest rate
financial Institution?	1701 Hermann Dr Houston, TX 77004-7452			0.00%
□Y ☑N				11. Maturity date
1 '	upation / Job title (See Instructions)	13 Employer (See Instr	•	
Researcher		Program on (Criminal Justice	
14. Description o ✓ none	f Collateral	15 Check if personal fur ☑	nds were deposite	d into political account
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Am	ount Guaranteed (\$)
- not	18 Guarantor address; City,	State; ZIP Code		
not applicable				
20 Principal Occi	upation (See Instructions)	21 Employer (See	Instructions)	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDIT	URE CATEGORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By	Event Expense Fees Food/Beverage Expense	Office Overhead/Rental Polling Expense Printing Expense	Soli Trar Exp t Labor Trav	citation/Fundraising Expense rsportation Equipment & Related ense rel In District
Candidate/Officeholder/Political Committee Credit Card Payment	Legal Services The Instruction Gui	de explains how to con	Othe	vel Out of District er (enter a category not listed above)
Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo		3. Filer IC	(Ethics Commission Filers)
4 Date 08/06/2017	5 Payee name ActBlue Technical Services, In	c.		
6 Amount \$9.96	7 Payee address; 14 Arrow St Ste 11 Cambridge	City;	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed	et the top of this schedule)	. =	f travel outside of Texas, complete Schedule 1 if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
4 Date 08/13/2017	5 Payee name ActBlue Technical Services In			
6 Amount \$105.34	7 Payee address; 14 Arrow St Ste 11 Cambridge	City; , MA 02138-5106	State:	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See categories listed Fees .	at the top of this schedule)	- I	I travel outside of Texas, complete Schedule T if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
4 Date 08/20/2017	5 Payee name ActBlue Technical Services, In	ıc.		
6 Amount \$116.77	7 Payee address; 14 Arrow St Ste 11 Cambridge	City; ;, MA 02138-5106	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Fees	at the top of this schedule)		If travel outside of Texas, complete Schedule T if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCHE	DULE AS NE	EDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDIT	TURE 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 Legal Services	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contral	Trar Exp ct Labor Trav Trav	citation/Fundraising Expense respondation Equipment & Related ense vel in District vel Out of District er (enter a category not listed above)	
Credit Card Payment	The Instruction Gui	de explains how to co			
1. Total pages Schedule F1:	2. FILER NAME		3. Filer IC	(Ethics Commission Filers)	
	Lina M. Hidalgo				
4 Date	5 Payee name				
08/27/2017	ActBlue Technical Services, Ir	ic.			
6 Amount	7 Payee address;	City;	State:	Zip Code	
\$116.56	14 Arrow St Ste 11 Cambridge	, MA 02138-5106			
8	(a) Category (See categories listed	at the top of this schedule)	(b) Description) if travel outside of Texas, complete Schedule T	
PURPOSE OF	Fees			if Austin, TX, officeholder living expense	
EXPENDITURE		***	Credit Card Proc	cessing Fee	
O. Complete ONLY is disease	0		*Office country	Office held	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office field	
4 Date	5 Payee name				
09/03/2017	ActBlue Technical Services, It	SSSSSSSSSS			
6 Amount \$13.83	7 Payee address; 14 Arrow St Ste 11 Cambridge	City; c, MA 02138-5106	State:	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed	at the top of this schedule)	. =	if travel outside of Texas, complete Schedule T if Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder name		Office sought	Office held	
expenditure to benefit C/OH					
4 Date 09/10/2017	5 Payee name ActBlue Technical Services, In	nc.	·		
6 Amount	7 Payee address;	City;	State:	Zip Code	
\$39.71	14 Arrow St Ste 11 Cambridge	e, MA 02138-5106			
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	: =	if travel outside of Texas, complete Schedule T	
OF EXPENDITURE	Pees		Credit Card Pro	if Austin, TX, officeholder living expense cessing Pec	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDIT	URE CATEGORIES F	FOR BOX	8(a)
Advertising Expense Accounting/Banking	Event Expense Fees Food/Beverage Expense	Office Overhead/Rental Polling Expense		Solicitation/Fundraising Expense Transportation Equipment & Related
Consulting Expense Contributions/Donations Made By	Food/Beverage Expense / Gift/Awards/Memorials Expense	Printing Expense Salaries/Wages/Contrac	t Labor	Expense Travel In District
Candidate/Officeholder/Political	Legal Services		,	Travel Out of District
Committee Credit Card Payment	The Instruction Gui	de explains how to con	nplete this	Other (enter a category not listed above) form.
1. Total pages Schedule F1:	2. FILER NAME		3. Fi	ler ID (Ethics Commission Filers)
	Lina M. Hidalgo			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4 Date	5 Payee name			
09/17/2017	ActBlue Technical Services, In	c.		
6 Amount	7 Payee address;	City;	State:	Zip Code
\$119.11				·
	14 Arrow St Ste 11 Cambridge	, MA 02138-5106		
		,		
8	(-) (0-1)		10.5	
PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	IDIION Check if travel outside of Texas, complete Schedule T
OF	Fees		l	Check if Austin, TX, officeholder living expense
EXPENDITURE		****	Credit Car	d Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	**	Office sough	ht Office held
expenditure to betterit C/C/1		*		
4 Date	5 Payee name			
09/24/2017	ActBlue Technical Services, Ir	ic.		
6 Amount	7 Payee address;	City;	State:	Zip Code
\$134.31			ł	
	14 Arrow St Ste 11 Cambridge	, MA 02138-5106		
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	iption
PURPOSE	()	at the top of that actionals,	₽	Check if travel outside of Texas, complete Schedule T
OF	Fees		1 -	Check if Austin, TX, officeholder living expense
EXPENDITURE			Credit Car	d Processing Fee
9 Complete ONLY if direct	Candidate/Officeholder name		Office sough	ht Office held
expenditure to benefit C/OH			_	
4 Date	5 Payee name			
09/30/2017	ActBlue Technical Services, Ir			
6 Amount			Ctoto	7:- 0-4-
\$79.01	7 Payee address;	City;	State:	Zip Code
\$79.01	14 Amous St Sto 11 Combridge	NA 02120 5106		
	14 Arrow St Ste 11 Cambridge	, MA 02138-3100		
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	iption Check if travel outside of Texas, complete Schedule T
PURPOSE OF	Fees			Check if Austin, TX, officeholder living expense
EXPENDITURE	. 444		_	d Processing Fee
			<u> </u>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	(Office sough	ht Office held
exhericitals to pausiit C/OU				
	ATTACH ADDITIONAL CO	PIES OF THIS SCHE	EDULE AS	S NEEDED

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	-	t Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
	AUX	de explains how to com	- , 	
Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo		3. File	er ID (Ethics Commission Filers)
4 Date	5 Payee name			
10/01/2017	ActBlue Technical Services, Ir	ıc.		
6 Amount \$12.84	7 Payee address; 14 Arrow St Ste 11 Cambridge	City; c, MA 02138-5106	State:	Zip Code
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion
PURPOSE OF		,	ᆜᄓ	heck if travel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense
EXPENDITURE	Fees			Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	*	Office sough	t Office held
4 Date	5 Payee name			
10/08/2017	ActBlue Technical Services, tr	nc.		
6 Amount \$47.43	7 Payee address; 14 Arrow St Ste 11 Cambridge	City;	State:	Zip Code
	J			
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	Otion heck if travel outside of Texas, complete Schedule T
OF	Fees			heck if Austin, TX, officeholder living expense
EXPENDITURE			Credit Card	Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		I Office sough	t Office held
4 Date	F. Daviss same	***		
10/15/2017	5 Payee name ActBlue Technical Services, In			
6 Amount	7 Payee address;	City;	State:	Zip Code
\$116.53	r rayoo addioss,	Ony,	Oldio.	Zip Code
	14 Arrow St Ste 11 Cambridge	e, MA 02138-5106		
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	DEION heck if travel outside of Taxas, camplete Schedule T
OF	Fees		📙 🖰 i	hack if Austin, TX, officeholder living expense
EXPENDITURE			Credit Card	Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held
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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 The Instruction Gui	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract de explains how to cor	ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not tisted above) orm.
Total pages Schedule F1:	2. FILER NAME		·	er ID (Ethics Commission Filers)
	Lina M. Hidalgo			······,
4 Date	5 Payee name		<u> </u>	
10/22/2017	ActBlue Technical Services, In	ıc.		
6 Amount	7 Payee address;	City;	State:	Zip Code
\$52.56	r rayee address,	Oily,	OMIO.	2.5 5545
	14 Arrow St Ste 11 Cambridge	, MA 02138-5106		•
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion State of Table 1
PURPOSE OF	Fees		ı ≔	neck if travel outside of Texas, complete Schedule T neck if Austin, TX, officeholder living expense
EXPENDITURE	rees		, –	Processing Fee
			1	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	•	Office sough	t Office held
4 Date	5 Payee name			
10/29/2017	ActBlue Technical Services, Ir	ic.		
6 Amount \$40.34	7 Payee address; 14 Arrow St Ste 11 Cambridge	City; c, MA 02138-5106	State:	Zip Code
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion , neck if travel outside of Texas, complete Schedule T
PURPOSE OF	Fees		. =	heck if Austin, TX, officeholder living expense
EXPENDITURE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		I —	Processing Fee
			<u> </u>	_
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held
Superior de Contrata Circu				
4 Date	5 Payee name			
11/05/2017	ActBlue Technical Services, Ir			
6 Amount	7 Payee address;	City;	State:	Zip Code
\$430.16		NA		
	14 Arrow St Ste 11 Cambridge	e, MA 02138-5106		
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	Otion heck if travel outside of Texas, complete Schedule T
OF	Fees		1 📜	heck if Austin, TX, afficeholder living expense
EXPENDITURE				Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held
experience to belieff O/OFI				
	ATTACH ADDITIONAL CO	PIES OF THIS SCHI	EDULE AS	NEEDED

