

\* 2 0 1 8 4 7 5 \*

Official Public Records of  
Harris County  
Stan Stanart  
County Clerk

## Campaign Finance Report



*Stan Stanart*  
COUNTY CLERK  
HARRIS COUNTY, TEXAS

FileNo: 2018475  
Received By Clerk: 7/16/2018  
File Date: July 16, 2018  
Office: County Judge  
Candidate: Hidalgo, Lina M.  
Treasurer: Pickett, G. Troy  
Category: Contributions And Expenditures  
Delivered By: Electronically Filed  
Type: COR

Harris County No Fee

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

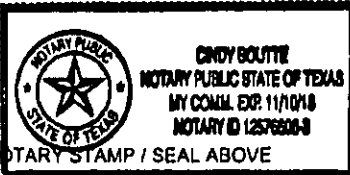
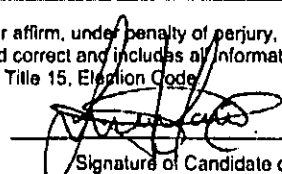
**FORM C/OH**  
**COVER SHEET PG 1**

2018475

Page - 2

The C/OH Instruction Guide explains how to complete this form.			1. Filer ID (Ethics Commission Filers)		2. Total pages filed: 137		
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI		OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX				
4 CANDIDATE/ OFFICEHOLDER ADDRESS	ADDRESS /PO BOX:		APT/SUITE #	CITY	STATE:	ZIP CODE	
	P. O. Box 88392			Houston	TX	77288	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		Receipt #	Amount \$	
		(713) 898-4624					
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI		Date Processed		
	NICKNAME	LAST	SUFFIX		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS:		APT/SUITE #	CITY	STATE:	ZIP CODE	
	2222 Bissonnet Street		Ste 203	Houston	TX	77005	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
		(713) 589-8692					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach- COH-FR)						
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
			01/01/2018				06/30/2018
11 ELECTION	ELECTION DATE Month Day Year			ELECTION TYPE			
	11/06/2018			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) Harris County Judge			
GO TO PAGE 2							

**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 COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL			
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
<input type="checkbox"/> additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$150.00	
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$183,252.46	
	EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$1,462.67
		4	TOTAL POLITICAL EXPENDITURES	\$67,007.79
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$116,263.26	
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$1,400.00	
18 AFFIDAVIT				
 <p>AFFIX NOTARY STAMP / SEAL ABOVE</p>		<p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p> Signature of Candidate or Officeholder</p>		
<p>Sworn to and subscribed before me, by the said <u>Lina M. Hidalgo</u> this the <u>16th</u> day of <u>July</u> 20 <u>18</u> to certify which, witness my hand and seal of office.</p> <p><u>Cindy Bouite</u> Signature of officer administering oath</p> <p><u>Cindy Bouite</u> Printed name of officer administering oath</p> <p><u>Texas Notary Public</u> Title of officer administering oath</p>				

**SUBTOTALS - COH****FORM C/OH  
COVER SHEET PG 3**

2018475

19. FILER NAME Lina M. Hidalgo		20. FILER ID (Ethics Commission Filers)
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTALS AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$174,442.46
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$8,810.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$0.00
4. SCHEDULE E: LOANS		\$0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$67,007.79
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS RETURNED TO FILER		\$1,385.51

Page - 4



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide 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 06/30/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Moctar Aboubacar 6. Contributor address; City; State; ZIP Code 2 Peabody Ter Apt 904 Cambridge, MA 02138-6213	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 02/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Karen Adams 6. Contributor address; City; State; ZIP Code PO Box 271423 Houston, TX 77277-1423	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 05/09/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Meredith Ahr 6. Contributor address; City; State; ZIP Code 746 25th St Santa Monica, CA 90402-3144	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Universal Television Alternative Studio
4. Date 01/28/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC David Alamia 6. Contributor address; City; State; ZIP Code 10334 Admirable Path Houston, TX 77044-1679	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) Government Public Safety		9 Employer (See Instructions) Harris County
4. Date 06/30/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC David Alamia 6. Contributor address; City; State; ZIP Code 10334 Admirable Path Houston, TX 77044-1679	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) Government Public Safety		9 Employer (See Instructions) Harris County

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 02/04/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Isabel Allende 6. Contributor address; City; State; ZIP Code 116 Caledonia St Sausalito, CA 94965-1925	7. Amount of contribution (\$)  \$1,000.00
8. Principal occupation / Job title (See Instructions) Writer		9. Employer (See Instructions) Self
4. Date 05/23/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC JUSTIN ANDERSON 6. Contributor address; City; State; ZIP Code 9960 Beverly Grove Dr Beverly Hills, CA 90210-2121	7. Amount of contribution (\$)  \$166.66
8. Principal occupation / Job title (See Instructions) none		9. Employer (See Instructions) N/A
4. Date 05/16/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Jennifer Aniston 6. Contributor address; City; State; ZIP Code 4450 W Lakeside Dr Burbank, CA 91505-4000	7. Amount of contribution (\$)  \$350.00
8. Principal occupation / Job title (See Instructions) Actor		9. Employer (See Instructions) N/A
4. Date 04/15/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Bennie Flores Ansell 6. Contributor address; City; State; ZIP Code 707 Sabine St Houston, TX 77007-7626	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Professor		9. Employer (See Instructions) Houston Community College
4. Date 03/31/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Kristen Arbuckle 6. Contributor address; City; State; ZIP Code 3713 Yuma St NW Washington, DC 20016-2211	7. Amount of contribution (\$)  \$1.13
8. Principal occupation / Job title (See Instructions) Analyst		9. Employer (See Instructions) Pc

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 05/06/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kristen Arbuckle 6. Contributor address; City; State; ZIP Code 3713 Yuma St NW Washington, DC 20016-2211	7. Amount of contribution (\$)  \$1.00
8. Principal occupation / Job title (See Instructions) Analyst		9 Employer (See Instructions) Pc
4. Date 03/31/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Amanda Arch 6. Contributor address; City; State; ZIP Code 875 Indiana St Unit 515 San Francisco, CA 94107-3598	7. Amount of contribution (\$)  \$2,700.00
8. Principal occupation / Job title (See Instructions) Technology		9 Employer (See Instructions) Kasha
4. Date 03/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Thomas Armel 6. Contributor address; City; State; ZIP Code 4630 Michaux St Houston, TX 77009-4415	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) Tax Consultant		9 Employer (See Instructions) PwC
4. Date 05/23/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Nicole Avant 6. Contributor address; City; State; ZIP Code 611 S Muirfield Rd Los Angeles, CA 90005-3832	7. Amount of contribution (\$)  \$250.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 06/30/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Anne Avis 6. Contributor address; City; State; ZIP Code 1545 Waverley St Palo Alto, CA 94301-3642	7. Amount of contribution (\$)  \$1,000.00
8. Principal occupation / Job title (See Instructions) Volunteer		9 Employer (See Instructions) Internews Board

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 01/28/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Aaron Azios 6. Contributor address; City; State; ZIP Code 6227 Wynnwood Ln Houston, TX 77008-3241	7. Amount of contribution (\$) \$5.00
8. Principal occupation / Job title (See Instructions) Package Handler/Student		9. Employer (See Instructions) Federal Express
4. Date 03/04/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Aaron Azios 6. Contributor address; City; State; ZIP Code 6227 Wynnwood Ln Houston, TX 77008-3241	7. Amount of contribution (\$) \$2.00
8. Principal occupation / Job title (See Instructions) Package Handler/Student		9. Employer (See Instructions) Federal Express
4. Date 06/03/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Aaron Azios 6. Contributor address; City; State; ZIP Code 6227 Wynnwood Ln Houston, TX 77008-3241	7. Amount of contribution (\$) \$3.00
8. Principal occupation / Job title (See Instructions) Package Handler/Student		9. Employer (See Instructions) Federal Express
4. Date 06/24/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Aaron Azios 6. Contributor address; City; State; ZIP Code 6227 Wynnwood Ln Houston, TX 77008-3241	7. Amount of contribution (\$) \$5.00
8. Principal occupation / Job title (See Instructions) Package Handler/Student		9. Employer (See Instructions) Federal Express
4. Date 06/17/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Katy Bacon 6. Contributor address; City; State; ZIP Code 5822 Kenwood Ave Dallas, TX 75206-5512	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Consultant		9. Employer (See Instructions) Bain & Company

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1. Total pages Schedule A1:</b> not available
<b>2. FILER NAME</b> Lina M. Hidalgo		<b>3. Filer ID (Ethics Commission Filers)</b>
<b>4. Date</b> 03/26/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Betty Baer <b>6. Contributor address; City; State; ZIP Code</b> 9023 Ilona Ln Houston, TX 77025-3619	<b>7. Amount of contribution (\$)</b>  \$250.00
<b>8. Principal occupation / Job title (See Instructions)</b> Retired		<b>9 Employer (See Instructions)</b> Retired
<b>4. Date</b> 05/13/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Abdul N. Bahalim <b>6. Contributor address; City; State; ZIP Code</b> 2615 Chestnut Mills Rd Houston, TX 77067-1266	<b>7. Amount of contribution (\$)</b>  \$5.00
<b>8. Principal occupation / Job title (See Instructions)</b> Customer Service Representative		<b>9 Employer (See Instructions)</b> United Airlines
<b>4. Date</b> 02/25/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Abdul Bahalim <b>6. Contributor address; City; State; ZIP Code</b> 2615 Chestnut Mills Rd Houston, TX 77067-1266	<b>7. Amount of contribution (\$)</b>  \$5.00
<b>8. Principal occupation / Job title (See Instructions)</b> Customer Service Representative		<b>9 Employer (See Instructions)</b> United Airlines
<b>4. Date</b> 06/17/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Joe Bailey Jr. <b>6. Contributor address; City; State; ZIP Code</b> 6042 Crab Orchard Rd Houston, TX 77057-1448	<b>7. Amount of contribution (\$)</b>  \$100.00
<b>8. Principal occupation / Job title (See Instructions)</b> filmmaker		<b>9 Employer (See Instructions)</b> self
<b>4. Date</b> 06/30/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Manuel Barrera <b>6. Contributor address; City; State; ZIP Code</b> 9402 Camargo Ct Houston, TX 77074-2416	<b>7. Amount of contribution (\$)</b>  \$25.00
<b>8. Principal occupation / Job title (See Instructions)</b> Not Employed		<b>9 Employer (See Instructions)</b> Not Employed

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 05/29/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Marry Ann Bass 6. Contributor address; City; State; ZIP Code 4011 Leeshire Dr Houston, TX 77025-4019	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 06/24/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ William Beard 6. Contributor address; City; State; ZIP Code 931 Hackberry St La Porte, TX 77571-6911	7. Amount of contribution (\$)  \$10.00
8. Principal occupation / Job title (See Instructions) Senior HVAC Tech.		9 Employer (See Instructions) La Porte ISD
4. Date 05/23/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Colleen Bell 6. Contributor address; City; State; ZIP Code 391 N Carolwood Dr Los Angeles, CA 90077-3512	7. Amount of contribution (\$)  \$333.34
8. Principal occupation / Job title (See Instructions) Executive/Former US Ambassador		9 Employer (See Instructions)
4. Date 03/31/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kiersten Bergeron 6. Contributor address; City; State; ZIP Code 201 Main St Maynard, MA 01754-2511	7. Amount of contribution (\$)  \$1.00
8. Principal occupation / Job title (See Instructions) Outreach		9 Employer (See Instructions) ActBlue
4. Date 02/26/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Rita Bergers 6. Contributor address; City; State; ZIP Code 1123 Berthea St Houston, TX 77006-6469	7. Amount of contribution (\$)  \$500.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available	
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)	
4. Date 06/26/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Rita Bergers 6. Contributor address; City; State; ZIP Code 1123 Berthea St Houston, TX 77006-6469	7. Amount of contribution (\$)  \$750.00	
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired	
4. Date 05/16/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Linda Bessin 6. Contributor address; City; State; ZIP Code 741 N Clybourn Ave Burbank, CA 91505-3153	7. Amount of contribution (\$)  \$1,000.00	
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed	
4. Date 04/08/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Aliya Bhatia 6. Contributor address; City; State; ZIP Code 1805 Buckhead Valley Ln NE Atlanta, GA 30324-2796	7. Amount of contribution (\$)  \$50.00	
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed	
4. Date 06/30/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Tahir Bhatti 6. Contributor address; City; State; ZIP Code 10 Harbor View Dr Sugar Land, TX 77479-5850	7. Amount of contribution (\$)  \$2,500.00	
8. Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Focus Merchant Services	
4. Date 06/10/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Gina Biondo 6. Contributor address; City; State; ZIP Code 10315 Briar River Dr Houston, TX 77042-2947	7. Amount of contribution (\$)  \$250.00	
8. Principal occupation / Job title (See Instructions) Hines Securities Inc.		9 Employer (See Instructions) Senior Compliance Manager	

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1. Total pages Schedule A1:</b> not available
<b>2. FILER NAME</b> Lina M. Hidalgo		<b>3. Filer ID (Ethics Commission Filers)</b>
<b>4. Date</b> 06/29/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Blanca Blanco <b>6. Contributor address; City; State; ZIP Code</b> 1839 Alta Vista St Houston, TX 77023-2503	<b>7. Amount of contribution (\$)</b>  \$100.00
<b>8. Principal occupation / Job title (See Instructions)</b> Retired		<b>9 Employer (See Instructions)</b> Retired
<b>4. Date</b> 02/25/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ William Bobrick <b>6. Contributor address; City; State; ZIP Code</b> 744 Brooks St Apt 3107 Sugar Land, TX 77478-4609	<b>7. Amount of contribution (\$)</b>  \$50.00
<b>8. Principal occupation / Job title (See Instructions)</b> Organizer		<b>9 Employer (See Instructions)</b> Ft. Bend American Federation of Teachers
<b>4. Date</b> 01/28/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Gary Boerner <b>6. Contributor address; City; State; ZIP Code</b> 27614 Esteban Point Ln Spring, TX 77386-3738	<b>7. Amount of contribution (\$)</b>  \$25.00
<b>8. Principal occupation / Job title (See Instructions)</b> Accountant		<b>9 Employer (See Instructions)</b> EDP Renewables
<b>4. Date</b> 02/11/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Hannah Bowles <b>6. Contributor address; City; State; ZIP Code</b> 12 Old Meadow Rd Dover, MA 02030-2514	<b>7. Amount of contribution (\$)</b>  \$100.00
<b>8. Principal occupation / Job title (See Instructions)</b> University lecturer		<b>9 Employer (See Instructions)</b> Harvard U.
<b>4. Date</b> 01/16/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Pete Bradley <b>6. Contributor address; City; State; ZIP Code</b> 3097 Summit St Columbus, OH 43202-1314	<b>7. Amount of contribution (\$)</b>  \$5.00
<b>8. Principal occupation / Job title (See Instructions)</b> IT		<b>9 Employer (See Instructions)</b> State of Ohio

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



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 04/20/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Constance Britton 6. Contributor address; City; State; ZIP Code 1990 S Bundy Dr Ste 200 Los Angeles, CA 90025-5249	7. Amount of contribution (\$) \$166.66
8. Principal occupation / Job title (See Instructions) actor		9 Employer (See Instructions) deep blue productions
4. Date 01/21/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Janice Brody 6. Contributor address; City; State; ZIP Code 820 Bear Gulch Rd Woodside, CA 94062-4430	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 03/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Janice Brody 6. Contributor address; City; State; ZIP Code 820 Bear Gulch Rd Woodside, CA 94062-4430	7. Amount of contribution (\$) \$10,000.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 05/23/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Lisa Broock 6. Contributor address; City; State; ZIP Code 11987 Foxboro Dr Los Angeles, CA 90049-4110	7. Amount of contribution (\$) \$200.00
8. Principal occupation / Job title (See Instructions) Vice President, Corporate Communications, Sony		9 Employer (See Instructions) Sony Pictures Entertainment
4. Date 03/11/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Alison Brown 6. Contributor address; City; State; ZIP Code 321 W 78th St Apt 6A New York, NY 10024-6514	7. Amount of contribution (\$) \$5.69
8. Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) Self

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 05/23/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Ben Bruno 6. Contributor address; City; State; ZIP Code 9828 Easton Dr Beverly Hills, CA 90210-1418	7. Amount of contribution (\$)  \$166.66
8. Principal occupation / Job title (See Instructions) Trainer		9 Employer (See Instructions) Self Employed
4. Date 05/21/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Joanne Burrows 6. Contributor address; City; State; ZIP Code 11411 Briar Rose Dr Houston, TX 77077-6433	7. Amount of contribution (\$)  \$200.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 05/21/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Carol Burrus 6. Contributor address; City; State; ZIP Code 3615 Sun Valley Dr Houston, TX 77025-4134	7. Amount of contribution (\$)  \$30.00
8. Principal occupation / Job title (See Instructions) First Unitarian Universalist Church		9 Employer (See Instructions) Director of Religious Education
4. Date 03/29/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Sandra Bustamante 6. Contributor address; City; State; ZIP Code 1701 Hermann Dr Houston, TX 77004-7452	7. Amount of contribution (\$)  \$10.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 06/20/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Sandra Bustamante 6. Contributor address; City; State; ZIP Code 1701 Hermann Dr Houston, TX 77004-7452	7. Amount of contribution (\$)  \$40.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 06/03/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ James Calaway 6. Contributor address; City; State; ZIP Code 2302 Persa St Houston, TX 77019-6422	7. Amount of contribution (\$)  \$1,000.00
8. Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) Distributed Power Partners
4. Date 02/26/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Carrie Cameron 6. Contributor address; City; State; ZIP Code 312 Knox St Houston, TX 77007-7141	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) MD Anderson
4. Date 02/18/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Victor Cardenas 6. Contributor address; City; State; ZIP Code 2422 Blue Water Ln Houston, TX 77018-1015	7. Amount of contribution (\$)  \$250.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Hartline Dacus Barger Dreyer LLP
4. Date 03/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Walta Carmichael 6. Contributor address; City; State; ZIP Code 11 Coronet Ridge Ct The Woodlands, TX 77375-1073	7. Amount of contribution (\$)  \$1.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 03/11/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kate Catherall 6. Contributor address; City; State; ZIP Code 500 Stanyan St Apt 103 San Francisco, CA 94117-1857	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) Partner		9 Employer (See Instructions) The Arena