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 Office Overhead/ Polling Expense Printing Expense Salaries/Wages/G	Transportation Equipment & Related Expense Contract Labor Travel In District Travel Out of District Other (enter a category not listed above))
Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)	
4 Date 11/12/2017	5 Payee name ActBlue Technical Services, Inc.		
6 Amount \$51.77	7 Payee address; City;	State: Zip Code	
	14 Arrow St Ste 11 Cambridge, MA 02138-5106	5	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this scho	edule) (b) Description Check If travel outside of Texas, complete Schedule Check If Austin, TX, officeholder living expense Credit Card Processing Fee	ıΤ
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
4 Date	5 Payee name		
11/19/2017	ActBlue Technical Services, Inc.		
6 Amount \$10.08	7 Payee address; City; 14 Arrow St Ste 11 Cambridge, MA 02138-5106	. State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch Fees	(b) Description Check if travel outside of Texas, complete Schedule Check if Austin, TX, officeholder living expense Credit Card Processing Fee	, T
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
4 Date 11/26/2017	5 Payee name ActBlue Technical Services, Inc.		
6 Amount \$21.73	7 Payee address; City; 14 Arrow St Ste 11 Cambridge, MA 02138-5106	State: Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch Fees	Check if Austin, TX, officeholder living expense Credit Card Processing Fee	эT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

	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 The Instruction Guit	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contrac de explains how to con	Tr E) t Labor Tr Tr O	blicitation/Fundraising Expense ansportation Equipment & Related spense avel In District avel Out of District ther (enter a category not listed above)	
Total pages Schedule F1:	2. FILER NAME		<u> </u>	ID (Ethics Commission Filers)	
Total pages conceded 11.	Lina M. Hidalgo		0. 7 1101	is (Ethos Commission (hors)	
4 Date	5 Payee name				
12/03/2017	ActBlue Technical Services, In	ic.			
6 Amount	7 Payee address;	City;	State:	Zip Code	
\$65.18	r rayee audress,	Ony,	Olale.	Zip odde	
4 33.1.0	14 Arrow St Ste 11 Cambridge	, MA 02138-5106		:	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed Fees	at the top of this schedule)	. =	k if travel outside of Texas, complete Schedule T ok if Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder name		I Office sought	Office held	
expenditure to benefit C/OH	Carloidato/Carcaroldo/ Namo	•	511100 00ugin	Smoo noig	
4 Date	5 Payee name				
12/10/2017	ActBlue Technical Services, In	ic.			
6 Amount \$4.76	7 Payee address;	Gity; , MA 02138-5106	State:	Zip Code	
·					
PURPOSE OF EXPENDITURE	(a) Category (See categories listed	at the top of this schedule)		on k if travel outside of Texas, complete Schedule T ck if Austin, TX, officeholder living expanse rocessing Fee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	(Office sought	Office held	
4 Date	5 Payee name				
12/17/2017	ActBlue Technical Services, In	ic.			
6 Amount \$101.15	7 Payee address; 14 Arrow St Ste 11 Cambridge	City; , MA 02138-5106	State:	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Fees	at the top of this schedule)	. ≔	k if travel outside of Texas, complete Schedule T ck if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	(Office sought	Office held	
	ATTACH ADDITIONAL CO	PIES OF THIS SCHE	DULE AS N	EEDED	

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	EXPENDIT	URE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Event Expense Fees Food/Beverage Expense / Gift/Awards/Memorials Expense	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract	Transpo Expense It Labor Travel In	ion/Fundraising Expense ortation Equipment & Related on District Out of District
Committee	Legal Services			enter a category not listed above)
Credit Card Payment	The Instruction Gui	de explains how to cor	•	
Total pages Schedule F1:	2. FILER NAME		3. Filer ID (E	thics Commission Filers)
	Lina M. Hidalgo			
4 Date	5 Payee name			
12/24/2017	ActBlue Technical Services, In		State	7in Code
6 Amount \$27.27	7 Payee address;	City;	State:	Zip Code
ψ27.27	14 Arrow St Ste 11 Cambridge	. MA 02138-5106		7
	.	,		
8	(a) Category (See categories listed	at the top of this scheetule)	(b) Description	
PURPOSE		at the top of this acressero)	Check if trav	rel outside of Texas, complete Schedule T
OF EXPENDITURE	Fees		Credit Card Processis	stin, TX, officeholder living expense
	•		<u> </u>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
4 Date	5 Payee name			
12/31/2017	ActBlue Technical Services, Ir	// ***********************************		-
6 Amount \$120.90	7 Payee address;	City	State:	Zip Code
\$120.70	14 Arrow St Ste 11 Cambridge	MA 02138-5106		
8	(a) Category (See categories listed	48 4 4 4 4 1 b - d d - 3	(b) Description	
PURPOSE	/ * * * *	ar me top or this schedule)	Check if trav	rel outside of Texas, complete Schedule T
OF EXPENDITURE	Fees		Credit Card Processi	stin, TX, officeholder living expense
		,	Credit Card Trocessi	ing rees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
experiorative to benefit C/On				
4 Date	5 Payee name			
12/12/2017	Administrative Business Service	-1.		
6 Amount \$1,280.00	7 Payee address;	City;	State:	Zip Code
\$1,280.00	10205 Atkins Ridge Dr Charlo	tto NC 28213 4200		
	10203 Akillis Kluge Di Charlo	lie, INC 20213-4290		
8	(a) Catanani		(h) Danasiatian	
PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Description Check if trav	rel outside of Texas, complete Schedule T
OF	Accounting/Banking			stin, TX, officeholder living expense
EXPENDITURE			Accounting Services	
9 Complete ONLY if direct	Candidate/Officeholder name		Office sought	Office held
expenditure to benefit C/OH				
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE AS NEED	ED

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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 The Instruction Gui	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract de explains how to con	ct Labor	Transportation Expense Travel In Dis Travel Out of Other (enter		
Total pages Schedule F1:					Commission Filers)	
9	Lina M. Hidalgo		J. 1		, commission i nord,	
4 Date	5 Payee name					
08/31/2017	Myla Bell					
6 Amount \$3,000.00	7 Payee address;	City;	State:		Zip Code	
	1103 Nadine St Houston, TX 7	7009-2444				
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion heck if travel out	side of Texas, complete Sche	dule T
OF	Salaries/Wages/Contract Labor				X, officeholder living expens	0
EXPENDITURE	:		Contract La	ibor		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t	Office held	
4 Date 09/04/2017 6 Amount	5 Payee name Myla Bell	City;	State:		Zip Code	
S183.44	7 Payee address:		State.		Zip Goda	
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	ption	side of Texas, complete Sche	dula T
OF	Salaries/Wages/Contract Labor				X, officeholder living expens	
EXPENDITURE			Contract La	ibor		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t	Office held	
4 Date	5 Payee name					
09/08/2017	Myla Bell					
6 Amount \$700.00	7 Payee address;	City;	State:		Zip Code	
	1103 Nadine St Houston, TX 7	7009-2444				
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	ption		
PURPOSE OF	Salaries/Wages/Contract Labor	,	. =		side of Texas, complete Sche X, officeholder living expens	
EXPENDITURE	Salaties Wages/Contract Later		Contract La		.,,	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t	Office held	
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE AS	NEEDED		

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contraction of the Explains how to contraction of the Explains how to contraction of the Explains how to contract the Explains have the Explains how to contract the Explains have the Explains	ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) orm.	
Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo		3. File	er ID (Ethics Commission Filers)	
4 Date 10/06/2017	5 Payee name Kristopher Black				
6 Amount , \$100.00	7 Payee address;	City;	State:	Zip Code	
	3606 Park Bank Ct Houston, T.	X 77068-1835			
PURPOSE OF EXPENDITURE	(a) Category (See categories listed Salaries/Wages/Contract Labor	al line lop of this schedule)	(b) Descrip	otion neck if travel outside of Texas, complete Schedule T neck if Austin, TX, officeholder living expense bor	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	Office held	
4 Date	5 Payee name	· · · · · · · · · · · · · · · · · · ·			
10/24/2017	Kristopher Black				
6 Amount \$100.00	7 Payee address;	City;	State:	Zip Code	
	3606 Park Bank Ct Houston, T	X 77068-1835			
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion neck if travel outside of Texas, complete Schedule T	
OF EXPENDITURE	Salaries/Wages/Contract Labor		Contract La	neck if Austin, TX, officeholder living expense bor	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held	
4 Date	5 Payee name				
12/11/2017	Kristopher Black				
6 Amount \$216.50	7 Payee address;	City;	State:	Zip Code	
	3606 Park Bank Ct Houston, T	X 77068-1835			
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion neck if travel outside of Texas, complete Schedule T	
OF EXPENDITURE	Salaries/Wages/Contract Labor		. =	neck if Austin, TX, officeholder living expense bor	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

	EXPENDIT	URE CATEGORIES F	OR 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 The Instruction Guil	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contrac de explains how to con	t Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
Total pages Schedule F1:	2. FILER NAME	····································	·	r ID (Ethics Commission Filers)
	Lina M. Hidalgo			·
4 Date	5 Payee name			
11/13/2017	Carroll Printing Company			
6 Amount \$182.94	7 Payee address;	City;	State:	Zip Code
	2907 Canal St Houston, TX 77	003-1624		
+		*		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Printing Expense	at the top of this schedule)	☐ Ch	tion eck if travel outside of Texas, complete Schedule T eck if Austin, TX, officeholder living expense Reproduction
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Dffice sought	Office held
4 Date	5 Payee name	4888		·
11/30/2017	Cindy Castelblanco			
6 Amount \$144.00	7 Payee address; 19602 Franz Rd Houston, TX	City;	State:	Zip Code
_			1	
8 PURPOSE OF	(a) Category (See categories listed Salaries/Wages/Contract Labor	at the top of this schedule)		tion eck if travel outside of Texas, complete Schedule T eck if Austin, TX, officeholder living expense
EXPENDITURE	Salaties Wages/Contract Lator		Contract Lai	- ·
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
4 Date	5 Payee name	***		
12/15/2017	Cindy Castelblanco			
6 Amount \$73.80	7 Payee address;	City;	State:	Zip Code
	19602 Franz Rd Houston, TX	77084-5206		
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	tion eck if travel outside of Texas, complete Schedule T
OF EXPENDITURE	Salaries/Wages/Contruct Labor			eck if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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 The Instruction Guit	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contracted to the explains how to cor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
1. Total pages Schedule F1:	2. FILER NAME		<u> </u>	er ID (Ethics Commission Filers)
Total pages constant T.	Lina M. Hidalgo		J. 7 II	or to (Ethos Commodon Filoto)
4 Date	5 Payee name			
10/06/2017	Cognitive Campaigns			,
6 Amount \$1,250.00	7 Payee address;	City;	State:	Zip Code
· 	2406 Wyckchester Dr Pearland	I, TX 77584-5967		
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor		. =	heck if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense abor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	ot Office held
4 Date	5 Payee name			
10/15/2017	Cognitive Campaigns			
6 Amount \$1,250.00	7 Payee address; 2406 Wyckchester Dr Pearland	City; i, TX 77584-5967	State:	Zip Code
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption heck if travel outside of Texas, complete Schedule T
OF	Salaries/Wages/Contract Labor		. =	Check if Austin, TX, officeholder living expense
EXPENDITURE			Contract La	abor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held
4 Date	5 Payee name			
09/04/2017	Corinthian Real Estate Inc.			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
6 Amount \$400.00	7 Payee address;	City;	State:	Zip Code
	1215 Durham Dr Houston, TX		T	
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption heck if travel outside of Texas, complete Schedule T
OF	Office Overhead/Rental Expense			Check if Austin, TX, officeholder living expense
EXPENDITURE			Rent	İ
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE AS	S NEEDED

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 The Instruction Gui	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contral de explains how to co	ct Labor	, ,	pment & Related
1. Total pages Schedule F1:	2. FILER NAME	•		iler ID (Ethics Com	mission Filers)
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4 Date	5 Payee name				
09/19/2017	Corinthian Real Estate Inc.				
6 Amount	7 Payee address;	City;	State:	7ir	Code
\$253.33	a wayoo addicaa,	U ,,	GILIO.		7 0000
	1215 Durham Dr Houston, TX				
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descr	ription Check if travel outside of T	exas, complete Schedule T
OF	Office Overhead/Rental Expense		=	Check if Austin, TX, office	·
EXPENDITURE			Rent		
9 Complete ONLY if direct	Candidate/Officeholder name		Office soug	pht	Office held
expenditure to benefit C/OH	* (/				
4 Date	5 Payee name				
08/31/2017	Kathleen Da Silva				
6 Amount \$837.50	7 Payee address; 109 Mockingbird Dr North Kir	Cily; ngstown, RI 02852-6430	State:	Ziş	o Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Salaries/Wages/Contract Labor	d at the top of this schedule)	==	Check if travel outside of T Check if Austin, TX, office	exas, complete Schedule T Pholder living expense
9 Complete ONLY If direct	Candidate/Officeholder name		Office soug	jht	Office held
expenditure to benefit C/OH					>
4 Date	5 Payee name				
09/18/2017	. Kathleen Da Silva				
6 Amount \$50.00	7 Payee address; 109 Mockingbird Dr North Kir	City; ngstown, RI 02852-6430	State:	Žij	p Code
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Desc	ription Check if travel outside of 1	Fexas, complete Schedule T
OF	Salaries/Wages/Contract Labor		. =	Check if Austin, TX, office	
EXPENDITURE			Contract I	Labor	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office soug	ght .	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE A	S NEEDED	

	EXPENDIT	URE CATEGORIES I	OR 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 The Instruction Gui	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract de explains how to cor	T Et Labor T T	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) Travel.
1. Total pages Schedule F1:	2. FILER NAME		3. File	r ID (Ethics Commission Filers)
	Lina M. Hidalgo			
4 Date	5 Payee name			
11/16/2017	Kathleen Da Silva			
\$50.00	7 Payee address; 109 Mockingbird Dr North Kir	City; igstown, RI 02852-6436	State:	Zip Code
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descript	iON sck if travel outside of Texas, complete Schedule T
OF EXPENDITURE	Salaries/Wages/Contract Labor		ı ≔	eck if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	(Office sought	Office held
4 Date	5 Payee name	*		
11/15/2017	Alyssa Davis			
6 Amount \$120.00	7 Payee address; 3000 Connecticut Ave NW Ap	City; t 121 Washington, DC 2	State:	Zip Code
8	/-\ O-t		140.6	·
PURPOSE OF EXPENDITURE	(a) Category (See categories listed Salaries/Wages/Contract Labor	at the top of this schedule)	38000 <u> </u>	eck if travel outside of Texas, complete Schedule T eck if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
4 Date	5 Payee name			
09/15/2017	Democratic GAIN			
6 Amount \$50.00	7 Payee address; 1850 M St NW Stc 1100 Wash	City; ington, DC 20036-5845	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	. =	tion eck if travel outside of Texas, complete Schedule T eck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCHI	EDULE AS	NEEDED

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Candidate/Officeholder/Political Committee Credit Card Payment		Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contrac de explains how to com	T Et Labor T T C oplete this fo	
Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo		3. Filer	ID (Ethics Commission Filers)
4 Date 09/18/2017 6 Amount \$100.00	5 Payee name Democratic GAIN 7 Payee address;	City;	State:	Zip Code
•••••	1850 M St NW Ste 1100 Wash	ington, DC 20036-5845		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)		iON ck if travel outside of Texas, complete Schedule T eck if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
4 Date 10/19/2017	5 Payee name Facebook			
6 Amount \$25.18	7 Payee address; 1 Hacker Way Mento Park, CA	City; . 94025-1456	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Advertising Expense	at the top of this schedule)	Che	ion ick if travel outside of Texas, complete Schedule T ick if Austin, TX, officeholder living expense and Marketing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	(Office sought	Office held
4 Date (10/23/2017	5 Payee name Facebook			
6 Amount \$50.05	7 Payee address; I Hacker Way Menlo Park, CA	City; 4 94025-1456	State:	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See categories listed Advertising Expense		Advertising a	ack if travel outside of Texas, complete Schedule T ack if Austin, TX, officeholder living expense and Marketing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
	ATTACH ADDITIONAL COI	PIES OF THIS SCHE	DULE AS	NEEDED