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The instruction guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 06/03/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Anne Chao 6. Contributor address; City; State; ZIP Code 3970 Inverness Dr Houston, TX 77019-1004	7. Amount of contribution (\$)  \$1,000.00
8. Principal occupation / Job title (See Instructions) lecturer		9 Employer (See Instructions) Rice University
4. Date 01/21/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Jennifer Childs 6. Contributor address; City; State; ZIP Code 221 N Rengstorff Ave Mountain View, CA 94043-4254	7. Amount of contribution (\$)  \$150.00
8. Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions) Integrated Archive Systems
4. Date 06/28/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Chopra Imaging Center, Inc 6. Contributor address; City; State; ZIP Code 8305-A Knight Road Houston, TX 77054-1905	7. Amount of contribution (\$)  \$5,000.00  (returned on July 9, 2018)
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 05/23/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Megan Clayton 6. Contributor address; City; State; ZIP Code 263 Pleasant St Apt 2 Northampton, MA 01060-3955	7. Amount of contribution (\$)  \$5.00
8. Principal occupation / Job title (See Instructions) Digital Communications Manager		9 Employer (See Instructions)
4. Date 05/23/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Darcy Cobb 6. Contributor address; City; State; ZIP Code 1047 Moraga Dr Los Angeles, CA 90049-1620	7. Amount of contribution (\$)  \$60.00
8. Principal occupation / Job title (See Instructions) PR		9 Employer (See Instructions) Dotted Line Communications

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1. Total pages Schedule A1:</b> not available
<b>2. FILER NAME</b> Lina M. Hidalgo		<b>3. Filer ID (Ethics Commission Filers)</b>
<b>4. Date</b> 03/31/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Frances Codispoti <b>6. Contributor address; City; State; ZIP Code</b> 14545 Manuella Rd Los Altos Hills, CA 94022-2024	<b>7. Amount of contribution (\$)</b>  \$250.00
<b>8. Principal occupation / Job title (See Instructions)</b> fundraiser		<b>9 Employer (See Instructions)</b> self employed
<b>4. Date</b> 06/30/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Michael Cohen <b>6. Contributor address; City; State; ZIP Code</b> 970 Crane St Apt 4 Menlo Park, CA 94025-4725	<b>7. Amount of contribution (\$)</b>  \$1.30
<b>8. Principal occupation / Job title (See Instructions)</b> Software Engineer		<b>9 Employer (See Instructions)</b> Globality
<b>4. Date</b> 05/16/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Jonathan Cole MD <b>6. Contributor address; City; State; ZIP Code</b> 9675 Brighton Way Ste 290 Beverly Hills, CA 90210-5146	<b>7. Amount of contribution (\$)</b>  \$250.00
<b>8. Principal occupation / Job title (See Instructions)</b> Physician		<b>9 Employer (See Instructions)</b> Self
<b>4. Date</b> 06/30/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Jonathan Cole MD <b>6. Contributor address; City; State; ZIP Code</b> 9675 Brighton Way Ste 290 Beverly Hills, CA 90210-5146	<b>7. Amount of contribution (\$)</b>  \$250.00
<b>8. Principal occupation / Job title (See Instructions)</b> Physician		<b>9 Employer (See Instructions)</b> Self
<b>4. Date</b> 06/30/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ David Collins <b>6. Contributor address; City; State; ZIP Code</b> 3560 Dixie Dr Apt 1111 Houston, TX 77021-1264	<b>7. Amount of contribution (\$)</b>  \$25.00
<b>8. Principal occupation / Job title (See Instructions)</b> Instructional Technology Trainer		<b>9 Employer (See Instructions)</b> University of St. Thomas

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 03/11/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Mary Collins 6. Contributor address; City; State; ZIP Code 215 Athol Ave Apt C Oakland, CA 94606-1352	7. Amount of contribution (\$)  \$2.50
8. Principal occupation / Job title (See Instructions) Not Employed		9. Employer (See Instructions) Not Employed
4. Date 06/30/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Marian Cones 6. Contributor address; City; State; ZIP Code 1326 Moorhead Dr Houston, TX 77055-4110	7. Amount of contribution (\$)  \$500.00
8. Principal occupation / Job title (See Instructions) CEO		9. Employer (See Instructions) CourthouseDirect.com
4. Date 06/30/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jennifer Connatser 6. Contributor address; City; State; ZIP Code 5 Killamey Ct Houston, TX 77074-7841	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) Social worker		9. Employer (See Instructions) Baylor College of Medicine
4. Date 05/23/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kevin Conroy 6. Contributor address; City; State; ZIP Code 33 W67st Nyc, NY 10023	7. Amount of contribution (\$)  \$500.00
8. Principal occupation / Job title (See Instructions) Actor		9. Employer (See Instructions) Self Employed
4. Date 03/11/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Brendan Coots 6. Contributor address; City; State; ZIP Code 812 Prairie Creek Dr Pacifica, CA 94044-3825	7. Amount of contribution (\$)  \$2.27
8. Principal occupation / Job title (See Instructions) 3D Artist		9. Employer (See Instructions) Lieberman Productions

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1. Total pages Schedule A1:</b> not available
<b>2. FILER NAME</b> Lina M. Hidalgo		<b>3. Filer ID (Ethics Commission Filers)</b>
<b>4. Date</b> 02/25/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Rosamund Coquillette <b>6. Contributor address; City; State; ZIP Code</b> 12 Rutland St Cambridge, MA 02138-2503	<b>7. Amount of contribution (\$)</b>  \$100.00
<b>8. Principal occupation / Job title (See Instructions)</b> administrator		<b>9 Employer (See Instructions)</b> Harvard
<b>4. Date</b> 05/23/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Ashley Cote <b>6. Contributor address; City; State; ZIP Code</b> 20 Aberdeen Rd Methuen, MA 01844-6002	<b>7. Amount of contribution (\$)</b>  \$5.00
<b>8. Principal occupation / Job title (See Instructions)</b> Admin assistant		<b>9 Employer (See Instructions)</b>
<b>4. Date</b> 04/24/2018	<b>5. Full name of contributor</b> <input checked="" type="checkbox"/> out-of-state PAC C00002089 CWA - Cope PCC <b>6. Contributor address; City; State; ZIP Code</b> 501 3rd St NW Washington, DC 20001-2760	<b>7. Amount of contribution (\$)</b>  \$2,500.00
<b>8. Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>
<b>4. Date</b> 06/29/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Cy Fair Area Democratic Club <b>6. Contributor address; City; State; ZIP Code</b> 14119 Hillvale Dr Houston, TX 77077-1408	<b>7. Amount of contribution (\$)</b>  \$50.00
<b>8. Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>
<b>4. Date</b> 04/19/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Laurie David <b>6. Contributor address; City; State; ZIP Code</b> 11812 San Vicente Blvd Fl 4 Los Angeles, CA 90049-6625	<b>7. Amount of contribution (\$)</b>  \$500.00
<b>8. Principal occupation / Job title (See Instructions)</b> Author and Producer		<b>9 Employer (See Instructions)</b> Hybrid Nation

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 01/28/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Mary Delaney 6. Contributor address; City; State; ZIP Code 436 14th St Ste 1417 Oakland, CA 94612-2716	7. Amount of contribution (\$)  \$2,500.00
8. Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions) none
4. Date 05/09/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Kate Denton 6. Contributor address; City; State; ZIP Code 9046 Lucerne Ave Culver City, CA 90232-2515	7. Amount of contribution (\$)  \$125.00
8. Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions) LoudPack Inc
4. Date 06/30/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Timothy Detmering 6. Contributor address; City; State; ZIP Code 2800 Post Oak Blvd Ste 225 Houston, TX 77056-6169	7. Amount of contribution (\$)  \$1,000.00
8. Principal occupation / Job title (See Instructions) Finance		9 Employer (See Instructions) Centaurus
4. Date 05/06/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Larry Diamond 6. Contributor address; City; State; ZIP Code 837 Tolman Dr Stanford, CA 94305-1025	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) professor		9 Employer (See Instructions) Stanford Univresity
4. Date 01/21/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Natasha Dolby 6. Contributor address; City; State; ZIP Code 2115 Bush St San Francisco, CA 94115-3103	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed

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



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 02/18/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sheila Dotson 6. Contributor address; City; State; ZIP Code 4123 Surreydon Dr Houston, TX 77014-2148	7. Amount of contribution (\$)  \$10.00
8. Principal occupation / Job title (See Instructions) Commercial Advisor		9 Employer (See Instructions) Shell Oil
4. Date 06/30/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sheila Dotson 6. Contributor address; City; State; ZIP Code 4123 Surreydon Dr Houston, TX 77014-2148	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) Commercial Advisor		9 Employer (See Instructions) Shell Oil
4. Date 05/16/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Minnie Driver 6. Contributor address; City; State; ZIP Code 2000 Avenue Of The Stars Los Angeles, CA 90067-4700	7. Amount of contribution (\$)  \$500.00
8. Principal occupation / Job title (See Instructions) Actor		9 Employer (See Instructions) Self
4. Date 06/30/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Gilbert Duran 6. Contributor address; City; State; ZIP Code 309 63rd St Apt A Oakland, CA 94618-1265	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self
4. Date 02/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Allison Edwards 6. Contributor address; City; State; ZIP Code 2500 Woodmont Ave Austin, TX 78703-3257	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) attorney		9 Employer (See Instructions) self

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 01/12/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Michael Ehlers 6. Contributor address; City; State; ZIP Code 1828 Columbine Ave Boulder, CO 80302-7917	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 05/21/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ John Eldridge 6. Contributor address; City; State; ZIP Code 2351 Blue Bonnet Blvd Houston, TX 77030-3624	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Haynes & Boone, LLP		9 Employer (See Instructions) Partner
4. Date 06/10/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Bruce Evans 6. Contributor address; City; State; ZIP Code 9506 Meadowbriar Ln Houston, TX 77063-3813	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) insurance agent		9 Employer (See Instructions) self
4. Date 06/30/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Bradley Falchuk 6. Contributor address; City; State; ZIP Code 8383 Wilshire Blvd Ste 400 Beverly Hills, CA 90211-2400	7. Amount of contribution (\$)  \$500.00
8. Principal occupation / Job title (See Instructions) Writer / Producer		9 Employer (See Instructions) 20th Century Fox
4. Date 04/18/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Patricia Fallon 6. Contributor address; City; State; ZIP Code 2901 Bammel Ln Apt 9 Houston, TX 77098-1133	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 01/31/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Nancy Farese 6. Contributor address; City; State; ZIP Code PO Box 400 Carrollton, GA 30112-0007	7. Amount of contribution (\$)  \$1,000.00
8. Principal occupation / Job title (See Instructions) Board Chair		9 Employer (See Instructions) PhotoPhilanthropy
4. Date 03/11/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jimmy Ferguson 6. Contributor address; City; State; ZIP Code 1508 Dessau Ridge Ln Apt 801 Austin, TX 78754-2123	7. Amount of contribution (\$)  \$500.00
8. Principal occupation / Job title (See Instructions) McDonald's Franchisee		9 Employer (See Instructions) Self-Employed
4. Date 01/21/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Susanna Finnell 6. Contributor address; City; State; ZIP Code 676 Monte Rosa Drive, Apt 824 West Menlo Park, CA 94025-6913	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) none
4. Date 04/22/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ john Fisher 6. Contributor address; City; State; ZIP Code 2000 North Loop W Houston, TX 77018-8124	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) RE mgr		9 Employer (See Instructions) OCA
4. Date 04/18/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Bobby Flay 6. Contributor address; City; State; ZIP Code 1140 Broadway New York, NY 10001-7504	7. Amount of contribution (\$)  \$1,666.67
8. Principal occupation / Job title (See Instructions) Chef		9 Employer (See Instructions) Self Employed

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1. Total pages Schedule A1:</b> not available
<b>2. FILER NAME</b> Lina M. Hidalgo		<b>3. Filer ID (Ethics Commission Filers)</b>
<b>4. Date</b> 06/17/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Asucena Flores <b>6. Contributor address; City; State; ZIP Code</b> 1403 Bailey St Houston, TX 77019-5001	<b>7. Amount of contribution (\$)</b>  \$50.00
<b>8. Principal occupation / Job title (See Instructions)</b> Senior Manager of Marketing and Communication		<b>9 Employer (See Instructions)</b> Genesys Works
<b>4. Date</b> 01/28/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ William Forbath <b>6. Contributor address; City; State; ZIP Code</b> 3206 Greenlee Dr Austin, TX 78703-1622	<b>7. Amount of contribution (\$)</b>  \$100.00
<b>8. Principal occupation / Job title (See Instructions)</b> Professor of law		<b>9 Employer (See Instructions)</b> UT Austin
<b>4. Date</b> 05/09/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Mary Ford <b>6. Contributor address; City; State; ZIP Code</b> 59 Wooster St New York, NY 10012-4349	<b>7. Amount of contribution (\$)</b>  \$500.00
<b>8. Principal occupation / Job title (See Instructions)</b> self employed		<b>9 Employer (See Instructions)</b> Freedom for All
<b>4. Date</b> 03/31/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Patrick Frank <b>6. Contributor address; City; State; ZIP Code</b> 52 Botolph St Melrose, MA 02176-1147	<b>7. Amount of contribution (\$)</b>  \$1.00
<b>8. Principal occupation / Job title (See Instructions)</b> Outreach Director		<b>9 Employer (See Instructions)</b> ActBlue
<b>4. Date</b> 05/31/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Francis Fukuyama <b>6. Contributor address; City; State; ZIP Code</b> 2662 South Ct Palo Alto, CA 94306-2433	<b>7. Amount of contribution (\$)</b>  \$200.00
<b>8. Principal occupation / Job title (See Instructions)</b> Stanford University		<b>9 Employer (See Instructions)</b> Professor

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1. Total pages Schedule A1:</b> not available
<b>2. FILER NAME</b> Lina M. Hidalgo		<b>3. Filer ID (Ethics Commission Filers)</b>
<b>4. Date</b> 03/11/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Pete Garcia <b>6. Contributor address; City; State; ZIP Code</b> 4614 Canford Ct # F Kingwood, TX 77345-5420	<b>7. Amount of contribution (\$)</b>  \$100.00
<b>8. Principal occupation / Job title (See Instructions)</b> consultant		<b>9 Employer (See Instructions)</b> pete Garcia international
<b>4. Date</b> 04/18/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Jen Garner <b>6. Contributor address; City; State; ZIP Code</b> 11693 San Vicente Blvd Los Angeles, CA 90049-5105	<b>7. Amount of contribution (\$)</b>  \$1,000.00
<b>8. Principal occupation / Job title (See Instructions)</b> Actor		<b>9 Employer (See Instructions)</b> Self Employed
<b>4. Date</b> 04/08/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Caitlin Geaghan <b>6. Contributor address; City; State; ZIP Code</b> 7334 S Union Creek Way Apt 3T Midvale, UT 84047-5908	<b>7. Amount of contribution (\$)</b>  \$1.00
<b>8. Principal occupation / Job title (See Instructions)</b> Interior Designer		<b>9 Employer (See Instructions)</b> Darryl Carter Inc.
<b>4. Date</b> 01/28/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Adam Genecov <b>6. Contributor address; City; State; ZIP Code</b> 1609 Amapola Ave Torrance, CA 90501-3102	<b>7. Amount of contribution (\$)</b>  \$50.00
<b>8. Principal occupation / Job title (See Instructions)</b> Engineer		<b>9 Employer (See Instructions)</b> SpaceX
<b>4. Date</b> 03/11/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Adam Genecov <b>6. Contributor address; City; State; ZIP Code</b> 1609 Amapola Ave Torrance, CA 90501-3102	<b>7. Amount of contribution (\$)</b>  \$50.00
<b>8. Principal occupation / Job title (See Instructions)</b> Engineer		<b>9 Employer (See Instructions)</b> SpaceX

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.			1. Total pages Schedule A1: not available		
2. FILER NAME Lina M. Hidalgo			3. Filer ID (Ethics Commission Filers)		
4. Date 06/18/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Nancy George		7. Amount of contribution (\$)  \$100.00		
6. Contributor address; City; State; ZIP Code 4413 Coyle St Houston, TX 77023-3503					
8. Principal occupation / Job title (See Instructions) University of Houston			9 Employer (See Instructions) Optometrist/ Clinical Associate Professor		
4. Date 06/30/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Alex Gonzalez		7. Amount of contribution (\$)  \$50.00		
6. Contributor address; City; State; ZIP Code 4428 Basswood Ln Bellaire, TX 77401-3202					
8. Principal occupation / Job title (See Instructions) Attorney			9 Employer (See Instructions) Padilla & Rodriguez		
4. Date 03/26/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Elizabeth Green		7. Amount of contribution (\$)  \$200.00		
6. Contributor address; City; State; ZIP Code 11002 Tupper Lake Dr Houston, TX 77042-1319					
8. Principal occupation / Job title (See Instructions) Retired			9 Employer (See Instructions) Retired		
4. Date 05/16/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jamie Greenberg		7. Amount of contribution (\$)  \$33.34		
6. Contributor address; City; State; ZIP Code 16756 Addison St Encino, CA 91436-1056					
8. Principal occupation / Job title (See Instructions) makeup artist 5339			9 Employer (See Instructions) Jamie Makeup		
4. Date 05/23/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Robert Clark Gregg		7. Amount of contribution (\$)  \$250.00		
6. Contributor address; City; State; ZIP Code 2300 Greenfield Ave Los Angeles, CA 90064-1908					
8. Principal occupation / Job title (See Instructions) Actor/Filmmaker			9 Employer (See Instructions) Self		