	EXPENDIT	TURE 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 The Instruction Gui	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract de explains how to cor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form.
Total pages Schedule F1:	2. FILER NAME			er ID (Ethics Commission Filers)
Total pages constant 1.	Lina M. Hidalgo		0. 7	St 15 (Elinas Commission i noto)
4 Date	5 Payee name			
11/01/2017	Facebook			
6 Amount	7 Payee address;	City;	State:	Zip Code
\$24.72	1 Hacker Way Menlo Park, CA			
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion heck if travel outside of Texas, complete Schedule T
PURPOSE OF EXPENDITURE	Advertising Expense		□c	heck if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	Office held
4 Date	5 Payee name			
12/01/2017	Facebook			
6 Amount \$56.54	7 Payee address;	City;	State:	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See categories listed Advertising Expense	f at the top of this schedule)	<u></u>	otion heck if travel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense and Marketing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held
4 Date	5 Payee name			
10/15/2017	Savannah Fritz			
6 Amount \$1,050.00	7 Payee address; 925 S 8th St Apt 1 Philadelphi	City; a, PA 19147-3938	State:	Zip Code
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	Otion heck if travel outside of Texas, complete Schedule T
OF EXPENDITURE	Salaries/Wages/Contract Labor		. =	heck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	**************************************	Office sough	t Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCHI	EDULE AS	NEEDED

	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	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract	Set Labor Tr	olicitation/Fundraising Expense ransportation Equipment & Related expense ravel In District ravel Out of District ther (enter a category not listed above)		
Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo		3. Filer	ID (Ethics Commission Filers)		
4 Date	5 Payee name					
10/02/2017	Google					
6 Amount \$23.15	7 Payee address;	City;	State:	Zip Code		
	1600 Amphitheatre Pkwy Mou	ntain View, CA 94043-1	1351			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	1 ==	ck if travel outside of Texes, complete Schedule T ck if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held		
4 Date	5 Payee name					
11/02/2017	Google					
6 Amount \$42.25	7 Payee address; 1600 Amphitheatre Pkwy Meu	City; ntain View, CA 94043-	State:	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (Soe categories listed Office Overhead/Rental Expense	at the top of this schedule)		ON ck if travel outside of Texas, complete Schedule T ck if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held		
4 Date	5 Payee name	- SOCIAL STATE OF THE STATE OF				
12/04/2017	Google					
6 Amount \$38.55	7 Payee address;	City;	State:	Zip Code		
	1600 Amphitheatre Pkwy Mou	intain View, CA 94043-	1351			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	I ===	ck if travel outside of Texas, complete Schedule T ck if Austin, TX, officeholder living expense nail		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held		
	ATTACH ADDITIONAL CO	PIES OF THIS SCHI	EDULE AS N	IEEDED		

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Candidate/Officeholder/Political	Event Expense Office Over Fees Polling E Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	xpense Tra Expense Exp Wages/Contract Labor Tra	icitation/Fundraising Expense insportation Equipment & Related sense ivel In District ivel Out of District	
Committee Credit Card Payment	The Instruction Guide evalui	Oth Ins how to complete this form	ner (enter a category not listed above)	
,	2. FILER NAME		D (Ethics Commission Filers)	
Total pages ochedule i 1.	Lina M. Hidalgo	W 1 1101 11	D (Ethics Commission (ners)	
4 Date	5 Payee name			
09/29/2017	Jason Haas			
6 Amount	7 Payee address; City;	State:	Zip Code	
\$650.00	•			
	6711 Stearns St Houston, TX 77021-241	.9		
8	(a) Category (See categories listed at the top of	of this schedule) (b) Descriptio	n if travel outside of Texas, complete Schedule T	
PURPOSE OF	Advertising Expense		cif Austin, TX, officeholder living expense	
EXPENDITURE	60mm	Video		
9 Complete ONLY if direct	Condidate/Officeholder name	Office sought	Office held	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Onice sought	Office field	
4 Date	5 Davisa same	<u> </u>		
10/23/2017	5 Payee name Jason Haas			
6 Amount	7 Payee address; City:	State:	Zip Code	
\$100.00	, , , , , , , , , , , , , , , , , , , ,			
	6711 Stearns St Houston, TX 77021-24	9		
8	(a) Category (See categories listed at the top of	of this schedule) (b) Description	n	
PURPOSE	Advertising Expense		k if travel outside of Texas, complete Schedule T k if Austin, TX, officeholder living expense	
EXPENDITURE	Advertising expense	Video		
			0.5	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
				
4 Date	5 Payee name			
11/22/2017 6 Amount	Jason Haas 7 Payee address; City;	State:	Zip Code	
\$757.17	rayee address, ony,	Gizio.	2.0000	
	6711 Stearns St Houston, TX 77021-24	19		
			•	
8	(a) Category (See categories listed at the top	of this schedule) (b) Description	on .	
PURPOSE			k if travel outside of Texas, complete Schedule T k if Austin, TX, officeholder living expense	
OF EXPENDITURE	Advertising Expense	Video	in Pradict, 17, Ollobrotadi in ing Dapatia	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
CAPORTURE O CO DOMENTO/OFF				
	ATTACH ADDITIONAL COPIES OF	r THIS SCHEDULE AS N	EEUED	

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 The Instruction Gui	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travet In District Travel Out of District Other (enter a category not listed above) form.	
Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo		3. Fil	er ID (Ethics Commission Filers)	
4 Date	5 Payee name		. <u> </u>		
10/31/2017	Harris County Democratic Par	ly			
6 Amount \$1,250.00	7 Payee address;	City;	State:	Zip Code	
	1445 North Loop W Ste 110 H	ouston, TX 77008-1654			
*					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedula)	I <u>₩</u>	heck if travel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held	
4 Date	5 Payee name				
10/20/2017	J&N Enterprises				
6 Amount \$163.00	7 Payee address; 2015 W 34th St Houston, TX	City;	State:	Zip Code	
	2013 W 34m Of Housion, 12	7.01.0137			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed	f at the top of this schedule)		Ption heck if travel outside of Texas, complete Schedule T theck if Austin, TX, officeholder living expense d Reproduction	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	ot Office held	
4 Date	5 Payee name				
11/20/2017	J&N Enterprises				
6 Amount \$65.00	7 Payee address;	Gity;	State:	Zip Code	
	2015 W 34th St Houston, TX	77018-6139			
8	(a) Category (See categories lister	at the top of this schedule)	(b) Descri	ption	
PURPOSE OF			. =	heck if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense	
EXPENDITURE	Printing Expense			d Reproduction	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

	EXPENDI*	TURE 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 The Instruction Gui	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contra de explains how to con	Tra Ex Et Labor Tra Tra Ot	vilicitation/Fundraising Expense ansportation Equipment & Related pense avel in District avel Out of District her (enter a category not listed above) m.	
1. Total pages Schedule F1:	2. FILER NAME		3. Filer	ID (Ethics Commission Filers)	
	Lina M. Hidalgo	A			
4 Date	5 Payee name	Ф99голич-			
11/24/2017	J&N Enterprises				
6 Amount \$85.00	7 Payee address;	City;	State:	Zip Code	
	2015 W 34th St Houston, TX	77018-6139			
8 PURPOSE OF	(a) Category (See categories listed	at the top of this schedule)	. =	ON k if travel outside of Texas, complete Schedule T k if Austin, TX, officeholder living expense	
EXPENDITURE			Printing and R	eproduction	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
4 Date	5 Payee name	200Man			
12/01/2017	J&N Enterprises				
6 Amount \$389.00	7 Payee address;	City;	State:	Zip Code	
	2015 W 34th St Houston, TX	77018-6139			
8 DUBBOOK	(a) Category (See categories lister	f at the top of this schedule)	(b) Description	ON k if travel outside of Texas, complete Schedule T	
PURPOSE OF	Printing Expense	900mm .	l 🖼	k if Austin, TX, officeholder living expense	
EXPENDITURE	,		Printing and R	eproduction	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
4 Date	5 Payee name				
11/30/2017	Antron Johnson				
6 Amount \$500.00	7 Payee address;	City;	State:	Zip Code	
	2400 S Loop W Apt 413 Hous	ton, TX 77054-2820			
8 PURPOSE	(a) Category (See categories-listed	d at the top of this schedule)	1 ==	k if travel outside of Texas, complete Schedule T	
OF EXPENDITURE	Salaries/Wages/Contract Lathor		Contract Labo	k 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					

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 Legal Services	Office Overhead/Rental Polling Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District	
Credit Card Payment	The Instruction Guid	de explains how to cor	molete th	Other (enter a category not listed above) his form	
Total pages Schedule F1:		ac explains flow to con		Filer ID (Ethics Commission Filers)	-
1. Potal pages ochedule 11.	Lina M. Hidalgo		3.	The ID (Ethics Commission Files)	
4 Date	5 Payee name				
09/04/2017	KCM Consulting				***
6 Amount \$2,500.00	7 Payee address; 267 Gleaner Chapel Rd North	City;	Stat	te: Zip Code	
	207 Olomber Russella	Jonadio, Ki 02037-1207			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Sataries/Wages/Contract Labor	at the top of this schedule)		Scription Check if travel outside of Texas, complete Schedule Check if Austin, TX, officeholder living expense	Т
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office so	pught Office held	
4 Date	5 Payee name		- 400		
11/04/2017	Mehran H Khodabandeh		,		
6 Amount \$2,250.00	7 Payee address; 27 Franciscan Way Kensington	City: , CA 94707-1112	Stat	te: Zip Code	
		<u></u>	1		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Salaries/Wages/Contract Labor	at the top of this schedule)		Scription Check if travel outside of Texas, complete Schedule Check if Austin, TX, officeholder living expense ct Labor	Т
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office so	ought Office held	
4 Date	5 Payee name				
12/15/2017	Mehran H Khodabandeh				
6 Amount \$1,250.00	7 Payee address; 27 Franciscan Way Kensingtor	City; n, CA 94707-1112	Stat	te: Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed Salaries/Wages/Contract Labor	at the top of this schedule)		scription Check if travel outside of Texas, complete Schedule Check if Austin, TX, officeholder living expense ct Labor	т
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office so	ought Office held	
· ·	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE	AS NEEDED	

	EXPENDIT	TURE CATEGORIES	OR BOX 8	B(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 The Instruction Gui	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contracted to the explains how to contracted the explains how to contracted the explains how to contracted the explains how to contract the explains have the explains how to contract the explains have the explain have the explains h		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) Form.
1. Total pages Schedule F1:	2. FILER NAME		3. Fil	er ID (Ethics Commission Filers)
	Lina M. Hidalgo			
4 Date	5 Payee name		1	
09/30/2017	Shaniqua McClendon			
6 Amount	7 Payee address;	City;	State:	Zip Code
\$743.55	54 Foster St Cambridge, MA 0	2138-4817		
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption heck if travel outside of Texas, complete Schedule T
PURPOSE OF	Salaries/Wages/Contract Labor			heck if traverspande or rexas, complete Schedule i
EXPENDITURE	Salaries wages contract Labor		Contract La	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held
4 Date	5 Payee name		•	
09/30/2017	Mariah Najmuddin			
6 Amount \$102.60	7 Payee address; 16027 Cypress Farms Dr Cypr	City; ess, TX 77429-7401	State:	Zip Code
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption heck if travel outside of Texas, complete Schedule T
PURPOSE OF	Salaries/Wages/Contract Labor		. =	theck if Austin, TX, officeholder living expense
EXPENDITURE		ī	Contract La	abor
O. Consolete ONLY if the et	0-13-1-105-1-13		Office sough	nt Office held
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	·	Office sough	it Office nead
4 Date	5 Payee name			
10/1/5/2017	Mariah Najmuddin			•
6 Amount	7 Payee address;	City;	State:	Zip Code
\$109.00	16027 Cypress Farms Dr Cypr			,
8 BURBOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption heck if travel outside of Texas, complete Schedule T
PURPOSE OF	Salaries/Wages/Contract Labor		I 🔙	theck if Austin, TX, officeholder living expense
EXPENDITURE	Salaries Wages Contract Europi		Contract La	· · ·
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		I Office sough	nt Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	DULE AS	NEEDED

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 Exp Legal Services The Instruction	Polling Ex Printing E ense Salaries/	xpense Vages/Contra	ct Labor	Solicitation/Fundraising Transportation Equipm Expense Travel In District Travel Out of District Other (enter a category form.	ent & Related
1. Total pages Schedule F1:				·	iler ID (Ethics Commis	sion Filers)
, ,	Lina M. Hidalgo				`	,
4 Date	5 Payee name					
10/31/2017	Mariah Najmuddin					
6 Amount \$168.75	7 Payee address;	City;		State:	Zip C	ode
	16027 Cypress Farms Dr	Cypress, TX 77	/429-7401			
8 PURPOSE	(a) Category (See categories	s listed at the top o	f this achedule)	(b) Descr	iption Check if travel outside of Texa	s, complete Schedule T
OF	Salaries/Wages/Contract Lab	ют	000000	. =	Check if Austin, TX, officehole	'
EXPENDITURE				Contract L	abor	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder n	ame		Office sough	ht O	ffice held
4 Date	5 Payee name	******	***			
11/15/2017	Mariah Najmuddin					:
6 Amount \$243.75	7 Payee address;	City;		State:	Zip C	ode
. ,	16027 Cypress Farms Dr	Cypress, TX 7	7429-7401			
8 PURPOSE	(a) Category (See categories	s listed at the top o	(this schedule)	(b) Descr	iption Check if travel outside of Texa	s. complete Schedule T
OF	Salaries/Wages/Contract Lab	юг			Check if Austin, TX, officehol	
EXPENDITURE	_			Contract L	abor	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder n	ame		Office soug	ht O	ffice held
4 Date	5 Payee name					
11/30/2017	Mariah Najmuddin					
6 Amount	7 Payee address;	City;		State	Zip C	ode
\$266.25	,	•			·	
	16027 Cypress Farms Dr	Cypress, TX 7	7429-7401			
8 PUPPOSE	(a) Category (See categorie	s listed at the top o	(this schedule)	(b) Descr	ription Check if travel outside of Texa	s. complete Schedule T
PURPOSE OF	Salaries/Wages/Contract Lal	oor			Check if Austin, TX, officehol	· · ·
EXPENDITURE				Contract L	abor	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder n	ame		Office soug	iht O	ffice held
						·
	ATTACH ADDITIONAL	COPIES OF	THIS SCH	EDULE A	S NEEDED	

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 The Instruction Guit	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract de explains how to cor	ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)	
1. Total pages Schedule F1:	2. FILER NAME			iler ID (Ethics Commission Filers)	
	Lina M. Hidalgo			(
4 Date	5 Payee name		L		
12/15/2017	Mariah Najmuddin				
6 Amount \$243.75	7 Payee address;	City;	State:	Zip Code	
	16027 Cypress Farms Dr Cypre	ess, TX 77429-7401			
8 BURDOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descr	ription Check if travel outside of Texas, complete Schedule T	
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	•	1 ====	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	*	Office soug	ht Office held	
4 Date	5 Payee name				
09/06/2017	Nationbuilder		- 200		
6 Amount \$29.00	7 Payee address; 520 S Grand Ave Los Angeles,	City; , CA 90071-2600	State:	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)		ription Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office soug	ht Office held	
4 Date	5 Payee name				
10/06/2017	Nationbuilder				
6 Amount \$179.00	7 Payee address; 520 S Grand Ave Los Angeles	City; , CA 90071-2600	State:	Zip Code	
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descr	ription Check if travel outside of Texas, complete Schedule T	
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense			Check If Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office soug	tht Office held	
	ATTACH ADDITIONAL COI	PIES OF THIS SCHI	EDULE A	S NEEDED	