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 05/20/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Joseph Grinstein 6. Contributor address; City; State; ZIP Code 6416 Belmont St Houston, TX 77005-3802	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Susman Godfrey LLP
4. Date 02/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC John B Gunn Jr 6. Contributor address; City; State; ZIP Code PO Box 720339 Dallas, TX 75372-0339	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 03/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Elaine Hahn 6. Contributor address; City; State; ZIP Code 465 Melville Ave Palo Alto, CA 94301-3237	7. Amount of contribution (\$) \$300.00
8. Principal occupation / Job title (See Instructions) Community Volunteer		9 Employer (See Instructions) None
4. Date 03/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Victoria Hall 6. Contributor address; City; State; ZIP Code 1175 Park Ave # NYNY10128 New York, NY 10128-1211	7. Amount of contribution (\$) \$19.61
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 04/08/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Victoria Hall 6. Contributor address; City; State; ZIP Code 1175 Park Ave # NYNY10128 New York, NY 10128-1211	7. Amount of contribution (\$) \$12.99
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 05/06/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Victoria Hall 6. Contributor address; City; State; ZIP Code 1175 Park Ave # NYNY10128 New York, NY 10128-1211	7. Amount of contribution (\$)  \$5.49
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 06/30/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Devney Hamilton 6. Contributor address; City; State; ZIP Code 1419 S 14th St Ann Arbor, MI 48105	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) Software Developer		9 Employer (See Instructions) Sassafras Tech Collective
4. Date 06/30/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Devney Hamilton 6. Contributor address; City; State; ZIP Code 1419 S 14th St Ann Arbor, MI 48105	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) Software Developer		9 Employer (See Instructions) Sassafras Tech Collective
4. Date 01/21/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC John Haskell 6. Contributor address; City; State; ZIP Code 1546 W Jackson Blvd Chicago, IL 60607-5304	7. Amount of contribution (\$)  \$200.00
8. Principal occupation / Job title (See Instructions) ceo		9 Employer (See Instructions) triggr health
4. Date 02/04/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Caitlin Heising 6. Contributor address; City; State; ZIP Code 383 Walsh Rd Atherton, CA 94027-6456	7. Amount of contribution (\$)  \$2,700.00
8. Principal occupation / Job title (See Instructions) Research & Project Manager		9 Employer (See Instructions) Article 3 Advisors

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 05/27/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Pilar Hernandez 6. Contributor address; City; State; ZIP Code 1827 W Main St Apt A Houston, TX 77098-3592	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Recipe developer		9 Employer (See Instructions) Self employed
4. Date 04/29/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Eleanor B Hildreth 6. Contributor address; City; State; ZIP Code 3939 Luca St Houston, TX 77021-4021	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) market gardener		9 Employer (See Instructions) self
4. Date 06/24/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC S. Bruce Hiran 6. Contributor address; City; State; ZIP Code PO Box 271053 Houston, TX 77277-1053	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions) Finance		9 Employer (See Instructions) Hiran & Streeter
4. Date 06/17/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Corson Hirschfeld 6. Contributor address; City; State; ZIP Code 8301 E Cedar Lane Rd Norman, OK 73026-5524	7. Amount of contribution (\$) \$10.00
8. Principal occupation / Job title (See Instructions) author artist		9 Employer (See Instructions) self
4. Date 05/09/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Jason Hirschhorn 6. Contributor address; City; State; ZIP Code 169 Hudson St New York, NY 10013-2153	7. Amount of contribution (\$) \$833.33
8. Principal occupation / Job title (See Instructions) Media and Tech		9 Employer (See Instructions) REDEF

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.			1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo			3. Filer ID (Ethics Commission Filers)
4. Date 03/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Krista Hoffman 6. Contributor address; City; State; ZIP Code 30 La Loma Dr Menlo Park, CA 94025-6621	7. Amount of contribution (\$)  \$150.00	
8. Principal occupation / Job title (See Instructions) Interior Designer		9 Employer (See Instructions) Self Employed Krista Hoffman Design	
4. Date 02/20/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Nicholas Hope 6. Contributor address; City; State; ZIP Code 864 Seminole Way Redwood City, CA 94062-3423	7. Amount of contribution (\$)  \$150.00	
8. Principal occupation / Job title (See Instructions) Lecturer		9 Employer (See Instructions) Stanford University	
4. Date 02/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Sholeh Huber 6. Contributor address; City; State; ZIP Code 422 Rancho Bauer Dr Houston, TX 77079-6818	7. Amount of contribution (\$)  \$100.00	
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed	
4. Date 05/23/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Cade Hudson 6. Contributor address; City; State; ZIP Code 2000 Avenue of the Stars Laton, CA 90967	7. Amount of contribution (\$)  \$40.00	
8. Principal occupation / Job title (See Instructions) Talent agent		9 Employer (See Instructions) CAA	
4. Date 06/17/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC L. Humphrey 6. Contributor address; City; State; ZIP Code 11400 W Olympic Blvd Ste 590 Los Angeles, CA 90064-1574	7. Amount of contribution (\$)  \$1.00	
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed	

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 01/28/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Shannon Hunt-Scott 6. Contributor address; City; State; ZIP Code 16348 Aztec Ridge Dr Los Gatos, CA 95030-7500	7. Amount of contribution (\$)  \$1,000.00
8. Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
4. Date 05/23/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Anna Hunter 6. Contributor address; City; State; ZIP Code 1336 Quintero St Los Angeles, CA 90026-3416	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) writer		9 Employer (See Instructions) self
4. Date 04/08/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Joel Isaacson 6. Contributor address; City; State; ZIP Code 1417 Spruce St Apt G Berkeley, CA 94709-1478	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
4. Date 06/17/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Nadeem Ishaque 6. Contributor address; City; State; ZIP Code 3653 Meadow Lake Ln Houston, TX 77027-4110	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) IT Consultant		9 Employer (See Instructions) Octia Corporation
4. Date 02/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Barbara Jackson 6. Contributor address; City; State; ZIP Code 1205 Berthea St Houston, TX 77006-6411	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) Artist/Arts Educator		9 Employer (See Instructions) Self

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

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
The Instruction Guide explains how to complete this form.				1. Total pages Schedule A1: not available	
2. FILER NAME Lina M. Hidalgo				3. Filer ID (Ethics Commission Filers)	
4. Date 02/26/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Barbara Jackson		7. Amount of contribution (\$) \$100.00		
		6. Contributor address; City; State; ZIP Code 1205 Berthea St Houston, TX 77006-6411			
8. Principal occupation / Job title (See Instructions) Artist/Arts Educator			9 Employer (See Instructions) Self		
4. Date 05/09/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Craig Jacobson		7. Amount of contribution (\$) \$833.33		
		6. Contributor address; City; State; ZIP Code 820 Woodacres Rd Santa Monica, CA 90402-2108			
8. Principal occupation / Job title (See Instructions) Attorney			9 Employer (See Instructions) HJTH		
4. Date 06/29/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Joseph Jamail		7. Amount of contribution (\$) \$2,500.00		
		6. Contributor address; City; State; ZIP Code 500 Dallas St Ste 3434 Houston, TX 77002-4802			
8. Principal occupation / Job title (See Instructions) Lawyer			9 Employer (See Instructions) Jamail & Kolius		
4. Date 05/16/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Nader Jandaghi		7. Amount of contribution (\$) \$2,000.00		
		6. Contributor address; City; State; ZIP Code 1417 S Westgate Ave Apt 205 Los Angeles, CA 90025-5278			
8. Principal occupation / Job title (See Instructions) Renewable Energy Consultant			9 Employer (See Instructions) UTU Energy Solutions		
4. Date 06/29/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Muhammed Javed		7. Amount of contribution (\$) \$5,000.00		
		6. Contributor address; City; State; ZIP Code 2710 S 11th St Beaumont, TX 77701-7601			
8. Principal occupation / Job title (See Instructions) CEO			9 Employer (See Instructions) Riceland Healthcare Systems		

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 06/20/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Maria Jimenez 6. Contributor address; City; State; ZIP Code 7105 Sherman St Houston, TX 77011-3747	7. Amount of contribution (\$)  \$60.00
8. Principal occupation / Job title (See Instructions) Research Associate		9 Employer (See Instructions) UT Health School of Public Health
4. Date 06/17/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Gregory Johnson 6. Contributor address; City; State; ZIP Code 100 E Thousand Oaks Blvd Ste 229 Thousand Oaks, CA 91360-8163	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
4. Date 05/23/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Martha Johnson 6. Contributor address; City; State; ZIP Code 2046 Saint Johns Ave Apt 3C Highland Park, IL 60035-2449	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) Discover Financial Services		9 Employer (See Instructions) IT Project Manager
4. Date 06/03/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Polly Johnson 6. Contributor address; City; State; ZIP Code 3600 Montrose Blvd Houston, TX 77006-4658	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 04/18/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ashley Judd 6. Contributor address; City; State; ZIP Code 10960 Wilshire Blvd Ste 1900 Los Angeles, CA 90024-3805	7. Amount of contribution (\$)  \$166.66
8. Principal occupation / Job title (See Instructions) ACTRESS		9 Employer (See Instructions) Self Employed

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 05/16/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Adam Kawalek 6. Contributor address; City; State; ZIP Code 8012 Happy Ln Los Angeles, CA 90046-2013	7. Amount of contribution (\$)  \$333.33
8. Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Cedars Sinai
4. Date 05/23/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Kasey Kearley 6. Contributor address; City; State; ZIP Code 1128 Hollow Creek Dr Apt 2 Austin, TX 78704-1989	7. Amount of contribution (\$)  \$5.00
8. Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions) Seton
4. Date 01/07/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Angelina Keeley 6. Contributor address; City; State; ZIP Code 1003 Via Presa San Clemente, CA 92672-9449	7. Amount of contribution (\$)  \$200.00
8. Principal occupation / Job title (See Instructions) Senior Consultant		9 Employer (See Instructions) Deloitte Consulting LLP
4. Date 02/26/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Hugh Kelly 6. Contributor address; City; State; ZIP Code 1210 Berthea St Houston, TX 77006-6412	7. Amount of contribution (\$)  \$250.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 05/09/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Rory Kennedy 6. Contributor address; City; State; ZIP Code 29169 Heathercliff Rd Ste 204 Malibu, CA 90265-4283	7. Amount of contribution (\$)  \$166.66
8. Principal occupation / Job title (See Instructions) Filmmaker		9 Employer (See Instructions) Moxie Firecracker Films

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 06/30/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Shelley Kennedy 6. Contributor address; City; State; ZIP Code 706 Sue Barnett Dr Houston, TX 77018-5412	7. Amount of contribution (\$)  <div style="text-align: right;">\$100.00</div>
8. Principal occupation / Job title (See Instructions) Healthcare Consultant		9 Employer (See Instructions) Kennedy Benefits Group
4. Date 06/17/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Carol Kern 6. Contributor address; City; State; ZIP Code 904 Reid St Houston, TX 77022-5900	7. Amount of contribution (\$)  <div style="text-align: right;">\$50.00</div>
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 02/04/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kyle Kern 6. Contributor address; City; State; ZIP Code 43 Cedar Dunes Dr New Smyrna Beach, FL 32169-3862	7. Amount of contribution (\$)  <div style="text-align: right;">\$10.00</div>
8. Principal occupation / Job title (See Instructions) Food Truck owner and operator		9 Employer (See Instructions) Self
4. Date 03/04/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kyle Kern 6. Contributor address; City; State; ZIP Code 43 Cedar Dunes Dr New Smyrna Beach, FL 32169-3862	7. Amount of contribution (\$)  <div style="text-align: right;">\$10.00</div>
8. Principal occupation / Job title (See Instructions) Food Truck owner and operator		9 Employer (See Instructions) Self
4. Date 03/31/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kyle Kern 6. Contributor address; City; State; ZIP Code 43 Cedar Dunes Dr New Smyrna Beach, FL 32169-3862	7. Amount of contribution (\$)  <div style="text-align: right;">\$10.00</div>
8. Principal occupation / Job title (See Instructions) Food Truck owner and operator		9 Employer (See Instructions) Self

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 05/06/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Kyle Kern 6. Contributor address; City; State; ZIP Code 43 Cedar Dunes Dr New Smyrna Beach, FL 32169-3862	7. Amount of contribution (\$)  \$10.00
8. Principal occupation / Job title (See Instructions) Food Truck owner and operator		9. Employer (See Instructions) Self
4. Date 06/03/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Kyle Kern 6. Contributor address; City; State; ZIP Code 43 Cedar Dunes Dr New Smyrna Beach, FL 32169-3862	7. Amount of contribution (\$)  \$10.00
8. Principal occupation / Job title (See Instructions) Food Truck owner and operator		9. Employer (See Instructions) Self
4. Date 06/30/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Kyle Kern 6. Contributor address; City; State; ZIP Code 43 Cedar Dunes Dr New Smyrna Beach, FL 32169-3862	7. Amount of contribution (\$)  \$10.00
8. Principal occupation / Job title (See Instructions) Food Truck owner and operator		9. Employer (See Instructions) Self
4. Date 05/09/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Aleen Keshishian 6. Contributor address; City; State; ZIP Code 160 S Norton Ave Los Angeles, CA 90004-3917	7. Amount of contribution (\$)  \$5.00
8. Principal occupation / Job title (See Instructions) Talent Manager		9. Employer (See Instructions) Self Employed
4. Date 05/02/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Alek Keshishian 6. Contributor address; City; State; ZIP Code 450 N Rossmore Ave Los Angeles, CA 90004-2406	7. Amount of contribution (\$)  \$167.00
8. Principal occupation / Job title (See Instructions) Film		9. Employer (See Instructions) self

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



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 02/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sharareh Khatami 6. Contributor address; City; State; ZIP Code 12303 Longworth Ln Houston, TX 77024-6123	7. Amount of contribution (\$)  \$250.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 02/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Tina Kingshill 6. Contributor address; City; State; ZIP Code 11315 Wickersham Ln Houston, TX 77077-6825	7. Amount of contribution (\$)  \$5.00
8. Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions) none
4. Date 06/10/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Tina Kingshill 6. Contributor address; City; State; ZIP Code 11315 Wickersham Ln Houston, TX 77077-6825	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions) none
4. Date 06/17/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Tina Kingshill 6. Contributor address; City; State; ZIP Code 11315 Wickersham Ln Houston, TX 77077-6825	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions) none
4. Date 04/15/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sam Kohn 6. Contributor address; City; State; ZIP Code 1327 Martin Luther King Junior Way Apt. 1 Berkeley, CA 94709	7. Amount of contribution (\$)  \$20.00
8. Principal occupation / Job title (See Instructions) Graduate Student Research Assistant		9 Employer (See Instructions) University of California Berkeley

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 06/29/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Louise Lamphere 6. Contributor address; City; State; ZIP Code 1 Sutton Pl S Apt 1A New York, NY 10022-2493	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Artist
4. Date 03/11/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Eric Lane 6. Contributor address; City; State; ZIP Code 2345 Merton Ave Apt 121 Los Angeles, CA 90041-1970	7. Amount of contribution (\$) \$1.00
8. Principal occupation / Job title (See Instructions) Sr. Project Manager		9 Employer (See Instructions) Paramount Pictures
4. Date 06/26/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Tracy Lerner 6. Contributor address; City; State; ZIP Code 3737 Ella Lee Ln Houston, TX 77027-4018	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Chair		9 Employer (See Instructions) The Orange Show Center
4. Date 06/29/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Latino Democratic PAC 6. Contributor address; City; State; ZIP Code 4101 Washington Ave Houston, TX 77007-5635	7. Amount of contribution (\$) \$2,500.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 06/10/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Barbara Lauterbach 6. Contributor address; City; State; ZIP Code 418 wilcrest houston texas 77042 Houston, TX 77042	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) attorney		9 Employer (See Instructions) webb & lauterbach pc

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 01/21/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Leah Lax 6. Contributor address; City; State; ZIP Code 1970 Vermont St Houston, TX 77019-6187	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 05/23/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Amy Lederman 6. Contributor address; City; State; ZIP Code 759 N Orange Dr Los Angeles, CA 90038-3309	7. Amount of contribution (\$)  \$20.00
8. Principal occupation / Job title (See Instructions) None		9 Employer (See Instructions)
4. Date 02/18/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jessica Audrey Lee 6. Contributor address; City; State; ZIP Code 3021 Hacienda St San Mateo, CA 94403-3321	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) microbiologist		9 Employer (See Instructions) University of Idaho
4. Date 01/14/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Karen Lee 6. Contributor address; City; State; ZIP Code PO Box 152 Ross, CA 94957-0152	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) sales		9 Employer (See Instructions) aperio group
4. Date 01/14/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Joy Lenz 6. Contributor address; City; State; ZIP Code 5938 Country Club Pkwy San Jose, CA 95138-2302	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) engineer		9 Employer (See Instructions) Nest

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The instruction Guide explains how to complete this form.</b>		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 06/03/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Sydney Levine 6. Contributor address; City; State; ZIP Code 545 Somerville Ave Apt 1A Somerville, MA 02143-3248	7. Amount of contribution (\$)  \$5.00
8. Principal occupation / Job title (See Instructions) Scientist		9 Employer (See Instructions) Harvard University
4. Date 05/21/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Susan Lieberman 6. Contributor address; City; State; ZIP Code 1605 Driscoll St Houston, TX 77019-5303	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 02/08/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Sergio Lira 6. Contributor address; City; State; ZIP Code 7001 Sloan St Houston, TX 77087-3538	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) Trustee		9 Employer (See Instructions) HISD
4. Date 04/08/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Selina Lo 6. Contributor address; City; State; ZIP Code 301 Santa Rita Ave Palo Alto, CA 94301-3942	7. Amount of contribution (\$)  \$2,000.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 03/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Pam Loebig 6. Contributor address; City; State; ZIP Code 426 High Pkwy Golden, CO 80403-1554	7. Amount of contribution (\$)  \$1.00
8. Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) McKinsey & Co

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 01/28/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Teresa Luchsinger 6. Contributor address; City; State; ZIP Code 35 Palmer Ln Portola Valley, CA 94028-7917	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions) none
4. Date 01/21/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Wei Luo 6. Contributor address; City; State; ZIP Code 5934 Sanctuary St Lisle, IL 60532-0694	7. Amount of contribution (\$)  \$5.00
8. Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) QRM
4. Date 02/18/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Wei Luo 6. Contributor address; City; State; ZIP Code 5934 Sanctuary St Lisle, IL 60532-0694	7. Amount of contribution (\$)  \$5.00
8. Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) QRM
4. Date 04/15/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Wei Luo 6. Contributor address; City; State; ZIP Code 5934 Sanctuary St Lisle, IL 60532-0694	7. Amount of contribution (\$)  \$5.00
8. Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) QRM
4. Date 06/24/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Wei Luo 6. Contributor address; City; State; ZIP Code 5934 Sanctuary St Lisle, IL 60532-0694	7. Amount of contribution (\$)  \$5.00
8. Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) QRM