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 Office Overhead/Refrees Polling Expense Printing Expense Gift/Awards/Memorials Expense Legal Services Office Overhead/Refree Overhead/Refree Polling Expense Printing Expense Salaries/Wages/Co	Transpoi Expense tract Labor Travel In Travel O Other (ei		
Total pages Schedule F1:	2. FILER NAME	3. Filer ID (Et	hics Commission Filers)	
	Lina M. Hidalgo	,		
4 Date	5 Payee name	I,		
11/06/2017	Nationbuilder	***		
6 Amount	7 Payee address; City;	State:	Zip Code	
\$179,00	520 S Grand Ave Los Angeles, CA 90071-2600			
8	(a) Category (See categories listed at the top of this sched	(b) Description	al autoide of Toyon semalate Schoolide T	
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Clieck ii savi	el outside of Texas, complete Schedule T tin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
4 Date	5 Payee name			
12/06/2017	Nationbuilder			
6 Amount \$29.00	7 Payee address; City: 520 S Grand Ave Los Angeles, CA 90071-2600	State:	Zip Code	
8	(a) Category (See categories listed at the top of this sched	(b) Description	el outside of Texas, complete Schedule T	
PURPOSE OF	Office Overhead/Rental Expense	i ===	tin, TX, officeholder living expense	
EXPENDITURE	Since Granica Remarks	Website	- '	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
4 Date ·	5 Payee name			
10/02/2017	NGP VAN			
6 Amount \$150.00	7 Payee address; City;	State:	Zip Code	
	1445 New York Ave NW Ste 200 Washington, Do	20005-2158		
8	(a) Category (See categories listed at the top of this sched	(b) Description	el outside of Texas, complete Schedule T	
PURPOSE	Office Overhead/Rental Expense		et outside of Texas, complete Schedule T	
EXPENDITURE	Office Overhead Remai Expense	Compliance Software		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	ED	

	EXPE	NDITURE CATEGORIES	FOR BOX 8	i(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Legal Services	Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra	ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form.	
1. Total pages Schedule F1:	2. FILER NAME		3. File	er ID (Ethics Commission Filers)	
	Lina M. Hidalgo				
4 Date 11/02/2017	5 Payee name NGP VAN				
6 Amount \$150,00	7 Payee address;	City;	State:	Zip Code	
	1445 New York Ave NW	7 Ste 200 Washington, DC 20	005-2158		
8	(a) Category (See categorie	s listed at the top of this schedule)	(b) Descrip	otion	
PURPOSE OF	Office Overhead/Rental Exp		=	heck if travel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense	
EXPENDITURE	Office Overficate Refital Exp	Cinc	Compliance	= , ;	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder n	ame	Office sought	t Office held	
4 Date	5 Payee name	,			
11/20/2017	NGP VAN				
6 Amount \$170.00	7 Payee address;	City;	State:	Zip Code	
	1445 New York Ave NW	7 Ste 200 Washington, DC 20	UUD-2158		
8 PURPOSE	(a) Category (See categorie	s listed at the top of this schedule)	(b) Descrip	otion heck if travel outside of Texas, complete Schedule T	
OF	Office Overhead/Rental Exp	ense		heck if Austin, TX, officeholder living expense	
EXPENDITURE			Compliance	Software	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder n	ame	Office sought	t Office held	
4 Date	5 Payee name	***************************************			
12/04/2017	NGP VAN				
6 Amount \$150.00	7 Payee address;	Oity;	State:	Zip Code	
	1445 New York Ave NW	Ste 200 Washington, DC 20	005-2158		
8	(a) Category (See colongie	s listed at the top of this schedule)	(b) Descrip	otion	
PURPOSE			`´ ^	neck if travel outside of Texas, complete Schedule T	
OF EXPENDITURE	Office Overhead/Rental Exp	ense	Compliance	heck if Austin, TX, officeholder living expense	
			Computance	Software	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder n	áme	Office sought	t Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

<u> </u>	EXPENDIT	URE CATEGORIES	FOR BOX 8(a)	
Candidate/Officeholder/Political Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contrac	Solicita Transp Expen ct Labor Travel Travel Other	ation/Fundraising Expense cortation Equipment & Related se In District Out of District (enter a category not listed above)
Credit Card Payment		de explains how to cor	nplete this form.	
Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo		3. Filer ID (I	Ethics Commission Filers)
4 Date 12/12/2017	5 Payee name NGP VAN			
6 Amount	7 Payee address;	City;	State:	Zip Code
\$170.00	1445 New York Ave NW Ste 2	200 Washington, DC 200	005-2158	
PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)		avel outside of Texas, complete Schedule T
EXPENDITURE	office overhead Remai Expense		Compliance Softwa	•
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
4 Date	5 Payee name	/		
09/18/2017	Rory Payne			
6 Amount \$318.67	7 Payee address;	City	State:	Zip Code
	44 Martin St Cambridge, MA (02138-1617		
PURPOSE	(a) Category (See categories listed	at the top of this schedule)	. =	avel outside of Texas, complete Schedule T
OF EXPENDITURE	Salaries/Wages/Contract Labor	000	Contract Labor	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
4 Date 09/30/2017	5 Payee name Rory Payne			
6 Amount \$361.12	7 Payee address; 44 Martin St Cambridge, MA	City; 02138-1617	State:	Zip Code
PURPOSE OF	(a) Category (See categories listed	at the lop of this schedule)	Check if A	avel outside of Texas, complete Schedule T austin, TX, officeholder living expense
EXPENDITURE			Contract Labor	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		I Office sought	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCHI	EDULE AS NEE	DED

	EXPENDIT	URE CATEGORIES F	OR 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 The Instruction Guid	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract	Transportation Expense t Labor Travel In Dis Travel Out of Other (enter	
Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics	Commission Filers)
4 Date 10/15/2017	5 Payee name Rory Payne			
6 Amount \$304.80	7 Payee address: 44 Martin St Cambridge, MA 0	City;)2138-1617	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Salaries/Wages/Contract Labor	at the top of this schedule)		side of Texas, complete Schedule T X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
4 Date 10/31/2017	5 Payee name Rory Payne			
6 Amount \$224.00	7 Payee address; 44 Martin St Cambridge, MA 0	City; 12138-1617	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Salaries/Wages/Contract Labor	at the top of this schedule)		side of Texas, complete Schedule T X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
4 Date 11/15/2017	5 Payee name Rory Payne			
6 Amount \$48.00	7 Payee address; 44 Martin St Cambridge, MA 0	City; 92138-1617	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Salaries/Wages/Contract Labor	at the top of this schedule)		side of Texas, complete Schedule T X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
	ATTACH ADDITIONAL COF	PIES OF THIS SCHE	DULE AS NEEDED	

	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 y Gift/Awards/Memorials Expense Legal Services The Instruction Gui	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract de explains how to com	Ti E t Labor Ti Ti O	olicitation/Fundraising Expense ransportation Equipment & Related xpense ravel in District ravel Out of District ther (enter a category not listed above) rm.	
Total pages Schedule F1:		•	· .	ID (Ethics Commission Filers)	
	Lina M. Hidalgo	,			
4 Date	5 Payee name				
10/31/2017	Nicola E Portz				
6 Amount \$1,000.00	7 Payee address; 4400 Memorial Dr Apt 3044 H	City; louston, TX 77007-7389	State:	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Salaries/Wages/Contract Labor	at the top of this schedule)	l ⊫	ck if travel outside of Texas, complete Schedule T ck if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
4 Date	5 Payee name				
11/20/2017 6 Amount \$1,000.00	Nicola E Portz 7 Payee address; 4400 Memorial Dr Apt 3044 H	City; Iouston, TX 77007-7389	State:	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	! ≔	ck if travel outside of Texas, complete Schedule T ck if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	C	Office sought	Office held	
4 Date	5 Payee name				
11/30/2017	Nicola E Portz				
6 Amount \$1,000.00	7 Payee address; 4400 Memorial Dr Apt 3044 F	City; Iouston, TX 77007-7389	State:	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed Salaries/Wages/Contract Labor		Contract Lab	ck if travel outside of Texas, complete Schedule T ock if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	(Office sought	Office held	
	ATTACH ADDITIONAL CO	PIES OF THIS SCHE	DULE AS I	NEEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense	Event Expense Fees Food/Beverage Expense	Office Overh Polling Expe Printing Expe	nse	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials E Legal Services	kpense Salaries/Wag	ges/Contract Labor	Travel In District Travel Out of District Other (enter a category not listed above)
Credit Card Payment	The Instruct	on Guide explains l	now to complete this	form.
Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo		3. F	iler ID (Ethics Commission Filers)
4 Date 12/15/2017	5 Payee name Nicola E Portz			
6 Amount \$312.90	7 Payee address;	City;	State:	Zip Code
	4400 Memorial Dr Apt	3044 Houston, TX 7	7007-7389	
8	(a) Category (See catego	ries listed at the top of this	schedule) (b) Desci	iption
PURPOSE OF	Salaries/Wages/Contract-1		<u> </u>	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
EXPENDITURE	Salaties wages/Contralia		Contract I	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name	Office soug	ht Office held
4 Date	5 Payee name			
09/30/2017	Dynisha Randle			
6 Amount \$210.00	7 Payee address;	City;	State:	Zip Code
	917 Pinckney St Houst	on, TX 77009-8616		
PURPOSE OF	(a) Category (See catego Salaries/Wages/Contract !		sachedule) (b) Desc	ription Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
EXPENDITURE	Salaries wages/Comfact (attor	Contract	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name	Office soug	ht Office held
4 Date	5 Payee name	******		
10/15/2017	Dynisha Randle	*		
6 Amount \$450.00	7 Payee address;	City;	State:	Zip Code
	917 Pinckney St Houst	on, TX 77009-8616		
8 PURPOSE	(a) Category (See catego		s schedule) (b) Desc	Check if travel outside of Texas, complete Schedule 1
OF EXPENDITURE	Salaries/Wages/Contract	abor	Contract	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name	Office soug	rit Office held
				Z
	ATTACH ADDITIONA	AL COPIES OF TI	113 SCHEDULE A	2 MECHEN