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 02/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Piper Madland 6. Contributor address; City; State; ZIP Code 3618 Wickersham Ln Houston, TX 77027-4138	7. Amount of contribution (\$)  \$10.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 06/29/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Qaisar Mahdi 6. Contributor address; City; State; ZIP Code 83 Twin Valley Dr Sugar Land, TX 77479-5650	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Timothy Maher 6. Contributor address; City; State; ZIP Code 6016 Burgoyne Rd Houston, TX 77057-2904	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) Investor		9 Employer (See Instructions) Self
4. Date 01/21/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Joseph Manganiello 6. Contributor address; City; State; ZIP Code 84 Brattle St # 222 Cambridge, MA 02138-3452	7. Amount of contribution (\$)  \$15.00
8. Principal occupation / Job title (See Instructions) Analyst		9 Employer (See Instructions) US Govt
4. Date 04/20/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Mitra Mansouri 6. Contributor address; City; State; ZIP Code 163 S Barrington Pl Los Angeles, CA 90049-3305	7. Amount of contribution (\$)  \$83.34
8. Principal occupation / Job title (See Instructions) Esthetician		9 Employer (See Instructions) C'est Tout

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 04/20/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Ashlee Margolis 6. Contributor address; City; State; ZIP Code 9292 Civic Center Dr Beverly Hills, CA 90210-3714	7. Amount of contribution (\$)  \$250.00
8. Principal occupation / Job title (See Instructions) Founder		9 Employer (See Instructions) The A List
4. Date 04/19/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Julianna Margulies 6. Contributor address; City; State; ZIP Code 200 Park Ave S Fl 8 New York, NY 10003-1526	7. Amount of contribution (\$)  \$333.33
8. Principal occupation / Job title (See Instructions) Actor		9 Employer (See Instructions) AMC
4. Date 01/21/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Bruce Martin 6. Contributor address; City; State; ZIP Code 5406 Oaklynn Dr. Spring TX 77373 US Spring, TX 77373	7. Amount of contribution (\$)  \$5.00
8. Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Lone Star College
4. Date 01/28/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Bruce Martin 6. Contributor address; City; State; ZIP Code 5406 Oaklynn Dr. Spring TX 77373 US Spring, TX 77373	7. Amount of contribution (\$)  \$15.00
8. Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Lone Star College
4. Date 05/09/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC GKP Martin 6. Contributor address; City; State; ZIP Code 1301 Avenue Of The Americas Fl 10 New York, NY 10019-6036	7. Amount of contribution (\$)  \$250.00
8. Principal occupation / Job title (See Instructions) artist		9 Employer (See Instructions) Harmony House

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 01/21/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Lonne Martinec 6. Contributor address; City; State; ZIP Code 505 Joyce St Houston, TX 77009-2733	7. Amount of contribution (\$)  \$5.00
8. Principal occupation / Job title (See Instructions) Trainer/Server		9 Employer (See Instructions) Goode Company Seafood
4. Date 04/19/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Esther Martinez 6. Contributor address; City; State; ZIP Code 802 Avenue Of Oaks St Houston, TX 77009-1418	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) Harris County		9 Employer (See Instructions) Mammography Case Manager
4. Date 03/11/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Shaniqua McClendon 6. Contributor address; City; State; ZIP Code 54 Foster St Cambridge, MA 02138-4817	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 01/04/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Mark McClung 6. Contributor address; City; State; ZIP Code 4156 Kite Meadow Dr Plano, TX 75074-7778	7. Amount of contribution (\$)  \$250.00
8. Principal occupation / Job title (See Instructions) Electrical Engineer		9 Employer (See Instructions) Texas Instrument
4. Date 01/21/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Andy McGarrahan 6. Contributor address; City; State; ZIP Code 7110 Canongate Dr Dallas, TX 75248-1505	7. Amount of contribution (\$)  \$3.00
8. Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) Self

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



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 03/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Linda McGeever 6. Contributor address; City; State; ZIP Code 191 Durazno Way Portola Valley, CA 94028-7408	7. Amount of contribution (\$) \$2,700.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 06/18/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Sherri McGinty 6. Contributor address; City; State; ZIP Code 2771 Essex Ter Houston, TX 77027-5211	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) KPFT 90.1FM		9 Employer (See Instructions) Co-Host and Producer
4. Date 06/17/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Sylvia Medina 6. Contributor address; City; State; ZIP Code 1209 Elliston St Houston, TX 77023-3607	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Events		9 Employer (See Instructions) Crown Castle
4. Date 04/08/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Evelyn Merz 6. Contributor address; City; State; ZIP Code 7095 Santa Fe Dr Houston, TX 77061-2619	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 05/01/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Rozita Mesbah 6. Contributor address; City; State; ZIP Code 701 Shepherd Dr Ste 200 Houston, TX 77007-5593	7. Amount of contribution (\$) \$2,500.00
8. Principal occupation / Job title (See Instructions) Anesthesiologist		9 Employer (See Instructions) Memorial Hospital

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The instruction Guide explains how to complete this form.</b>		1. Total pages Schedule A1: not available	
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)	
4. Date 05/09/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Kelly Meyer 6. Contributor address; City; State; ZIP Code 15821 Ventura Blvd Ste 270 Encino, CA 91436-4775	7. Amount of contribution (\$)  \$166.66	
8. Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions)	
4. Date 02/04/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Christina Michaelis 6. Contributor address; City; State; ZIP Code 1525 Nashua St Houston, TX 77008-3749	7. Amount of contribution (\$)  \$200.00	
8. Principal occupation / Job title (See Instructions) physician		9 Employer (See Instructions) the endocrine center	
4. Date 01/21/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Thomas Miller 6. Contributor address; City; State; ZIP Code 725 Washington St # 300 Oakland, CA 94607-3924	7. Amount of contribution (\$)  \$100.00	
8. Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Miller Washington & Kim	
4. Date 02/11/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Thomas Miller 6. Contributor address; City; State; ZIP Code 725 Washington St # 300 Oakland, CA 94607-3924	7. Amount of contribution (\$)  \$100.00	
8. Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Miller Washington & Kim	
4. Date 02/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Thomas Miller 6. Contributor address; City; State; ZIP Code 725 Washington St # 300 Oakland, CA 94607-3924	7. Amount of contribution (\$)  \$100.00	
8. Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Miller Washington & Kim	

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 03/11/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Thomas Miller 6. Contributor address; City; State; ZIP Code 725 Washington St # 300 Oakland, CA 94607-3924	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Miller Washington & Kim
4. Date 06/03/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Thomas Miller 6. Contributor address; City; State; ZIP Code 725 Washington St # 300 Oakland, CA 94607-3924	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Miller Washington & Kim
4. Date 03/01/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Silvia Mintz 6. Contributor address; City; State; ZIP Code 4703 Brady St Houston, TX 77011-3101	7. Amount of contribution (\$)  \$250.00
8. Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Law Office of Silvia Mintz
4. Date 06/30/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Amir Mireskandari 6. Contributor address; City; State; ZIP Code 331 Pinehaven Dr Houston, TX 77024-3722	7. Amount of contribution (\$)  \$2,500.00
8. Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Meres Rand Clark & Assoc
4. Date 02/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Jimena Molina 6. Contributor address; City; State; ZIP Code 2614 Silent Spring Creek Dr Katy, TX 77450-5729	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 01/28/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Sandy Monteko-Sherman 6. Contributor address; City; State; ZIP Code 937 Ashbury St San Francisco, CA 94117-4408	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 05/27/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Margarita Montoya 6. Contributor address; City; State; ZIP Code 20450 Purple Sunset Ct Katy, TX 77449-3690	7. Amount of contribution (\$)  \$10.00
8. Principal occupation / Job title (See Instructions) Logistic		9 Employer (See Instructions) Penco Group Inc.
4. Date 06/18/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Gloria Moreno 6. Contributor address; City; State; ZIP Code 236 N Nagle St Houston, TX 77003-1558	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Assistant Director		9 Employer (See Instructions) City of Houston
4. Date 06/18/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Lucy Moreno 6. Contributor address; City; State; ZIP Code 615 Spell St Houston, TX 77022-2531	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 06/18/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Susan Moreno 6. Contributor address; City; State; ZIP Code 1831 Viking Dr Houston, TX 77018-1719	7. Amount of contribution (\$)  \$75.00
8. Principal occupation / Job title (See Instructions) University of Houston		9 Employer (See Instructions) Manager

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 01/14/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Ken Morris 6. Contributor address; City; State; ZIP Code PO Box 81 Ross, CA 94957-0081	7. Amount of contribution (\$)  \$1,000.00
8. Principal occupation / Job title (See Instructions) Writer/author		9 Employer (See Instructions) self
4. Date 04/19/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Mary Morrison 6. Contributor address; City; State; ZIP Code 5823 Doliver Dr Houston, TX 77057-2455	7. Amount of contribution (\$)  \$20.00
8. Principal occupation / Job title (See Instructions) HR manager		9 Employer (See Instructions) ABS
4. Date 06/30/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Anne Moses 6. Contributor address; City; State; ZIP Code 251 28th St San Francisco, CA 94131-2303	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) adjunct faculty		9 Employer (See Instructions) Mills College
4. Date 02/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Maia Mosse 6. Contributor address; City; State; ZIP Code 160 Comstock Cir # N3403B Stanford, CA 94305-7111	7. Amount of contribution (\$)  \$10.00
8. Principal occupation / Job title (See Instructions) Student		9 Employer (See Instructions) Stanford Medicine
4. Date 06/30/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Sambar Mukerji 6. Contributor address; City; State; ZIP Code 2405 Smith St Houston, TX 77006-2315	7. Amount of contribution (\$)  \$250.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Mukerji Law Firm

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 02/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Edward Munoz 6. Contributor address; City; State; ZIP Code 806 Oakley St Houston, TX 77006-5920	7. Amount of contribution (\$)  \$200.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 01/07/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Oren Murphy 6. Contributor address; City; State; ZIP Code 71 Cliff Rd Portsmouth, NH 03801-5523	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self-Employed
4. Date 06/30/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Kevin Murray 6. Contributor address; City; State; ZIP Code 5075 Westheimer Rd Houston, TX 77056-5643	7. Amount of contribution (\$)  \$500.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Kevin A. Murray LLC
4. Date 05/16/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Max Mutchnick 6. Contributor address; City; State; ZIP Code 10990 Wilshire Blvd Fl 8 Los Angeles, CA 90024-3918	7. Amount of contribution (\$)  \$1,000.00
8. Principal occupation / Job title (See Instructions) Executive Producer of Will & Grace		9 Employer (See Instructions) NBC/Universal
4. Date 01/28/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Wallis Nader 6. Contributor address; City; State; ZIP Code 2001 Westheimer Rd Apt 326 Houston, TX 77098-1585	7. Amount of contribution (\$)  \$500.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Texas Civil Rights Project

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 06/30/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Catherine Navarro 6. Contributor address; City; State; ZIP Code 3399 Bennett Dr Apt 28 Los Angeles, CA 90068-1764	7. Amount of contribution (\$)  \$1.00
8. Principal occupation / Job title (See Instructions) Paralegal		9 Employer (See Instructions) CMNSGZ LLP
4. Date 05/16/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Abdi Nazemian 6. Contributor address; City; State; ZIP Code 8045 Selma Ave Los Angeles, CA 90046-2508	7. Amount of contribution (\$)  \$33.34
8. Principal occupation / Job title (See Instructions) Writer		9 Employer (See Instructions) Self-Employed
4. Date 03/11/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Michael Nichols 6. Contributor address; City; State; ZIP Code 2122 Dunstan Rd Houston, TX 77005-1624	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 06/18/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Anna Nunez 6. Contributor address; City; State; ZIP Code 729 E 10th 1/2 St Houston, TX 77008-7107	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) UT Health		9 Employer (See Instructions) Coordinator, Special Programs
4. Date 06/18/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Alicia Jean Nuzzie 6. Contributor address; City; State; ZIP Code 1510 Wakefield Dr Houston, TX 77018-5132	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) Harris County District Attorney's Office		9 Employer (See Instructions) Consultant

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 05/06/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Dominic Orr 6. Contributor address; City; State; ZIP Code 2001 Junipero Serra Blvd Ste 550 Daly City, CA 94014-3889	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Not employed		9. Employer (See Instructions) Not employed
4. Date 02/05/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Stephanie Osbourne 6. Contributor address; City; State; ZIP Code 85 Roberta Dr Woodside, CA 94062-2524	7. Amount of contribution (\$) \$5.00
8. Principal occupation / Job title (See Instructions) Educator		9. Employer (See Instructions) Self Employed
4. Date 01/21/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Miles Osgood 6. Contributor address; City; State; ZIP Code 303 Summer St # 2 Somerville, MA 02144-3113	7. Amount of contribution (\$) \$15.00
8. Principal occupation / Job title (See Instructions) Graduate Student		9. Employer (See Instructions) Harvard University
4. Date 03/04/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Laura J. Ostapenko 6. Contributor address; City; State; ZIP Code 64 Linnaean St Cambridge, MA 02138-1502	7. Amount of contribution (\$) \$25.00
8. Principal occupation / Job title (See Instructions) physician		9. Employer (See Instructions) Brigham and Women's Hospital
4. Date 03/11/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Benjamin Ostrower 6. Contributor address; City; State; ZIP Code 1913 12th St NW Apt B Washington, DC 20009-7527	7. Amount of contribution (\$) \$2.50
8. Principal occupation / Job title (See Instructions) Self Employed		9. Employer (See Instructions) Wide Eye Creative

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



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 03/11/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Michelle Palmer 6. Contributor address; City; State; ZIP Code 2300 Lazy Hollow Dr Houston, TX 77063-2500	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Houston ISD
4. Date 06/17/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Michelle Palmer 6. Contributor address; City; State; ZIP Code 2300 Lazy Hollow Dr Houston, TX 77063-2500	7. Amount of contribution (\$)  \$5.00
8. Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Houston ISD
4. Date 05/16/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Shekar Panbehchi 6. Contributor address; City; State; ZIP Code 1417 S Westgate Ave Apt 205 Los Angeles, CA 90025-5278	7. Amount of contribution (\$)  \$2,000.00
8. Principal occupation / Job title (See Instructions) Wellness Consultant		9 Employer (See Instructions) Self Employed
4. Date 03/11/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Susan Phipps Carr 6. Contributor address; City; State; ZIP Code 14603 Morningside View Dr Houston, TX 77047-3267	7. Amount of contribution (\$)  \$5.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 06/20/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Ann Pinchak 6. Contributor address; City; State; ZIP Code 4503 Park Dr Houston, TX 77023-1104	7. Amount of contribution (\$)  \$40.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 06/24/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Ann Pinchak 6. Contributor address; City; State; ZIP Code 4503 Park Dr Houston, TX 77023-1104	7. Amount of contribution (\$) \$5.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 01/22/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Cathy Podell 6. Contributor address; City; State; ZIP Code 2200 Ralston Ave Hillsborough, CA 94010-6462	7. Amount of contribution (\$) \$2,000.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 06/10/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Paula Pozmantier 6. Contributor address; City; State; ZIP Code 1000 Uptown Park Blvd Apt 242 Houston, TX 77056-3243	7. Amount of contribution (\$) \$300.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 05/02/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Emily Procter 6. Contributor address; City; State; ZIP Code 9461 Charleville Blvd # 139 Beverly Hills, CA 90212-3017	7. Amount of contribution (\$) \$333.33
8. Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
4. Date 06/30/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Asaf Qadeen 6. Contributor address; City; State; ZIP Code 8660 Memorial Dr Houston, TX 77024-7014	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 06/18/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Eamonn Quigley 6. Contributor address; City; State; ZIP Code 3110 Sunset Blvd Houston, TX 77005-2152	7. Amount of contribution (\$)  \$250.00
8. Principal occupation / Job title (See Instructions) Houston Methodist		9 Employer (See Instructions) Physician
4. Date 05/21/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Robert Randall 6. Contributor address; City; State; ZIP Code 10601 Bassoon Dr Houston, TX 77025-5703	7. Amount of contribution (\$)  \$200.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 01/14/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Amy Rao 6. Contributor address; City; State; ZIP Code 228 Seale Ave Palo Alto, CA 94301-3731	7. Amount of contribution (\$)  \$2,500.00
8. Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) IAS
4. Date 03/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Amy Rao 6. Contributor address; City; State; ZIP Code 228 Seale Ave Palo Alto, CA 94301-3731	7. Amount of contribution (\$)  \$2,500.00
8. Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) IAS
4. Date 05/16/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Annabel Raymond 6. Contributor address; City; State; ZIP Code 5444 Red Oak Dr Los Angeles, CA 90068-2549	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Marriage & Family Therapist		9 Employer (See Instructions) Self Employed

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 06/30/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Arif Rehmatulla 6. Contributor address; City; State; ZIP Code 208 Kinkaid School Dr Piney Point Village, TX 77024-7500	7. Amount of contribution (\$)  \$5,000.00
8. Principal occupation / Job title (See Instructions) business		9 Employer (See Instructions) self employed
4. Date 03/11/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Otis Reid 6. Contributor address; City; State; ZIP Code 60 Bishop Richard Allen Dr Cambridge, MA 02139-3418	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) MIT		9 Employer (See Instructions) Student
4. Date 06/17/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Otis Reid 6. Contributor address; City; State; ZIP Code 1310 U St NW Apt 315 Washington, DC 20009-6462	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) Data Scientist		9 Employer (See Instructions) BlueLabs
4. Date 05/09/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Michele Reiner 6. Contributor address; City; State; ZIP Code 10474 Santa Monica Blvd Ste 405 Los Angeles, CA 90025-6932	7. Amount of contribution (\$)  \$375.00
8. Principal occupation / Job title (See Instructions) Photographer		9 Employer (See Instructions) Self Employed
4. Date 03/29/2018	5. Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC C00829154 Resurgent Left 6. Contributor address; City; State; ZIP Code 770 S Grand Ave Apt 6102 Los Angeles, CA 90017-3957	7. Amount of contribution (\$)  \$1,000.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 06/01/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Cindy Rice 6. Contributor address; City; State; ZIP Code 3510 Westridge St Houston, TX 77025-4141	7. Amount of contribution (\$)  \$20.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 06/30/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Catherine Rivera 6. Contributor address; City; State; ZIP Code 1638 Woodcrest Dr Houston, TX 77018-5807	7. Amount of contribution (\$)  \$250.00
8. Principal occupation / Job title (See Instructions) Office Manager		9 Employer (See Instructions) Langrand
4. Date 05/09/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Erica Rivinoja 6. Contributor address; City; State; ZIP Code 937 S Longwood Ave Los Angeles, CA 90019-1753	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) Writer		9 Employer (See Instructions) 20th Century Fox
4. Date 05/30/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Monica Rodman 6. Contributor address; City; State; ZIP Code 11668 Kiowa Ave Apt 308 Los Angeles, CA 90049-6299	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 03/01/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC James Rodriguez 6. Contributor address; City; State; ZIP Code 768 Sue Barnett Dr Houston, TX 77018-5412	7. Amount of contribution (\$)  \$1,000.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Padilla & Rodriguez

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 02/08/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Matt Rogers 6. Contributor address; City; State; ZIP Code 65 Montclair Ter San Francisco, CA 94109-1517	7. Amount of contribution (\$)  \$20,000.00
8. Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Google
4. Date 05/23/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Shari Rohan 6. Contributor address; City; State; ZIP Code 213 8th Ave Watervliet, NY 12189-3511	7. Amount of contribution (\$)  \$10.00
8. Principal occupation / Job title (See Instructions) Registered nurse		9 Employer (See Instructions)
4. Date 06/10/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Robert N Romero 6. Contributor address; City; State; ZIP Code 9910 Emnora Ln Houston, TX 77080-5102	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4. Date 06/18/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sarah Rothenberg 6. Contributor address; City; State; ZIP Code 1230 Harvard St Houston, TX 77008-6941	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Artistic Director/Pianist		9 Employer (See Instructions) DA Camera of Houston
4. Date 02/04/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jozef Ruck 6. Contributor address; City; State; ZIP Code 780 Ringwood Ave Menlo Park, CA 94025-2237	7. Amount of contribution (\$)  \$2,700.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 03/26/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jozef Ruck 6. Contributor address; City; State; ZIP Code 780 Ringwood Ave Menlo Park, CA 94025-2237	7. Amount of contribution (\$)  \$3,000.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 04/24/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Joyce Salhoot 6. Contributor address; City; State; ZIP Code 3716 Farber St Houston, TX 77005-3714	7. Amount of contribution (\$)  \$500.00
8. Principal occupation / Job title (See Instructions) Retired Healthcare Executive		9 Employer (See Instructions) Retired
4. Date 01/21/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ramzi Salti 6. Contributor address; City; State; ZIP Code Mailcode 2006 Stanford University Stanford, CA 94305	7. Amount of contribution (\$)  \$5.00
8. Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Stanford University
4. Date 06/03/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ramzi Salti 6. Contributor address; City; State; ZIP Code Mailcode 2006 Stanford University Stanford, CA 94305	7. Amount of contribution (\$)  \$5.00
8. Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Stanford University
4. Date 02/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sudy Samandari 6. Contributor address; City; State; ZIP Code 5122 Morningside Dr Apt 1019 Houston, TX 77005-2571	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Om Sunset Boulevard Inc.

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 05/16/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kat Samick 6. Contributor address; City; State; ZIP Code 14320 Ventura Blvd Ste 438 Sherman Oaks, CA 91423-2717	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Producer		9 Employer (See Instructions) Self Employed
4. Date 02/26/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jeff Santori 6. Contributor address; City; State; ZIP Code 16803 Steinhagen Rd Cypress, TX 77429-7170	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) Market Representative		9 Employer (See Instructions) LIUNA Midwest Region Organizing
4. Date 05/23/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Dianna Santos 6. Contributor address; City; State; ZIP Code 53 York Ave Port Monmouth, NJ 07758-1236	7. Amount of contribution (\$)  \$10.00
8. Principal occupation / Job title (See Instructions) Recruiter		9 Employer (See Instructions)
4. Date 05/09/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Taylor Schilling 6. Contributor address; City; State; ZIP Code 8383 Wilshire Blvd Ste 1000 Beverly Hills, CA 90211-2439	7. Amount of contribution (\$)  \$333.33
8. Principal occupation / Job title (See Instructions) Actress		9 Employer (See Instructions) Self Employed
4. Date 01/28/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Wendy Schmidt 6. Contributor address; City; State; ZIP Code 555 Bryant St # 347 Palo Alto, CA 94301-1704	7. Amount of contribution (\$)  \$2,700.00
8. Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) The Schmidt Family Foundation

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



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1. Total pages Schedule A1:</b> not available
<b>2. FILER NAME</b> Lina M. Hidalgo		<b>3. Filer ID (Ethics Commission Filers)</b>
<b>4. Date</b> 01/21/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Amy Schoening <b>6. Contributor address; City; State; ZIP Code</b> 2307 Scott St San Francisco, CA 94115-1723	<b>7. Amount of contribution (\$)</b>  \$1,000.00
<b>8. Principal occupation / Job title (See Instructions)</b> Curator		<b>9 Employer (See Instructions)</b> Self
<b>4. Date</b> 06/17/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Robert Schultz <b>6. Contributor address; City; State; ZIP Code</b> 1 Spring Hollow St Houston, TX 77024-5601	<b>7. Amount of contribution (\$)</b>  \$500.00
<b>8. Principal occupation / Job title (See Instructions)</b> Real Estate		<b>9 Employer (See Instructions)</b> RHS Interests LLC
<b>4. Date</b> 04/22/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Deidre Scott <b>6. Contributor address; City; State; ZIP Code</b> 212 Tabor St Houston, TX 77009-6144	<b>7. Amount of contribution (\$)</b>  \$5.00
<b>8. Principal occupation / Job title (See Instructions)</b> Not Employed		<b>9 Employer (See Instructions)</b> Not Employed
<b>4. Date</b> 06/30/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ David Segal <b>6. Contributor address; City; State; ZIP Code</b> 2901 Sunset Blvd Houston, TX 77005-2349	<b>7. Amount of contribution (\$)</b>  \$10.00
<b>8. Principal occupation / Job title (See Instructions)</b> Organizer		<b>9 Employer (See Instructions)</b> Religious Action Center
<b>4. Date</b> 06/30/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Evan J. Segal <b>6. Contributor address; City; State; ZIP Code</b> 14 Philips Ln Rye, NY 10580-3230	<b>7. Amount of contribution (\$)</b>  \$12.99
<b>8. Principal occupation / Job title (See Instructions)</b> President		<b>9 Employer (See Instructions)</b> Self

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 03/11/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Maya Selber 6. Contributor address; City; State; ZIP Code 747 Ralph McGill Blvd NE Unit 1263 Atlanta, GA 30312-1136	7. Amount of contribution (\$)  \$1.13
8. Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) Jewish Kids Groups
4. Date 05/16/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Kosha Shah 6. Contributor address; City; State; ZIP Code 851 N San Vicente Blvd Apt 124 West Hollywood, CA 90069-4544	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) Agent		9 Employer (See Instructions) United Talent Agency
4. Date 06/17/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Wesley Shea 6. Contributor address; City; State; ZIP Code 5514 Griggs Rd Apt 2523 Houston, TX 77021-3771	7. Amount of contribution (\$)  \$5.00
8. Principal occupation / Job title (See Instructions) CPA		9 Employer (See Instructions) Grant Thornton
4. Date 05/23/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Jeff Shell 6. Contributor address; City; State; ZIP Code 622 N Hillcrest Rd Beverly Hills, CA 90210-3515	7. Amount of contribution (\$)  \$1,000.00
8. Principal occupation / Job title (See Instructions) chairman universal		9 Employer (See Instructions) Universal Film
4. Date 04/08/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Karin Shipman 6. Contributor address; City; State; ZIP Code 1400 Hermann Dr Houston, TX 77004-7590	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 06/29/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Karen Silverman 6. Contributor address; City; State; ZIP Code 505 Montgomery St Ste 2000 San Francisco, CA 94111-6538	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Latham & Watkins
4. Date 05/09/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Sarah Silverman 6. Contributor address; City; State; ZIP Code 9301 Wilshire Blvd Beverly Hills, CA 90210-5424	7. Amount of contribution (\$) \$200.00
8. Principal occupation / Job title (See Instructions) Entertainment		9 Employer (See Instructions) Self
4. Date 06/30/2018	5. Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC Michael Skelly 6. Contributor address; City; State; ZIP Code 317 Sampson St Houston, TX 77003-2411	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) energy exec		9 Employer (See Instructions) clean line energy
4. Date 01/21/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Alice Smith 6. Contributor address; City; State; ZIP Code 4284 Los Palos Cir Palo Alto, CA 94306-4310	7. Amount of contribution (\$) \$15.00
8. Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
4. Date 02/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Mariane Smith 6. Contributor address; City; State; ZIP Code 818 Highland St Houston, TX 77009-6511	7. Amount of contribution (\$) \$250.00
8. Principal occupation / Job title (See Instructions) Trainer		9 Employer (See Instructions) Self-employed

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

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1
The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available	
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)	
4. Date 06/03/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Marianne Smith 6. Contributor address; City; State; ZIP Code 818 Highland St Houston, TX 77009-6511	7. Amount of contribution (\$) \$50.00	
8. Principal occupation / Job title (See Instructions) HR Consultant		9 Employer (See Instructions) Mayer Smith Consulting	
4. Date 06/18/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Marianne Smith 6. Contributor address; City; State; ZIP Code 818 Highland St Houston, TX 77009-6511	7. Amount of contribution (\$) \$500.00	
8. Principal occupation / Job title (See Instructions) HR Consultant		9 Employer (See Instructions) Mayer Smith Consulting	
4. Date 02/08/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Jennifer Soros 6. Contributor address; City; State; ZIP Code 70A Greenwich Ave New York, NY 10014-8300	7. Amount of contribution (\$) \$250.00	
8. Principal occupation / Job title (See Instructions) Founder		9 Employer (See Instructions) Give Lively	
4. Date 02/27/2018	5. Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC 209013 Southwest Laborers District Council 6. Contributor address; City; State; ZIP Code 11720 E 21st St Ste D Tulsa, OK 74129-1824	7. Amount of contribution (\$) \$500.00	
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4. Date 05/10/2018	5. Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC 209013 Southwest Laborers District Council 6. Contributor address; City; State; ZIP Code 11720 E 21st St Ste D Tulsa, OK 74129-1824	7. Amount of contribution (\$) \$500.00	
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 04/22/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Sandy Spears 6. Contributor address; City; State; ZIP Code 4108 University Blvd Houston, TX 77005-2714	7. Amount of contribution (\$)  \$500.00
8. Principal occupation / Job title (See Instructions) teacher		9 Employer (See Instructions) Pines Preschool
4. Date 05/23/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Estee Stanley 6. Contributor address; City; State; ZIP Code 8714 Santa Monica Blvd West Hollywood, CA 90069-4508	7. Amount of contribution (\$)  \$166.66
8. Principal occupation / Job title (See Instructions) interior designer		9 Employer (See Instructions) Hancock Design
4. Date 03/14/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Barbra Streisand 6. Contributor address; City; State; ZIP Code 6838 Zumirez Dr Malibu, CA 90265-4317	7. Amount of contribution (\$)  \$500.00
8. Principal occupation / Job title (See Instructions) Philanthropist		9 Employer (See Instructions) Self Employed
4. Date 01/21/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Jill Suttie 6. Contributor address; City; State; ZIP Code 988 Creston Rd Berkeley, CA 94708-1544	7. Amount of contribution (\$)  \$1,000.00
8. Principal occupation / Job title (See Instructions) writer/editor		9 Employer (See Instructions) self
4. Date 04/08/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Tyrone Taitano 6. Contributor address; City; State; ZIP Code PO Box 3373 Hagatna, 96932-3373	7. Amount of contribution (\$)  \$1.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 04/22/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jennifer Tanner 6. Contributor address; City; State; ZIP Code PO Box 2265 Sedona, AZ 86339-2265	7. Amount of contribution (\$)  \$50.00
8. Principal occupation / Job title (See Instructions) consultant		9 Employer (See Instructions) self
4. Date 06/28/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Texans For Fairness 6. Contributor address; City; State; ZIP Code 16335 Lasting Light Ln Houston, TX 77095-3282	7. Amount of contribution (\$)  \$2,500.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 02/20/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ The Hughes Law Firm 6. Contributor address; City; State; ZIP Code 8876 Gulf Fwy Ste 565 Houston, TX 77017-6593	7. Amount of contribution (\$)  \$250.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 05/09/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Charlize Theron 6. Contributor address; City; State; ZIP Code 9100 Wilshire Blvd Ste 1000W Beverly Hills, CA 90212-3463	7. Amount of contribution (\$)  \$1,333.34
8. Principal occupation / Job title (See Instructions) actor		9 Employer (See Instructions) none
4. Date 06/30/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Mark Thiessen 6. Contributor address; City; State; ZIP Code 733 E 12th 1/2 St Houston, TX 77008-7119	7. Amount of contribution (\$)  \$300.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Thiessen Law Firm

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 01/14/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jeffrey Tiell 6. Contributor address; City; State; ZIP Code 30 Echo Ln Piedmont, CA 94618-2618	7. Amount of contribution (\$) \$54.00
8. Principal occupation / Job title (See Instructions) Program Officer		9 Employer (See Instructions) Jim Joseph Foundation
4. Date 05/23/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sarah Tobin 6. Contributor address; City; State; ZIP Code 1410 Sue Barnett Dr Houston, TX 77018-4437	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Direct Energy
4. Date 01/14/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Susie Tompkins Buell 6. Contributor address; City; State; ZIP Code PO Box 29921 San Francisco, CA 94129-0921	7. Amount of contribution (\$) \$5,000.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 01/28/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Martha Claire Tompkins 6. Contributor address; City; State; ZIP Code 6 Waverly Ct Houston, TX 77005-1842	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 05/23/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Juany Torres 6. Contributor address; City; State; ZIP Code 678 Stonewall St San Antonio, TX 78214-1908	7. Amount of contribution (\$) \$5.00
8. Principal occupation / Job title (See Instructions) Campaign Manager		9 Employer (See Instructions) Lina Hidalgo for Harris County

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 02/04/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Herman Ulmer 6. Contributor address; City; State; ZIP Code 15902 Diana Ln Houston, TX 77062-4405	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Program Manager		9 Employer (See Instructions) Harris County Sheriff Office
4. Date 05/01/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC David Veiseh 6. Contributor address; City; State; ZIP Code 407 Hunterwood Dr Houston, TX 77024-6902	7. Amount of contribution (\$)  \$2,500.00
8. Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Texpo Energy
4. Date 06/28/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC David Veiseh 6. Contributor address; City; State; ZIP Code 407 Hunterwood Dr Houston, TX 77024-6902	7. Amount of contribution (\$)  \$3,000.00
8. Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Texpo Energy
4. Date 01/14/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Maxime Veron 6. Contributor address; City; State; ZIP Code 1242 Heritage Ct Los Altos, CA 94024-5718	7. Amount of contribution (\$)  \$500.00
8. Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Nest Labs
4. Date 06/17/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Jessica Vickery 6. Contributor address; City; State; ZIP Code 5221 Lillian St Houston, TX 77007-5226	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) N/a		9 Employer (See Instructions) none

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



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 01/21/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Kimberly B Vogel 6. Contributor address; City; State; ZIP Code 1730 Holly Ave Menlo Park, CA 94025-5726	7. Amount of contribution (\$)  \$500.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 02/18/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Sameen Wajid 6. Contributor address; City; State; ZIP Code 7024 Snowy Owl St Arlington, TX 76002-3378	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 01/29/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Anna Waring 6. Contributor address; City; State; ZIP Code 2110 Salas Ct East Palo Alto, CA 94303-1900	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) Foundation for a College Education
4. Date 04/22/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Zachary Warma 6. Contributor address; City; State; ZIP Code 417 S Hill St Apt 700 Los Angeles, CA 90013-2369	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) Associate		9 Employer (See Instructions) JLL
4. Date 03/11/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Claire Webster 6. Contributor address; City; State; ZIP Code Postfach 65 03 10 Berlin, 13303	7. Amount of contribution (\$)  \$1.25
8. Principal occupation / Job title (See Instructions) Part-time office manager		9 Employer (See Instructions) upstream-agile GmbH

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 01/21/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Candace Weinstein 6. Contributor address; City; State; ZIP Code 235 Hanna Way Menlo Park, CA 94025-3583	7. Amount of contribution (\$)  <div style="text-align: right;">\$25.00</div>
8. Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
4. Date 06/30/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Dianne Wells 6. Contributor address; City; State; ZIP Code 3804 Coleridge St Houston, TX 77005-2834	7. Amount of contribution (\$)  <div style="text-align: right;">\$5.00</div>
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 06/01/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Maria Elena Wer 6. Contributor address; City; State; ZIP Code 9202 Kapri Ln Houston, TX 77025-4204	7. Amount of contribution (\$)  <div style="text-align: right;">\$20.00</div>
8. Principal occupation / Job title (See Instructions) Counselor		9 Employer (See Instructions) Self Employed
4. Date 03/11/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Carol Wetterauer 6. Contributor address; City; State; ZIP Code 11423 Inwood Dr Houston, TX 77077-6439	7. Amount of contribution (\$)  <div style="text-align: right;">\$10.00</div>
8. Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
4. Date 04/08/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Carey White 6. Contributor address; City; State; ZIP Code 522 47th Ave San Francisco, CA 94121-2425	7. Amount of contribution (\$)  <div style="text-align: right;">\$1.30</div>
8. Principal occupation / Job title (See Instructions) Systems architect		9 Employer (See Instructions) Positive Arts LLC