	EXPENDIT	TURE CATEGORIES F	OR BOX 8	(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contrac	•	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District
Committee , Credit Card Payment	•	de explains how to con	nplete this f	Other (enter a category not listed above) orm.
1. Total pages Schedule F1:	2. FILER NAME	•	3. File	er ID (Ethics Commission Filers)
	Lina M. Hidalgo			\ <u></u>
4 Date 10/31/2017	5 Payee name Dynisha Randle			
6 Amount	7 Payee address;	City;	State:	Zip Code
\$1,050.00	917 Pinckney St Houston, TX	77009-8616	,	
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion heck if travel outside of Texas, complete Schedule T
OF	Salaries/Wages/Contract Labor		<u> </u> c	heck if Austin, TX, officeholder living expense
EXPENDITURE		s	Contract La	bor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held
4 Date	5 Payee name			
11/15/2017	Dynisha Randle			
6 Amount	7 Payee address;	City;	State:	Zip Code
\$1,250.00	917 Pinckney St Houston, TX	77009-8616		
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion heck if travel outside of Texas, complete Schedule T
OF	Salaries/Wages/Contract Labor		.200000	heck if Austin, TX, officeholder living expense
EXPENDITURE			Contract La	bor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held
4 Date	E Davos name			<u> </u>
11/30/2017	5 Payee name Dynisha Randle			
6 Amount	7 Payee address;	City;	State:	Zip Code
\$1,250.00	r r uyoo usurcos,		₹	
	917 Pinckney St Houston, TX	77009-8616		
8 PURPOSE	(a) Category (See categories listed	d at the top of this schedule)	(b) Descrip	otion heck if travel outside of Texas, complete Schedule T
OF	Salaries/Wages/Contract Labor		<u></u> c	heck if Austin, TX, officeholder living expense
EXPENDITURE			Contract La	bor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	1	I Office sough	t Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCHE	DULE AS	NEEDED

7 / 1	EXPENDI	TURE CATEGORIES	FOR BOX 8	(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Legal Services	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contracted to the explains how to contracted the explains how to contracted the explains how to contracted the explains how to contract the explains have the explains how to contract the explains have the explain have the explains have the explain have the explains have the explains have the explains have the expl	ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) orm.
Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo		3. File	r ID (Ethics Commission Filers)
4 Date 12/13/2017	5 Payee name Dynisha Randle			
6 Amount \$1,250.00	7 Payee address;	City;	State:	Zip Code
	917 Pinckney St Houston, TX	77009-8616		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories lister Salaries/Wages/Contract Labor	at the top of this schedule)	1 =	eck if travel outside of Texas, complete Schedule T leck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
4 Date	5 Payee name	***		
12/28/2017	Dynisha Randle			
6 Amount \$1,250.00	7 Payee address;	City;	State:	Zip Code
	917 Pinckney St Houston, TX	77009-8616	T	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories lister Salaries/Wages/Contract Labor	d at the top of this schedule)	. =	neck if travel outside of Texas, complete Schedule T neck if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
4 Date	5 Payee name	W		
10/15/2017	Redshift Writers LLC			
6 Amount \$1,100.00	7 Payee address;	City;	State:	Zip Code
	2744 Briarhurst Dr Apt 12 Ho	uston, TX 77057-5317		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Salarics/Wages/Contract Labor	d at the top of this schedule)		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE AS	NEEDED

	EXPENDIT	URE CATEGORIES	FOR BOX 8(a))
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense Legal Services The Instruction Gui	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract de explains how to con	Tra Ex ct Labor Tra Tra Ot	slicitation/Fundraising Expense ansportation Equipment & Related pense avel In District avel Out of District her (enter a category not listed above) m.
Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	· · · · =	3. Filer l	D (Ethics Commission Filers)
4 Date 09/20/2017	5 Payee name Carroll Robinson			
6 Amount \$1,500.00	7 Payee address;	City;	State:	Zip Code
	3401 Prospect St Houston, TX	77004-7811		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Salaries/Wages/Contract Labor	at the top of this schedule)	- =	k if travel outside of Texas, complete Scheditie T k if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
4 Date 10/31/2017	5 Payee name Carroll Robinson			
6 Amount \$750.00	7 Payee address; 3401 Prospect St Houston, TX	City: 77004-7811	State:	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See categories listed Salaries/Wages/Contract Labor	at the top of this schedule)	. =	k if travel outside of Texas, complete Schedule T k if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
4 Date	5 Payee name			
12/12/2017 6 Amount	Carroll Robinson 7 Payee address;	City;	State:	Zip Code
\$750.00	3401 Prospect St Houston, TX	77004-7811		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Salaries/Wages/Contract Labor	at the top of this schedule)	. =	k if travel outside of Texas, complete Schedule T k if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
	ATTACH ADDITIONAL COI	PIES OF THIS SCHI	EDULE AS N	EEDED

	EX	PENDITURE CAT	TEGORIES FOR E	3OX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Event Expense Fees Food/Beverage Expens	Office Ove Polling Ex Printing Ex	erhead/Rental pense	Solicitatio Transport Expense Travel In I	n/Fundraising Expense ation Equipment & Related District t of District
Committee Credit Card Payment		tion Gulde explain	s how to complete	Other (en	ter a category not listed above)
1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo				ics Commission Filers)
4 Date	5 Payee name				
09/18/2017 6 Amount	David Sorensen 7 Payee address;	City;	SI	tate:	Zip Code
\$315.00	2718 Meadowereek D	r Missouri City TX	77450-2628		
	2716 Meadoweleek D	i wiissouri City, 17	77433-2026		
B PURPOSE OF	(a) Category (See category		this schedule) (b) D		outside of Texas, complete Schedule T
EXPENDITURE	Salaries/Wages/Contract	Labor	Cont	Tact Labor	ii, 12, oiliceriolder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholde	rname	Office :	sought	Office held
4 Date	5 Payee name	Q0000000000000000000000000000000000000			
09/30/2017	David Sorensen				
6 Amount \$1,050.00	7 Payee address;	City;		tate:	Zip Code
	2718 Meadowcreek D	r Missouri City, TX	. 77459-2628		
8 PURPOSE	(a) Category (See categ	orles listed at the top of	this schedule) (b) D	escription Check if travel	outside of Texas, complete Schedule T
OF EXPENDITURE	Salaries/Wages/Contract	Labor	Cont	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholde	r name	Office	sought	Office held
4 Date	5 Payee name	***			
10/15/2017	David Sorensen				
6 Amount \$406.45	7 Payee address;	City;	S	tate:	Zip Code
	2718 Meadowcreek D	r Missouri City, TX	77459-2628		ļ
8 PURPOSE	(a) Category (See categ	ories listed at the top of	this schedule) (b) D	escription	outside of Texas, complete Schedule T
OF EXPENDITURE	Salaries/Wages/Contract	Labor	Cont		n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholde	r name	Office	sought	Office held
,	ATTACH ADDITION	AL COPIES OF	THIS SCHEDUL	E AS NEEDE	P

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 The Instruction Gui	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract de explains how to cor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)	
1. Total pages Schedule F1:	2. FILER NAME	··		er ID (Ethics Commission Filers)	
	Lina M, Hidalgo			,	
4 Date	5 Payee name				
10/31/2017	Southwest Airlines				
6 Amount \$1,485.92	7 Payee address;	City;	State:	Zip Code	
	2702 Love Field Dr Dallas, TX	75235-1908			
PURPOSE OF EXPENDITURE	(a) Category (See categories listed Travel Out Of District	at the top of this schedule)	. ==	ofion heck if travel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held	
4 Date	5 Payee name				
10/31/2017	Texas Workforce Commission				
6 Amount \$190.42	7 Payee address;	Gity; TX 78778-1442	State:	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Salaries/Wages/Contract Labor	at the top of this schedule)	. =	heck if travel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held	
4 Date	5 Payee name				
09/18/2017	Sean Walker				
6 Amount \$123.00	7 Payee address; 4222 Luckenbach Rd San Anto	City; onio, TX 78251-4306	State:	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Salaries/Wages/Contract Labor		Contract La	heck if travel outside of Texas, complete Schedule T heck if Austin, TX, officeholder living expense abor	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held	
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	DULE AS	NEEDED	