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 05/23/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Bradley Whitford 6. Contributor address; City; State; ZIP Code 10866 Wilshire Blvd Los Angeles, CA 90024-4300	7. Amount of contribution (\$) \$833.34
8. Principal occupation / Job title (See Instructions) Actor		9 Employer (See Instructions) Self
4. Date 03/11/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Drew Willey 6. Contributor address; City; State; ZIP Code 3402 Delhi St Houston, TX 77022-5138	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
4. Date 05/16/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Clark Williams 6. Contributor address; City; State; ZIP Code 13840 Valley Vista Blvd Sherman Oaks, CA 91423-4651	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Social Worker		9 Employer (See Instructions) self employed
4. Date 05/16/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Reese Witherspoon 6. Contributor address; City; State; ZIP Code 11444 W Olympic Blvd Fl 11 Los Angeles, CA 90064-1500	7. Amount of contribution (\$) \$2,700.00
8. Principal occupation / Job title (See Instructions) Actress		9 Employer (See Instructions) Self Employed
4. Date 06/30/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Alex Wolchansky 6. Contributor address; City; State; ZIP Code 5159 Brmesvalley Dr Houston, TX 77096-2609	7. Amount of contribution (\$) \$15.00
8. Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 06/30/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ann Wolf 6. Contributor address; City; State; ZIP Code 711 Louisiana St Ste 1660 Houston, TX 77002-2291	7. Amount of contribution (\$)  \$500.00
8. Principal occupation / Job title (See Instructions) Designer		9 Employer (See Instructions) Self
4. Date 03/04/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kathleen Yazbak 6. Contributor address; City; State; ZIP Code 42 Glen St Dover, MA 02030-2317	7. Amount of contribution (\$)  \$25.00
8. Principal occupation / Job title (See Instructions) consultant		9 Employer (See Instructions) Viewcrest Advisors
4. Date 05/09/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Susan Yeagley 6. Contributor address; City; State; ZIP Code 9100 Wilshire Blvd Beverly Hills, CA 90212-3415	7. Amount of contribution (\$)  \$500.00
8. Principal occupation / Job title (See Instructions) mother, actress, writer		9 Employer (See Instructions) Self Employed
4. Date 01/28/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Peter Yedidia 6. Contributor address; City; State; ZIP Code 2020 Stockton St San Francisco, CA 94133-2005	7. Amount of contribution (\$)  \$500.00
8. Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
4. Date 03/26/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Cindy Yeglin 6. Contributor address; City; State; ZIP Code 3202 Shadowwalk Dr Houston, TX 77082-2326	7. Amount of contribution (\$)  \$100.00
8. Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1. Total pages Schedule A1: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 02/18/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Michael Zilkha 6. Contributor address; City; State; ZIP Code 1001 McKinney St Houston, TX 77002-6417	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Energy		9 Employer (See Instructions) Zilkha Biomass Energy
4. Date 02/25/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Michael Zilkha 6. Contributor address; City; State; ZIP Code 1001 McKinney St Houston, TX 77002-6417	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Energy		9 Employer (See Instructions) Zilkha Biomass Energy
4. Date 03/29/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Michael Zilkha 6. Contributor address; City; State; ZIP Code 1001 McKinney St Houston, TX 77002-6417	7. Amount of contribution (\$) \$2,000.00
8. Principal occupation / Job title (See Instructions) Energy		9 Employer (See Instructions) Zilkha Biomass Energy
4. Date 06/18/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Michael Zilkha 6. Contributor address; City; State; ZIP Code 1001 McKinney St Houston, TX 77002-6417	7. Amount of contribution (\$) \$2,000.00
8. Principal occupation / Job title (See Instructions) Energy		9 Employer (See Instructions) Zilkha Biomass Energy
4. Date 06/30/2018	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Michael Zilkha 6. Contributor address; City; State; ZIP Code 1001 McKinney St Houston, TX 77002-6417	7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions) Energy		9 Employer (See Instructions) Zilkha Biomass Energy

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1. Total pages Schedule A1:</b> not available
<b>2. FILER NAME</b> Lina M. Hidalgo		<b>3. Filer ID (Ethics Commission Filers)</b>
<b>4. Date</b> 02/26/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Nina O'Leary Zilkha <b>6. Contributor address; City; State; ZIP Code</b> 1001 McKinney St Houston, TX 77002-6417	<b>7. Amount of contribution (\$)</b>  \$1,000.00
<b>8. Principal occupation / Job title (See Instructions)</b> Owner		<b>9 Employer (See Instructions)</b> Self Employed
<b>4. Date</b> 05/21/2018	<b>5. Full name of contributor</b> <input type="checkbox"/> out-of-state PAC _____ Elizabeth Zivley <b>6. Contributor address; City; State; ZIP Code</b> 3606 Durhill St Houston, TX 77025-4108	<b>7. Amount of contribution (\$)</b>  \$200.00
<b>8. Principal occupation / Job title (See Instructions)</b> Retired		<b>9 Employer (See Instructions)</b> Retired

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

# 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. Filer ID (Ethics Commission Filers)	
4. TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$0.00	
5 Date 03/30/2018	6 Full name of contributor <input type="checkbox"/> out-of-state PAC Amir Mireskandari 7 Contributor address; City; State; Zip Code 331 Pinchaven Dr Houston, TX 77024-3722	8 Amount of contribution (\$) \$800.00 <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	9 In-Kind contribution description In-kind of monthly rent
10 Principal occupation / Job Title (FOR NON-JUDICIAL) (See Instructions) CEO		11 Employer (FOR NON-JUDICIAL) (See Instructions) Meres Rand Clark & Assoc	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parents (if any) (FOR JUDICIAL)			
5 Date 04/30/2018	6 Full name of contributor <input type="checkbox"/> out-of-state PAC Amir Mireskandari 7 Contributor address; City; State; Zip Code 331 Pinchaven Dr Houston, TX 77024-3722	8 Amount of contribution (\$) \$800.00 <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	9 In-Kind contribution description In-kind of monthly rent
10 Principal occupation / Job Title (FOR NON-JUDICIAL) (See Instructions) CEO		11 Employer (FOR NON-JUDICIAL) (See Instructions) Meres Rand Clark & Assoc	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parents (if any) (FOR JUDICIAL)			

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

<b>NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS</b>				<b>SCHEDULE A2</b>
<b>The Instruction Guide explains how to complete this form.</b>			1. Total pages Schedule A2: not available	
2. FILER NAME Lina M. Hidalgo			3. Filer ID (Ethics Commission Filers)	
4. TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$0.00	
5 Date  05/31/2018	6 Full name of contributor <input type="checkbox"/> out-of-state PAC Amir Mireskandari 7 Contributor address; City; State; Zip Code 331 Pinehaven Dr Houston, TX 77024-3722	8 Amount of contribution (\$)  \$800.00	9 In-Kind contribution description In-kind of monthly rent <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job Title (FOR NON-JUDICIAL) (See Instructions) CEO		11 Employer (FOR NON-JUDICIAL) (See Instructions) Meres Rand Clark & Assoc		
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parents (if any) (FOR JUDICIAL)				
5 Date  06/30/2018	6 Full name of contributor <input type="checkbox"/> out-of-state PAC Amir Mireskandari 7 Contributor address; City; State; Zip Code 331 Pinehaven Dr Houston, TX 77024-3722	8 Amount of contribution (\$)  \$800.00	9 In-Kind contribution description In-kind of monthly rent <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job Title (FOR NON-JUDICIAL) (See Instructions) CEO		11 Employer (FOR NON-JUDICIAL) (See Instructions) Meres Rand Clark & Assoc		
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parents (if any) (FOR JUDICIAL)				

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



# 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. Filer ID (Ethics Commission Filers)	
4. TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$0.00	
5 Date 02/24/2018	6 Full name of contributor <input type="checkbox"/> out-of-state PAC F. Carter Smith	8 Amount of contribution (\$) \$550.00	9 In-Kind contribution description Photos and post-production
7 Contributor address; City; State; Zip Code 2000 Edwards St Ste 203 Houston, TX 77007-4433		<input type="checkbox"/> 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)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parents (if any) (FOR JUDICIAL)			
5 Date 06/14/2018	6 Full name of contributor <input type="checkbox"/> out-of-state PAC F. Carter Smith	8 Amount of contribution (\$) \$550.00	9 In-Kind contribution description Photos and post-production
7 Contributor address; City; State; Zip Code 2000 Edwards St Ste 203 Houston, TX 77007-4433		<input type="checkbox"/> 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)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parents (if any) (FOR JUDICIAL)			

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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. Filer ID (Ethics Commission Filers)	
4. TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$0.00	
5 Date 04/20/2018	6 Full name of contributor Texas Democratic Party		<input type="checkbox"/> out-of-state PAC	8 Amount of contribution (\$) \$4,510.00	9 In-Kind contribution description Voter File Access
7 Contributor address; City; State; Zip Code 1106 Lavaca St Ste 100 Austin, TX 78701-2170		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T			
10 Principal occupation / Job Title (FOR NON-JUDICIAL) (See Instructions)			11 Employer (FOR NON-JUDICIAL) (See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parents (if any) (FOR JUDICIAL)					

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 01/07/2018	5 Payee name ActBlue Technical Services, Inc.	
6 Amount \$8.89	7 Payee address; City: State: Zip Code 14 Arrow St Ste 11 Cambridge, MA 02138-5106	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 01/14/2018	5 Payee name ActBlue Technical Services, Inc.	
6 Amount \$365.54	7 Payee address; City: State: Zip Code 14 Arrow St Ste 11 Cambridge, MA 02138-5106	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 01/21/2018	5 Payee name ActBlue Technical Services, Inc.	
6 Amount \$168.63	7 Payee address; City: State: Zip Code 14 Arrow St Ste 11 Cambridge, MA 02138-5106	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense      Event Expense      Office Overhead/Rental      Solicitation/Fundraising Expense  
 Accounting/Banking      Fees      Polling Expense      Transportation Equipment & Related  
 Consulting Expense      Food/Beverage Expense      Printing Expense      Expense  
 Contributions/Donations Made By      Gift/Awards/Memorials Expense      Salaries/Wages/Contract Labor      Travel In District  
 Candidate/Officeholder/Political      Legal Services      Travel Out of District  
 Committee      Other (enter a category not listed above)  
 Credit Card Payment

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 01/28/2018	5 Payee name ActBlue Technical Services, Inc.	
6 Amount \$302.99	7 Payee address; City: State: Zip Code 14 Arrow St Ste 11 Cambridge, MA 02138-5106	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 02/04/2018	5 Payee name ActBlue Technical Services, Inc.	
6 Amount \$265.05	7 Payee address; City: State: Zip Code 14 Arrow St Ste 11 Cambridge, MA 02138-5106	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 02/11/2018	5 Payee name ActBlue Technical Services, Inc.	
6 Amount \$7.90	7 Payee address; City: State: Zip Code 14 Arrow St Ste 11 Cambridge, MA 02138-5106	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense      Event Expense      Office Overhead/Rental      Solicitation/Fundraising Expense  
 Accounting/Banking      Fees      Polling Expense      Transportation Equipment & Related  
 Consulting Expense      Food/Beverage Expense      Printing Expense      Expense  
 Contributions/Donations Made By      Gift/Awards/Memorials Expense      Salaries/Wages/Contract Labor      Travel In District  
 Candidate/Officeholder/Political      Legal Services      Travel Out of District  
 Committee      Other (enter a category not listed above)  
 Credit Card Payment

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 02/18/2018	5 Payee name ActBlue Technical Services, Inc.	
6 Amount \$36.16	7 Payee address; City; State; Zip Code 14 Arrow St Ste 11 Cambridge, MA 02138-5106	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
4 Date 02/25/2018	5 Payee name ActBlue Technical Services, Inc.	
6 Amount \$115.78	7 Payee address; City; State; Zip Code 14 Arrow St Ste 11 Cambridge, MA 02138-5106	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
4 Date 03/04/2018	5 Payee name ActBlue Technical Services, Inc.	
6 Amount \$2.46	7 Payee address; City; State; Zip Code 14 Arrow St Ste 11 Cambridge, MA 02138-5106	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 03/11/2018	5 Payee name ActBlue Technical Services, Inc.	
6 Amount \$43.74	7 Payee address; City: State: Zip Code 14 Arrow St Ste 11 Cambridge, MA 02138-5106	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 03/25/2018	5 Payee name ActBlue Technical Services, Inc.	
6 Amount \$620.03	7 Payee address; City: State: Zip Code 14 Arrow St Ste 11 Cambridge, MA 02138-5106	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 03/31/2018	5 Payee name ActBlue Technical Services, Inc.	
6 Amount \$117.06	7 Payee address; City: State: Zip Code 14 Arrow St Ste 11 Cambridge, MA 02138-5106	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense      Event Expense      Office Overhead/Rental      Solicitation/Fundraising Expense  
 Accounting/Banking      Fees      Polling Expense      Transportation Equipment & Related  
 Consulting Expense      Food/Beverage Expense      Printing Expense      Expense  
 Contributions/Donations Made By      Gift/Awards/Memorials Expense      Salaries/Wages/Contract Labor      Travel In District  
 Candidate/Officeholder/Political      Legal Services      Travel Out of District  
 Committee      Other (enter a category not listed above)  
 Credit Card Payment

The instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 04/08/2018	5 Payee name ActBlue Technical Services, Inc.	
6 Amount \$90.53	7 Payee address;      City;      State:      Zip Code 14 Arrow St Ste 11 Cambridge, MA 02138-5106	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
4 Date 04/15/2018	5 Payee name ActBlue Technical Services, Inc.	
6 Amount \$4.94	7 Payee address;      City;      State:      Zip Code 14 Arrow St Ste 11 Cambridge, MA 02138-5106	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
4 Date 04/22/2018	5 Payee name ActBlue Technical Services, Inc.	
6 Amount \$24.90	7 Payee address;      City;      State:      Zip Code 14 Arrow St Ste 11 Cambridge, MA 02138-5106	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense      Event Expense      Office Overhead/Rental      Solicitation/Fundraising Expense  
 Accounting/Banking      Fees      Polling Expense      Transportation Equipment & Related  
 Consulting Expense      Food/Beverage Expense      Printing Expense      Expense  
 Contributions/Donations Made By      Gift/Awards/Memorials Expense      Salaries/Wages/Contract Labor      Travel In District  
 Candidate/Officeholder/Political      Legal Services      Travel Out of District  
 Committee      Other (enter a category not listed above)  
 Credit Card Payment      The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 04/29/2018	5 Payee name ActBlue Technical Services, Inc.	
6 Amount \$1.98	7 Payee address; City: State: Zip Code 14 Arrow St Ste 11 Cambridge, MA 02138-5106	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 05/06/2018	5 Payee name ActBlue Technical Services, Inc.	
6 Amount \$24.36	7 Payee address; City: State: Zip Code 14 Arrow St Ste 11 Cambridge, MA 02138-5106	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 05/13/2018	5 Payee name ActBlue Technical Services, Inc.	
6 Amount \$0.20	7 Payee address; City: State: Zip Code 14 Arrow St Ste 11 Cambridge, MA 02138-5106	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related
Consulting Expense	Food/Beverage Expense	Printing Expense	Expense
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel In District
Candidate/Officeholder/Political	Legal Services		Travel Out of District
Committee			Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 05/20/2018	5 Payee name ActBlue Technical Services, Inc.	
6 Amount \$39.50	7 Payee address; City: State: Zip Code 14 Arrow St Ste 11 Cambridge, MA 02138-5106	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 05/27/2018	5 Payee name ActBlue Technical Services, Inc.	
6 Amount \$4.35	7 Payee address; City: State: Zip Code 14 Arrow St Ste 11 Cambridge, MA 02138-5106	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 06/03/2018	5 Payee name ActBlue Technical Services, Inc.	
6 Amount \$86.84	7 Payee address; City: State: Zip Code 14 Arrow St Ste 11 Cambridge, MA 02138-5106	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 06/10/2018	5 Payee name ActBlue Technical Services, Inc.	
6 Amount \$42.47	7 Payee address; City: State: Zip Code 14 Arrow St Ste 11 Cambridge, MA 02138-5106	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 06/17/2018	5 Payee name ActBlue Technical Services, Inc.	
6 Amount \$45.30	7 Payee address; City: State: Zip Code 14 Arrow St Ste 11 Cambridge, MA 02138-5106	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 06/24/2018	5 Payee name ActBlue Technical Services, Inc.	
6 Amount \$1.99	7 Payee address; City: State: Zip Code 14 Arrow St Ste 11 Cambridge, MA 02138-5106	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 06/30/2018	5 Payee name ActBlue Technical Services, Inc.	
6 Amount \$689.57	7 Payee address; City; State; Zip Code 14 Arrow St Ste 11 Cambridge, MA 02138-5106	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 02/06/2018	5 Payee name Administrative Business Services, LLC	
6 Amount \$3,255.00	7 Payee address; City; State; Zip Code 10205 Atkins Ridge Dr Charlotte, NC 28213-4290	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 03/06/2018	5 Payee name Administrative Business Services, LLC	
6 Amount \$555.00	7 Payee address; City; State; Zip Code 10205 Atkins Ridge Dr Charlotte, NC 28213-4290	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 05/07/2018	5 Payee name Administrative Business Services, LLC	
6 Amount \$430.00	7 Payee address; City; State; Zip Code 10205 Atkins Ridge Dr Charlotte, NC 28213-4290	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 05/07/2018	5 Payee name Administrative Business Services, LLC	
6 Amount \$630.00	7 Payee address; City; State; Zip Code 10205 Atkins Ridge Dr Charlotte, NC 28213-4290	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 06/11/2018	5 Payee name Administrative Business Services, LLC	
6 Amount \$1,505.00	7 Payee address; City; State; Zip Code 10205 Atkins Ridge Dr Charlotte, NC 28213-4290	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense      Event Expense      Office Overhead/Rental      Solicitation/Fundraising Expense  
 Accounting/Banking      Fees      Polling Expense      Transportation Equipment & Related  
 Consulting Expense      Food/Beverage Expense      Printing Expense      Expense  
 Contributions/Donations Made By      Gift/Awards/Memorials Expense      Salaries/Wages/Contract Labor      Travel In District  
 Candidate/Officeholder/Political      Legal Services      Travel Out of District  
 Committee      Other (enter a category not listed above)  
 Credit Card Payment

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:		2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)	
4 Date 06/29/2018		5 Payee name ADP, Inc.			
6 Amount \$2,151.59		7 Payee address; City: State: Zip Code 504 Clinton Center Dr Ste 4400 Clinton, MS 39056-5610			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
4 Date 05/14/2018		5 Payee name American Airlines			
6 Amount \$137.20		7 Payee address; City: State: Zip Code 4255 Amon Center Blvd Ft Worth, TX 76155			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Travel Out Of District		(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airfare	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
4 Date 02/09/2018		5 Payee name Baptist Ministers Association of Houston and Vicinity			
6 Amount \$150.00		7 Payee address; City: State: Zip Code 7817 Calhoun Rd Houston, TX 77033-3500			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising & Marketing	
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related
Consulting Expense	Food/Beverage Expense	Printing Expense	Expense
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel In District
Candidate/Officeholder/Political	Legal Services		Travel Out of District
Committee			Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:		2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)	
4 Date 05/04/2018		5 Payee name Change Research			
6 Amount \$0.44		7 Payee address; City: State: Zip Code 2040 Bancroft Way Berkeley, CA 94704-1495			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See categories listed at the top of this schedule) Polling Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poll	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
4 Date 05/04/2018		5 Payee name Change Research			
6 Amount \$2,018.00		7 Payee address; City: State: Zip Code 2040 Bancroft Way Berkeley, CA 94704-1495			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See categories listed at the top of this schedule) Polling Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poll	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
4 Date 05/22/2018		5 Payee name Change Research			
6 Amount \$1,600.00		7 Payee address; City: State: Zip Code 2040 Bancroft Way Berkeley, CA 94704-1495			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See categories listed at the top of this schedule) Polling Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poll	
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**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 06/14/2018	5 Payee name Kathleen Da Silva	
6 Amount \$37.50	7 Payee address; City: State: Zip Code 109 Mockingbird Dr North Kingstown, RI 02852-6436	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 04/25/2018	5 Payee name Democracy Engine LLC	
6 Amount \$250.75	7 Payee address; City: State: Zip Code 416 Florida Ave NW Unit 26418 Washington, DC 20001-0516	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 05/02/2018	5 Payee name Democracy Engine LLC	
6 Amount \$30.19	7 Payee address; City: State: Zip Code 416 Florida Ave NW Unit 26418 Washington, DC 20001-0516	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:		2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)	
4 Date 05/09/2018		5 Payee name Democracy Engine LLC			
6 Amount \$347.71		7 Payee address; City: State: Zip Code 416 Florida Ave NW Unit 26418 Washington, DC 20001-0516			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
4 Date 05/16/2018		5 Payee name Democracy Engine LLC			
6 Amount \$574.65		7 Payee address; City: State: Zip Code 416 Florida Ave NW Unit 26418 Washington, DC 20001-0516			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
4 Date 05/23/2018		5 Payee name Democracy Engine LLC			
6 Amount \$251.77		7 Payee address; City: State: Zip Code 416 Florida Ave NW Unit 26418 Washington, DC 20001-0516			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees	
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 05/30/2018	5 Payee name Democracy Engine LLC	
6 Amount \$3.10	7 Payee address; City: State: Zip Code 416 Florida Ave NW Unit 26418 Washington, DC 20001-0516	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 06/30/2018	5 Payee name Democracy Engine LLC	
6 Amount \$15.05	7 Payee address; City: State: Zip Code 416 Florida Ave NW Unit 26418 Washington, DC 20001-0516	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 03/26/2018	5 Payee name Enterprise Rent A Car	
6 Amount \$114.14	7 Payee address; City: State: Zip Code 600 Corporate Park Dr Saint Louis, MO 63105-4204	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental Car for CA fundraiser
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related
Consulting Expense	Food/Beverage Expense	Printing Expense	Expense
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel In District
Candidate/Officeholder/Political	Legal Services		Travel Out of District
Committee			Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 05/17/2018	5 Payee name Enterprise Rent A Car	
6 Amount \$60.65	7 Payee address; City: State: Zip Code 600 Corporate Park Dr Saint Louis, MO 63105-4204	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental Car for CA fundraiser
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 05/17/2018	5 Payee name Enterprise Rent A Car	
6 Amount \$61.85	7 Payee address; City: State: Zip Code 600 Corporate Park Dr Saint Louis, MO 63105-4204	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental Car for CA fundraiser
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 01/01/2018	5 Payee name Facebook	
6 Amount \$120.00	7 Payee address; City: State: Zip Code 1 Hacker Way Menlo Park, CA 94025-1456	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising and Marketing
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 02/08/2018	5 Payee name Facebook	
6 Amount \$3.52	7 Payee address; 1 Hacker Way Menlo Park, CA 94025-1456	City: State: Zip Code
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising & Marketing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 02/08/2018	5 Payee name Facebook	
6 Amount \$21.48	7 Payee address; 1 Hacker Way Menlo Park, CA 94025-1456	City: State: Zip Code
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising & Marketing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 02/14/2018	5 Payee name Facebook	
6 Amount \$8.79	7 Payee address; 1 Hacker Way Menlo Park, CA 94025-1456	City: State: Zip Code
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising & Marketing
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 02/14/2018	5 Payee name Facebook	
6 Amount \$41.21	7 Payee address; City: State: Zip Code 1 Hacker Way Menlo Park, CA 94025-1456	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising & Marketing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 02/22/2018	5 Payee name Facebook	
6 Amount \$3.86	7 Payee address; City: State: Zip Code 1 Hacker Way Menlo Park, CA 94025-1456	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising & Marketing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 02/22/2018	5 Payee name Facebook	
6 Amount \$24.46	7 Payee address; City: State: Zip Code 1 Hacker Way Menlo Park, CA 94025-1456	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising & Marketing
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense      Event Expense      Office Overhead/Rental      Solicitation/Fundraising Expense  
 Accounting/Banking      Fees      Polling Expense      Transportation Equipment & Related  
 Consulting Expense      Food/Beverage Expense      Printing Expense      Expense  
 Contributions/Donations Made By      Gift/Awards/Memorials Expense      Salaries/Wages/Contract Labor      Travel In District  
 Candidate/Officeholder/Political      Legal Services      Travel Out of District  
 Committee      Other (enter a category not listed above)  
 Credit Card Payment

The instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 03/22/2018	5 Payee name Facebook	
6 Amount \$1.48	7 Payee address; City: State: Zip Code 1 Hacker Way Menlo Park, CA 94025-1456	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising & Marketing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 03/22/2018	5 Payee name Facebook	
6 Amount \$12.20	7 Payee address; City: State: Zip Code 1 Hacker Way Menlo Park, CA 94025-1456	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising & Marketing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 04/30/2018	5 Payee name Facebook	
6 Amount \$56.28	7 Payee address; City: State: Zip Code 1 Hacker Way Menlo Park, CA 94025-1456	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising & Marketing
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**

2018475

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense      Event Expense      Office Overhead/Rental      Solicitation/Fundraising Expense  
Accounting/Banking      Fees      Polling Expense      Transportation Equipment & Related  
Consulting Expense      Food/Beverage Expense      Printing Expense      Expense  
Contributions/Donations Made By      Gift/Awards/Memorials Expense      Salaries/Wages/Contract Labor      Travel In District  
Candidate/Officeholder/Political      Legal Services      Travel Out of District  
Committee      Other (enter a category not listed above)  
Credit Card Payment      The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 06/01/2018	5 Payee name Facebook	
6 Amount \$29.71	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025-1456	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet Advertising
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
4 Date 06/19/2018	5 Payee name G&A Outsourcing, Inc	
6 Amount \$970.00	7 Payee address; City; State; Zip Code 17220 Katy Fwy Ste 350 Houston, TX 77094-1485	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Recruitment
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
4 Date 01/01/2018	5 Payee name Google	
6 Amount \$42.64	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Email
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 02/02/2018	5 Payee name Google	
6 Amount \$42.64	7 Payee address; City: State: Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Email
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 03/02/2018	5 Payee name Google	
6 Amount \$35.01	7 Payee address; City: State: Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Email
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 04/02/2018	5 Payee name Google	
6 Amount \$41.41	7 Payee address; City: State: Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Email
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 05/02/2018	5 Payee name Google	
6 Amount \$42.64	7 Payee address; City: State: Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Email
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 06/04/2018	5 Payee name Google	
6 Amount \$47.61	7 Payee address; City: State: Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Email
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 01/26/2018	5 Payee name Jason Haas	
6 Amount \$100.00	7 Payee address; City: State: Zip Code 6711 Stearns St Houston, TX 77021-2419	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense      Event Expense      Office Overhead/Rental      Solicitation/Fundraising Expense  
 Accounting/Banking      Fees      Polling Expense      Transportation Equipment & Related  
 Consulting Expense      Food/Beverage Expense      Printing Expense      Expense  
 Contributions/Donations Made By      Gift/Awards/Memorials Expense      Salaries/Wages/Contract Labor      Travel In District  
 Candidate/Officeholder/Political      Legal Services      Travel Out of District  
 Committee      Other (enter a category not listed above)  
 Credit Card Payment      The instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 04/19/2018	5 Payee name Jason Haas	
6 Amount \$125.00	7 Payee address; City; State; Zip Code 6711 Stearns St Houston, TX 77021-2419	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
4 Date 01/17/2018	5 Payee name Harris County Democratic Party	
6 Amount \$1,000.00	7 Payee address; City; State; Zip Code 1445 North Loop W Ste 110 Houston, TX 77008-1654	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
4 Date 01/30/2018	5 Payee name Harris County Democratic Party	
6 Amount \$35.00	7 Payee address; City; State; Zip Code 1445 North Loop W Ste 110 Houston, TX 77008-1654	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration Fees
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

### 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 Labor

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

The instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 01/30/2018	5 Payee name Harris County Democratic Party	
6 Amount \$250.00	7 Payee address; City: State: Zip Code 1445 North Loop W Ste 110 Houston, TX 77008-1654	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 04/23/2018	5 Payee name Harris County Democratic Party	
6 Amount \$10.00	7 Payee address; City: State: Zip Code 1445 North Loop W Ste 110 Houston, TX 77008-1654	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 04/25/2018	5 Payee name Hotel Zaza Houston	
6 Amount \$29.98	7 Payee address; City: State: Zip Code 5701 Main St Houston, TX 77005-1824	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Lunch
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense      Event Expense      Office Overhead/Rental      Solicitation/Fundraising Expense  
 Accounting/Banking      Fees      Polling Expense      Transportation Equipment & Related  
 Consulting Expense      Food/Beverage Expense      Printing Expense      Expense  
 Contributions/Donations Made By      Gift/Awards/Memorials Expense      Salaries/Wages/Contract Labor      Travel In District  
 Candidate/Officeholder/Political      Legal Services      Travel Out of District  
 Committee      Other (enter a category not listed above)  
 Credit Card Payment

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 05/17/2018	5 Payee name HotelTonight	
6 Amount \$106.00	7 Payee address; City; State; Zip Code 901 Market St Ste 310 San Francisco, CA 94103-1752	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging for CA fundraiser
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
4 Date 01/01/2018	5 Payee name Houston Chronicle	
6 Amount \$20.00	7 Payee address; City; State; Zip Code 4747 Southwest Fwy Houston, TX 77027-6901	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues and Subscriptions
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
4 Date 01/30/2018	5 Payee name Houston Chronicle	
6 Amount \$20.00	7 Payee address; City; State; Zip Code 4747 Southwest Fwy Houston, TX 77027-6901	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues and Subscription
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related
Consulting Expense	Food/Beverage Expense	Printing Expense	Expense
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel In District
Candidate/Officeholder/Political	Legal Services		Travel Out of District
Committee			Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 03/02/2018	5 Payee name Houston Chronicle	
6 Amount \$20.00	7 Payee address; City: State: Zip Code 4747 Southwest Fwy Houston, TX 77027-6901	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues and Subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 03/26/2018	5 Payee name Houston Chronicle	
6 Amount \$20.00	7 Payee address; City: State: Zip Code 4747 Southwest Fwy Houston, TX 77027-6901	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues and Subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 04/23/2018	5 Payee name Houston Chronicle	
6 Amount \$20.00	7 Payee address; City: State: Zip Code 4747 Southwest Fwy Houston, TX 77027-6901	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues and Subscriptions
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense      Event Expense      Office Overhead/Rental      Solicitation/Fundraising Expense  
 Accounting/Banking      Fees      Polling Expense      Transportation Equipment & Related  
 Consulting Expense      Food/Beverage Expense      Printing Expense      Expense  
 Contributions/Donations Made By      Gift/Awards/Memorials Expense      Salaries/Wages/Contract Labor      Travel In District  
 Candidate/Officeholder/Political      Legal Services      Travel Out of District  
 Committee      Other (enter a category not listed above)  
 Credit Card Payment

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 05/21/2018	5 Payee name Houston Chronicle	
6 Amount \$20.00	7 Payee address; City: State: Zip Code 4747 Southwest Fwy Houston, TX 77027-6901	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues and Subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 06/18/2018	5 Payee name Houston Chronicle	
6 Amount \$20.00	7 Payee address; City: State: Zip Code 4747 Southwest Fwy Houston, TX 77027-6901	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues and Subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 03/05/2018	5 Payee name Houston Rising	
6 Amount \$200.00	7 Payee address; City: State: Zip Code 917 Pinckney St Houston, TX 77009-8616	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution for the March for Black Women
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 01/10/2018	5 Payee name J&N Enterprises	
6 Amount \$65.00	7 Payee address; City; State; Zip Code 2015 W 34th St Houston, TX 77018-6139	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing and Reproduction
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 02/13/2018	5 Payee name J&N Enterprises	
6 Amount \$37.89	7 Payee address; City; State; Zip Code 2015 W 34th St Houston, TX 77018-6139	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing and Reproduction
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 02/26/2018	5 Payee name J&N Enterprises	
6 Amount \$92.01	7 Payee address; City; State; Zip Code 2015 W 34th St Houston, TX 77018-6139	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing and Reproduction
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 04/05/2018	5 Payee name J&N Enterprises	
6 Amount \$492.54	7 Payee address; City; State: Zip Code 2015 W 34th St Houston, TX 77018-6139	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing and Reproduction
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 05/14/2018	5 Payee name J&N Enterprises	
6 Amount \$140.73	7 Payee address; City; State: Zip Code 2015 W 34th St Houston, TX 77018-6139	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing and Reproduction
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 05/23/2018	5 Payee name J&N Enterprises	
6 Amount \$492.54	7 Payee address; City; State: Zip Code 2015 W 34th St Houston, TX 77018-6139	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing and Reproduction
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 06/14/2018	5 Payee name J&N Enterprises	
6 Amount \$362.64	7 Payee address; City: State: Zip Code 2015 W 34th St Houston, TX 77018-6139	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing and Reproduction
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 01/01/2018	5 Payee name Antron Johnson	
6 Amount \$385.00	7 Payee address; City: State: Zip Code 2400 S Loop W Apt 413 Houston, TX 77054-2820	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 01/18/2018	5 Payee name Mehran H Khodabandeh	
6 Amount \$1,250.00	7 Payee address; City: State: Zip Code 27 Franciscan Way Kensington, CA 94707-1112	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
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

### 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 Labor

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 03/05/2018	5 Payee name Mehran H Khodabandeh	
6 Amount \$1,250.00	7 Payee address; City: State: Zip Code 27 Franciscan Way Kensington, CA 94707-1112	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 01/26/2018	5 Payee name Mariah Najmuddin	
6 Amount \$135.00	7 Payee address; City: State: Zip Code 16027 Cypress Farms Dr Cypress, TX 77429-7401	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 01/31/2018	5 Payee name Mariah Najmuddin	
6 Amount \$150.00	7 Payee address; City: State: Zip Code 16027 Cypress Farms Dr Cypress, TX 77429-7401	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
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

### 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 Labor

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

The instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 03/01/2018	5 Payee name Mariah Najmuddin	
6 Amount \$217.50	7 Payee address; City: State: Zip Code 16027 Cypress Farms Dr Cypress, TX 77429-7401	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 04/01/2018	5 Payee name Mariah Najmuddin	
6 Amount \$457.50	7 Payee address; City: State: Zip Code 16027 Cypress Farms Dr Cypress, TX 77429-7401	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 04/23/2018	5 Payee name Mariah Najmuddin	
6 Amount \$261.00	7 Payee address; City: State: Zip Code 16027 Cypress Farms Dr Cypress, TX 77429-7401	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense      Event Expense      Office Overhead/Rental      Solicitation/Fundraising Expense  
 Accounting/Banking      Fees      Polling Expense      Transportation Equipment & Related  
 Consulting Expense      Food/Beverage Expense      Printing Expense      Expense  
 Contributions/Donations Made By      Gift/Awards/Memorials Expense      Salaries/Wages/Contract Labor      Travel In District  
 Candidate/Officeholder/Political      Legal Services      Other (enter a category not listed above)  
 Committee  
 Credit Card Payment

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 05/21/2018	5 Payee name Mariah Najmuddin	
6 Amount \$71.25	7 Payee address; City: State: Zip Code 16027 Cypress Farms Dr Cypress, TX 77429-7401	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 01/05/2018	5 Payee name Nationbuilder	
6 Amount \$1,229.00	7 Payee address; City: State: Zip Code 520 S Grand Ave Los Angeles, CA 90071-2600	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 02/06/2018	5 Payee name Nationbuilder	
6 Amount \$29.00	7 Payee address; City: State: Zip Code 520 S Grand Ave Los Angeles, CA 90071-2600	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related
Consulting Expense	Food/Beverage Expense	Printing Expense	Expense
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel In District
Candidate/Officeholder/Political	Legal Services		Travel Out of District
Committee			Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 03/06/2018	5 Payee name Nationbuilder	
6 Amount \$29.00	7 Payee address; City: State: Zip Code 520 S Grand Ave Los Angeles, CA 90071-2600	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 04/06/2018	5 Payee name Nationbuilder	
6 Amount \$29.00	7 Payee address; City: State: Zip Code 520 S Grand Ave Los Angeles, CA 90071-2600	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 05/07/2018	5 Payee name Nationbuilder	
6 Amount \$29.00	7 Payee address; City: State: Zip Code 520 S Grand Ave Los Angeles, CA 90071-2600	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related
Consulting Expense	Food/Beverage Expense	Printing Expense	Expense
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel In District
Candidate/Officeholder/Political	Legal Services		Travel Out of District
Committee			Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 06/06/2018	5 Payee name Nationbuilder	
6 Amount \$29.00	7 Payee address; City; State; Zip Code 520 S Grand Ave Los Angeles, CA 90071-2600	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 01/01/2018	5 Payee name NGP VAN	
6 Amount \$150.00	7 Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 01/02/2018	5 Payee name NGP VAN	
6 Amount \$170.00	7 Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Software
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

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)
The Instruction Guide explains how to complete this form.			

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 02/02/2018	5 Payee name NGP VAN	
6 Amount \$320.00	7 Payee address; City: State: Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 03/02/2018	5 Payee name NGP VAN	
6 Amount \$320.00	7 Payee address; City: State: Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 04/02/2018	5 Payee name NGP VAN	
6 Amount \$320.00	7 Payee address; City: State: Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Software
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related
Consulting Expense	Food/Beverage Expense	Printing Expense	Expense
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel In District
Candidate/Officeholder/Political	Legal Services		Travel Out of District
Committee			Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 05/02/2018	5 Payee name NGP VAN	
6 Amount \$320.00	7 Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 06/04/2018	5 Payee name NGP VAN	
6 Amount \$320.00	7 Payee address; City; State; Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 05/29/2018	5 Payee name Nu Strategies	
6 Amount \$3,000.00	7 Payee address; City; State; Zip Code 31W 34th Street Suite 8075 New York, NY 10016-4313	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
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

2018475

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense      Event Expense      Office Overhead/Rental      Solicitation/Fundraising Expense  
Accounting/Banking      Fees      Polling Expense      Transportation Equipment & Related  
Consulting Expense      Food/Beverage Expense      Printing Expense      Expense  
Contributions/Donations Made By      Gift/Awards/Memorials Expense      Salaries/Wages/Contract Labor      Travel In District  
Candidate/Officeholder/Political      Legal Services      Travel Out of District  
Committee      Other (enter a category not listed above)  
Credit Card Payment

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 03/01/2018	5 Payee name Rory Payne	
6 Amount \$32.00	7 Payee address; City; State; Zip Code 44 Martin St Cambridge, MA 02138-1617	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
4 Date 01/03/2018	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 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
4 Date 01/19/2018	5 Payee name Redshift Writers LLC	
6 Amount \$900.00	7 Payee address; City; State; Zip Code 2744 Briarhurst Dr Apt 12 Houston, TX 77057-5317	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related
Consulting Expense	Food/Beverage Expense	Printing Expense	Expense
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel In District
Candidate/Officeholder/Political	Legal Services		Travel Out of District
Committee			Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 04/12/2018	5 Payee name REVUP Software	
6 Amount \$1,500.00	7 Payee address; City; State; Zip Code 101 Redwood Shores Pkwy Ste 125 Redwood City, CA 94065-1177	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 04/16/2018	5 Payee name REVUP Software	
6 Amount \$300.00	7 Payee address; City; State; Zip Code 101 Redwood Shores Pkwy Ste 125 Redwood City, CA 94065-1177	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 05/02/2018	5 Payee name REVUP Software	
6 Amount \$500.00	7 Payee address; City; State; Zip Code 101 Redwood Shores Pkwy Ste 125 Redwood City, CA 94065-1177	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Software
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense      Event Expense      Office Overhead/Rental      Solicitation/Fundraising Expense  
 Accounting/Banking      Fees      Polling Expense      Transportation Equipment & Related  
 Consulting Expense      Food/Beverage Expense      Printing Expense      Expense  
 Contributions/Donations Made By      Gift/Awards/Memorials Expense      Salaries/Wages/Contract Labor      Travel In District  
 Candidate/Officeholder/Political      Legal Services      Travel Out of District  
 Committee      Other (enter a category not listed above)  
 Credit Card Payment

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 06/04/2018	5 Payee name REVUP Software	
6 Amount \$500.00	7 Payee address; City: State: Zip Code 101 Redwood Shores Pkwy Ste 125 Redwood City, CA 94065-1177	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 05/18/2018	5 Payee name Road Women Democratic Club	
6 Amount \$150.00	7 Payee address; City: State: Zip Code PO Box 22678 Houston, TX 77227-2678	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Conference, Convention, Meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 01/01/2018	5 Payee name Carroll Robinson	
6 Amount \$750.00	7 Payee address; City: State: Zip Code 3401 Prospect St Houston, TX 77004-7811	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 01/31/2018	5 Payee name Carroll Robinson	
6 Amount \$750.00	7 Payee address; City: State: Zip Code 3401 Prospect St Houston, TX 77004-7811	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 03/01/2018	5 Payee name Carroll Robinson	
6 Amount \$750.00	7 Payee address; City: State: Zip Code 3401 Prospect St Houston, TX 77004-7811	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 04/11/2018	5 Payee name Carroll Robinson	
6 Amount \$750.00	7 Payee address; City: State: Zip Code 3401 Prospect St Houston, TX 77004-7811	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
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**

2018475

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense      Event Expense      Office Overhead/Rental      Solicitation/Fundraising Expense  
Accounting/Banking      Fees      Polling Expense      Transportation Equipment & Related  
Consulting Expense      Food/Beverage Expense      Printing Expense      Expense  
Contributions/Donations Made By      Gift/Awards/Memorials Expense      Salaries/Wages/Contract Labor      Travel In District  
Candidate/Officeholder/Political      Legal Services      Travel Out of District  
Committee      Other (enter a category not listed above)  
Credit Card Payment

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 05/11/2018	5 Payee name Carroll Robinson	
6 Amount \$750.00	7 Payee address; City: State: Zip Code 3401 Prospect St Houston, TX 77004-7811	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 06/06/2018	5 Payee name Carroll Robinson	
6 Amount \$750.00	7 Payee address; City: State: Zip Code 3401 Prospect St Houston, TX 77004-7811	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contractor Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 03/02/2018	5 Payee name Serena Roosevelt	
6 Amount \$800.00	7 Payee address; City: State: Zip Code 1251 Bellair Way Menlo Park, CA 94025-6612	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 04/10/2018	5 Payee name Serena Roosevelt	
6 Amount \$105.00	7 Payee address; City: State: Zip Code 1251 Bellair Way Menlo Park, CA 94025-6612	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement of recruitment job posting for
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 04/10/2018	5 Payee name Serena Roosevelt	
6 Amount \$3,000.00	7 Payee address; City: State: Zip Code 1251 Bellair Way Menlo Park, CA 94025-6612	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 05/10/2018	5 Payee name Serena Roosevelt	
6 Amount \$3,000.00	7 Payee address; City: State: Zip Code 1251 Bellair Way Menlo Park, CA 94025-6612	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense      Event Expense      Office Overhead/Rental      Solicitation/Fundraising Expense  
 Accounting/Banking      Fees      Polling Expense      Transportation Equipment & Related  
 Consulting Expense      Food/Beverage Expense      Printing Expense      Expense  
 Contributions/Donations Made By      Gift/Awards/Memorials Expense      Salaries/Wages/Contract Labor      Travel In District  
 Candidate/Officeholder/Political      Legal Services      Travel Out of District  
 Committee      Other (enter a category not listed above)  
 Credit Card Payment

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 06/07/2018	5 Payee name Serena Roosevelt	
6 Amount \$179.00	7 Payee address; City: State: Zip Code 1251 Bellair Way Menlo Park, CA 94025-6612	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Purchase of Software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 06/07/2018	5 Payee name Serena Roosevelt	
6 Amount \$3,000.00	7 Payee address; City: State: Zip Code 1251 Bellair Way Menlo Park, CA 94025-6612	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 06/21/2018	5 Payee name Serena Roosevelt	
6 Amount \$36.85	7 Payee address; City: State: Zip Code 1251 Bellair Way Menlo Park, CA 94025-6612	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for contractor taxis
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related
Consulting Expense	Food/Beverage Expense	Printing Expense	Expense
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel In District
Candidate/Officeholder/Political	Legal Services		Travel Out of District
Committee			Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 06/21/2018	5 Payee name Serena Roosevelt	
6 Amount \$39.35	7 Payee address; City: State: Zip Code 1251 Bellair Way Menlo Park, CA 94025-6612	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for contractor taxis
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 06/21/2018	5 Payee name Serena Roosevelt	
6 Amount \$45.82	7 Payee address; City: State: Zip Code 1251 Bellair Way Menlo Park, CA 94025-6612	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for contractor taxis
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 06/21/2018	5 Payee name Serena Roosevelt	
6 Amount \$50.12	7 Payee address; City: State: Zip Code 1251 Bellair Way Menlo Park, CA 94025-6612	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for contractor taxis
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:		2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)	
4 Date 06/21/2018		5 Payee name Serena Roosevelt			
6 Amount \$88.40		7 Payee address; City; State; Zip Code 1251 Bellair Way Menlo Park, CA 94025-6612			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Travel Out Of District		(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for contractor plane tickets	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
4 Date 02/09/2018		5 Payee name Jennifer Soros			
6 Amount \$250.00		7 Payee address; City; State; Zip Code 70A Greenwich Ave New York, NY 10011-8300			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) OTHER (enter a category not listed above)		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund of Contribution on 2.08.2018	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
4 Date 03/12/2018		5 Payee name Southwest Airlines			
6 Amount \$232.50		7 Payee address; City; State; Zip Code 2702 Love Field Dr Dallas, TX 75235-1908			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Travel Out Of District		(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airfare	
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense      Event Expense      Office Overhead/Rental      Solicitation/Fundraising Expense  
 Accounting/Banking      Fees      Polling Expense      Transportation Equipment & Related  
 Consulting Expense      Food/Beverage Expense      Printing Expense      Expense  
 Contributions/Donations Made By      Gift/Awards/Memorials Expense      Salaries/Wages/Contract Labor      Travel In District  
 Candidate/Officeholder/Political      Legal Services      Travel Out of District  
 Committee      Other (enter a category not listed above)  
 Credit Card Payment

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 05/08/2018	5 Payee name Southwest Airlines	
6 Amount \$198.98	7 Payee address;      City;      State:      Zip Code 2702 Love Field Dr Dallas, TX 75235-1908	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airfare
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
4 Date 05/08/2018	5 Payee name Southwest Airlines	
6 Amount \$379.79	7 Payee address;      City;      State:      Zip Code 2702 Love Field Dr Dallas, TX 75235-1908	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Travel Out Of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airfare
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
4 Date 05/09/2018	5 Payee name Spirit Airlines	
6 Amount \$158.19	7 Payee address;      City;      State:      Zip Code 2800 Executive Way Miramar, FL 33025-6542	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Travel Out Of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airfare
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related
Consulting Expense	Food/Beverage Expense	Printing Expense	Expense
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel In District
Candidate/Officeholder/Political	Legal Services		Travel Out of District
Committee			Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 02/28/2018	5 Payee name Texas Coalition of Black Democrats	
6 Amount \$250.00	7 Payee address; City: State: Zip Code PO Box 570793 Dallas, TX 75357-0793	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 04/20/2018	5 Payee name Texas Democratic Party	
6 Amount \$1,375.00	7 Payee address; City: State: Zip Code 1106 Lavaca St Ste 100 Austin, TX 78701-2170	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter File Access
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 04/23/2018	5 Payee name Texas Democratic Party	
6 Amount \$1,375.00	7 Payee address; City: State: Zip Code 1106 Lavaca St Ste 100 Austin, TX 78701-2170	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter File Access
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 06/29/2018	5 Payee name Juana Torres	
6 Amount \$4,838.26	7 Payee address; City; State; Zip Code 678 Stonewall St San Antonio, TX 78214-1908	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salaries and Wages
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 03/12/2018	5 Payee name United Airlines	
6 Amount \$462.00	7 Payee address; City; State; Zip Code 233 S Wacker Dr Chicago, IL 60606-7147	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Travel Out Of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airfare
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 05/14/2018	5 Payee name United Airlines	
6 Amount \$258.95	7 Payee address; City; State; Zip Code 233 S Wacker Dr Chicago, IL 60606-7147	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Travel Out Of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airfare
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense      Event Expense      Office Overhead/Rental      Solicitation/Fundraising Expense  
 Accounting/Banking      Fees      Polling Expense      Transportation Equipment & Related  
 Consulting Expense      Food/Beverage Expense      Printing Expense      Expense  
 Contributions/Donations Made By      Gift/Awards/Memorials Expense      Salaries/Wages/Contract Labor      Travel In District  
 Candidate/Officeholder/Political      Legal Services      Travel Out of District  
 Committee      Other (enter a category not listed above)  
 Credit Card Payment

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 01/31/2018	5 Payee name USPS	
6 Amount \$136.38	7 Payee address; City: State: Zip Code 1000 W Walnut St Garland, TX 75040-5690	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage and Shipping
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 02/20/2018	5 Payee name USPS	
6 Amount \$40.00	7 Payee address; City: State: Zip Code 1000 W Walnut St Garland, TX 75040-5690	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage and Shipping
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 04/09/2018	5 Payee name USPS	
6 Amount \$30.00	7 Payee address; City: State: Zip Code 1000 W Walnut St Garland, TX 75040-5690	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage and Shipping
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 05/29/2018	5 Payee name USPS	
6 Amount \$20.00	7 Payee address; City: State: Zip Code 1000 W Walnut St Garland, TX 75040-5690	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage and Shipping
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 01/16/2018	5 Payee name Verizon Wireless	
6 Amount \$44.10	7 Payee address; City: State: Zip Code PO Box 15023 Worcester, MA 01615-0023	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Phone
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 02/21/2018	5 Payee name Verizon Wireless	
6 Amount \$33.08	7 Payee address; City: State: Zip Code PO Box 15023 Worcester, MA 01615-0023	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Phone
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

### 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 Labor

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 04/11/2018	5 Payee name Verizon Wireless	
6 Amount \$33.08	7 Payee address; City: State: Zip Code PO Box 15023 Worcester, MA 01615-0023	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Phone
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 01/01/2018	5 Payee name Sean Walker	
6 Amount \$141.00	7 Payee address; City: State: Zip Code 4222 Luckenbach Rd San Antonio, TX 78251-4306	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 01/23/2018	5 Payee name Sean Walker	
6 Amount \$162.00	7 Payee address; City: State: Zip Code 4222 Luckenbach Rd San Antonio, TX 78251-4306	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense      Event Expense      Office Overhead/Rental      Solicitation/Fundraising Expense  
 Accounting/Banking      Fees      Polling Expense      Transportation Equipment & Related  
 Consulting Expense      Food/Beverage Expense      Printing Expense      Expense  
 Contributions/Donations Made By      Gift/Awards/Memorials Expense      Salaries/Wages/Contract Labor      Travel In District  
 Candidate/Officeholder/Political      Legal Services      Travel Out of District  
 Committee      Other (enter a category not listed above)  
 Credit Card Payment

The instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 01/31/2018	5 Payee name Sean Walker	
6 Amount \$213.00	7 Payee address; City: State: Zip Code 4222 Luckenbach Rd San Antonio, TX 78251-4306	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 02/22/2018	5 Payee name Sean Walker	
6 Amount \$225.00	7 Payee address; City: State: Zip Code 4222 Luckenbach Rd San Antonio, TX 78251-4306	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 03/02/2018	5 Payee name Sean Walker	
6 Amount \$183.00	7 Payee address; City: State: Zip Code 4222 Luckenbach Rd San Antonio, TX 78251-4306	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
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**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 03/19/2018	5 Payee name Sean Walker	
6 Amount \$246.00	7 Payee address; City: State: Zip Code 4222 Luckenbach Rd San Antonio, TX 78251-4306	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 04/01/2018	5 Payee name Sean Walker	
6 Amount \$69.00	7 Payee address; City: State: Zip Code 4222 Luckenbach Rd San Antonio, TX 78251-4306	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 04/17/2018	5 Payee name Sean Walker	
6 Amount \$237.00	7 Payee address; City: State: Zip Code 4222 Luckenbach Rd San Antonio, TX 78251-4306	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense      Event Expense      Office Overhead/Rental      Solicitation/Fundraising Expense  
 Accounting/Banking      Fees      Polling Expense      Transportation Equipment & Related  
 Consulting Expense      Food/Beverage Expense      Printing Expense      Expense  
 Contributions/Donations Made By      Gift/Awards/Memorials Expense      Salaries/Wages/Contract Labor      Travel In District  
 Candidate/Officeholder/Political      Legal Services      Travel Out of District  
 Committee      Other (enter a category not listed above)  
 Credit Card Payment

The instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Lina M. Hidalgo	3. Filer ID (Ethics Commission Filers)
4 Date 05/07/2018	5 Payee name Sean Walker	
6 Amount \$174.00	7 Payee address;      City;      State:      Zip Code 4222 Luckenbach Rd San Antonio, TX 78251-4306	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
4 Date 05/30/2018	5 Payee name Sean Walker	
6 Amount \$246.00	7 Payee address;      City;      State:      Zip Code 4222 Luckenbach Rd San Antonio, TX 78251-4306	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
4 Date 06/06/2018	5 Payee name Sean Walker	
6 Amount \$96.00	7 Payee address;      City;      State:      Zip Code 4222 Luckenbach Rd San Antonio, TX 78251-4306	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense      Event Expense      Office Overhead/Rental      Solicitation/Fundraising Expense  
 Accounting/Banking      Fees      Polling Expense      Transportation Equipment & Related  
 Consulting Expense      Food/Beverage Expense      Printing Expense      Expense  
 Contributions/Donations Made By      Gift/Awards/Memorials Expense      Salaries/Wages/Contract Labor      Travel In District  
 Candidate/Officeholder/Political      Legal Services      Travel Out of District  
 Committee      Other (enter a category not listed above)  
 Credit Card Payment

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:		2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)	
4 Date 06/26/2018		5 Payee name Scan Walker			
6 Amount \$225.00		7 Payee address; City: State: Zip Code 4222 Luckenbach Rd San Antonio, TX 78251-4306			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
4 Date 01/22/2018		5 Payee name WPY Action Network			
6 Amount \$250.00		7 Payee address; City: State: Zip Code 350 Convention Way Ste 200 Redwood City, CA 94063-1436			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising & Marketing	
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

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

## SCHEDULE K

The Instruction Guide explains how to complete this form.		1. Total pages Schedule K: not available
2. FILER NAME Lina M. Hidalgo		3. Filer ID (Ethics Commission Filers)
4. Date 01/16/2018	5 Name of person from whom amount is received Nationbuilder  6 Address of person from whom amount is received; City; State; Zip Code 520 S Grand Ave Los Angeles, CA 90071-2600  7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	8 Amount \$1,200.00
4. Date 06/18/2018	5 Name of person from whom amount is received Texas Comptroller of Public Accounts  6 Address of person from whom amount is received; City; State; Zip Code PO Box 13528 Austin, TX 78711-3528  7 Purpose for which amount is received Refund of payroll taxes <input type="checkbox"/> Check if political contribution returned to filer	8 Amount \$185.07

**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 explains how to complete this form.		1. 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 / Payee Southwest Airlines			
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS			
6 Dates of travel 03/21/2018	7 Name of person(s) traveling Lina Hidalgo		
	8 Departure city or name of departure location Houston		
	9 Destination city or name of destination location San Jose, CA		
10 Means of transportation COMMAIR		11 Purpose of travel (including name of conference, seminar, or other event) Fundraising trip to CA	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee United Airlines			
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS			
6 Dates of travel 03/24/2018	7 Name of person(s) traveling Lina Hidalgo		
	8 Departure city or name of departure location San Francisco, 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) Fundraising trip from CA	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Southwest Airlines			
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS			
6 Dates of travel 05/15/2018	7 Name of person(s) traveling Elizabeth Doyel		
	8 Departure city or name of departure location Austin, TX		
	9 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) Airfare to a CA Fundraiser	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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. Filer ID (Ethics Commission Filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Spirit Airlines			
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS			
6 Dates of travel 5/15/2018		7 Name of person(s) traveling Lina Hidalgo	
		8 Departure city or name of departure location Houston, TX	
		9 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) Airfare to CA Fundraiser	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee United Airlines			
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input checked="" type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS			
6 Dates of travel 5/16/2018 And 05/16/2018		7 Name of person(s) traveling Lina Hidalgo	
		8 Departure city or name of departure location San Francisco, CA	
		9 Destination