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Office Overhead// Fees Poolling Expense Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services The Instruction Guide explains how	Transportation Equipment & Related Expense Contract Labor Travel In District Travel Out of District Other (enter a category not listed above)
Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 09/30/2017	5 Payee name Sean Walker	
6 Amount \$72.00	7 Payee address; City; 4222 Luckenbach Rd San Antonio, TX 78251-43	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Salaries/Wages/Contract Labor	edule) (b) Description Check if trevel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/15/2017	5 Payee name Scan Walker	
6 Amount \$165.00	7 Payee address, City, 4222 Luckenbach Rd San Antonio, TX 78251-43	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this school Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/31/2017	5 Payee name Sean Walker	
6 Amount \$105.00	7 Payee address; City; 4222 Luckenbach Rd San Antonio, TX 78251-43	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Salaries/Wages/Contract Labor	edule) (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

	EXPENDI	TURE CATEGORIES	FOR BOX 8	(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Legal Services	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contral de explains how to co	ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Retated Expense Travel In District Travel Out of District Other (enter a category not listed above) orm.
Total pages Schedule F1:	2. FILER NAME		3. File	er ID (Ethics Commission Filers)
	Lina M. Hidalgo			
4 Date 11/15/2017	5 Payee name Sean Walker		01-1	
6 Amount \$141.00	7 Payee address;	City;	State:	Zip Code
	4222 Luckenbach Rd San Anto	onio, TX 78251-4306		
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion neck if travel outside of Texas, complete Schedule T
OF	Salaries/Wages/Contract Labor		1 ===	heck if Austin, TX, officeholder living expense
EXPENDITURE		***	Contract La	bor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held
4 Date	5 Payee name			
11/30/2017	Sean Walker			
6 Amount \$252.00	7 Payee address;	City;	State:	Zip Code
	4222 Luckenbach Rd San Anto	onio, TX 78251-4306		
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion heck if travel outside of Texas, complete Schedule T
OF	Salaries/Wages/Contract Labor		. ☐c	heck If Austin, TX, officeholder living expense
EXPENDITURE			Contract La	bor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held
4 Date	5 Payee name			*
12/15/2017	Sean Walker			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
6 Amount	7 Payee address;	City;	State:	Zip Code
\$258.00	4222 Luckenbach Rd San Ante		T	
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion heck if travel outside of Texas, complete Schedule T
OF	Salaries/Wages/Contract Labor		□c	heck if Austin, TX, officeholder living expense
EXPENDITURE			Contract La	bor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE AS	NEEDED

	EXPENDIT	URE 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 The Instruction Guit	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract de explains how to con	ct Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
Total pages Schedule F1:	2. FILER NAME			er ID (Ethics Commission Filers)
	Lina M. Hidalgo			
4 Date	5 Payee name			
10/20/2017	Wi Cowork LLC			7: 0 !
6 Amount \$300.00	7 Payee address; 2502 La Branch St Houston, T.	City; X 77004-1028	State:	Zip Code
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion leck if travel outside of Texas, complete Schedule T
OF	Office Overhead/Rental Expense	**********	I 🗯	neck if Austin, TX, officeholder living expense
EXPENDITURE			Rent	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office soughi	l Office held
4 Date	5 Payee name			
11/20/2017	Wi Cowork LLC			
6 Amount \$300.00	7 Payee address; 2502 La Branch St Houston, T.	©ily; X 77004-1028	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)		otion neck if travel outside of Texas, complete Schedule T neck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	l Office held
4 Date	5 Payee name			
12/19/2017	Wi Cowork LLC			
6 Amount \$100.00	7 Payee address; 2502 La Branch St Houston, T.	City; X 77004-1028	State:	Zip Code
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion neck if travel outside of Texas, complete Schedule T
OF	Office Overhead/Rental Expense		. =	neck if Auslin, TX, officeholder living expense
EXPENDITURE			Rent	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	d Office held
	ATTACH ADDITIONAL COI	PIES OF THIS SCHI	EDULE AS	NEEDED

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

SCHEDULE K

	The Instruction Guide explains how to complete this form.	1. Total pag	ges Schedule K: ilable
2. FILER NAM Lina M. Hid		3. Filer ID (Ethics Commission Filers)
4. Date 10/30/2017	5 Name of person from whom amount is received Mehran H Khodabandeh 6 Address of person from whom amount is received; City; State; 2 27 Franciscan Way Kensington, CA 94707-1112	Lip Code	8 Amount \$742.00
	7 Purpose for which amount is received Reimbursement of travel expenses	Check if	political contribution returned to filer
4. Date 11/29/2017	5 Name of person from whom amount is received Nationbuilder		8 Amount \$150.00
	6 Address of person from whom amount is received; City; State; Z 520 S Grand Ave Los Angeles, CA 90071-2600	Zip Code	
	7 Purpose for which amount is received Refund of mass email charge	Check if	political contribution returned to filer
4. Date 11/29/2017	5 Name of person from whom amount is received Nationbuilder 6 Address of person from whom amount is received; City; State; Z 520 S Grand Ave Los Angeles, CA 90071-2600	Zip Code	8 Amount \$150.00
	7 Purpose for which amount is received Refund of mass email charge	Check if	political contribution returned to filer

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

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide ex	xplains how to complete this fo	rm.	Total pages Schedule	T:	
2. FILER NAME Lina M. Hidalgo			3. Filer ID (Ethics Commission Filers)		
4 Name of Contributor / Corporation or	Labor Organization / Pledgor / Pa	yee			
Southwest Airlines				4	
5 Contribution / Expenditure reported o	n:				
	chedule B Schedule B(J) chedule F4 Schedule G	Schedule C2	Schedule D Schedule COH-UC	Schedule F1 Schedule B-SS	
6 Dates of travel 7 Name of pers Mehran Kh					
11/03/2017 And 11/05/2017 8 Departure city Oakland, C	city or name of departure location , CA				
9 Destination ci Houston, T	ity or name of destination location X				
10 Means of transportation COMMAIR 11	Purpose of travel (including nam Meetings with campaign	ne of conference, so	eminar, or other event)		
4 Name of Contributor / Corporation or	Labor Organization / Pledgor / Pa	уее			
Southwest Airlines					
5 Contribution / Expenditure reported o	n:		>		
Schedule A2 Sc	chedule B Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
. = =	chedule F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
6 Dates of travel 7 Name of person(s) traveling Nicole Larson					
11/3/2017 And 11/5/2017 8 Departure city or name of departure location Oakland, CA					
9 Destination city or name of destination location Houston, TX					
10 Means of transportation COMMAIR 11 Purpose of travel (including name of conference, seminar, or other event) Meetings with campaign					
4 Name of Contributor / Corporation or	Labor Organization / Pledgor / Pa	iyee			
Sandra Bustamante	>				
5 Contribution / Expenditure reported o	n:				
☑ Schedule A2 Schedule A2	chedule B Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
	chedule F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
Lina Hidala	son(s) traveling go				
11/11/2017 And 8 Departure city Houston, T	y or name of departure location X				
Destination city or name of destination location Newark, NJ					
10 Means of transportation COMMAIR 11 Purpose of travel (including name of conference, seminar, or other event) Fundraiser in New York					
\ <u></u>					

ATTACH /	ADDITIONAL	COPIES OF	THIS	SCHEDULE	AS NEEDED

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IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form. 1. Total pages Schedule T:							
2. FILER NAME Lina M. Hidalgo			3	3. Filer ID (Ethics Comm	nission Filers)		
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Sandra Bustamante							
5 Contribution / Expenditure report	ted on:		"	•			
☑ Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS		
7 Name of person(s) traveling Lina Hidalgo							
12/12/2017 And 12/15/2017 8 Departu Hous	8 Departure city or name of departure location Houston, TX						
	9 Destination city or name of destination location Phoenix, AZ						
10 Means of transportation COMMAIR 11 Purpose of travel (including name of conference, seminar, or other event) Arena Phoenix Conference							
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee David James							
5 Contribution / Expenditure reported on:							
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1							
Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS							
Lina	f person(s) travelir Hidalgo	ng			,		
	8 Departure city or name of departure location Houston, TX						
Destination city or name of destination location Los Angeles, CA							
10 Means of transportation COMMAIR 11 Purpose of travel (including name of conference, seminar, or other event) Donor meeting in Los Angeles							

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED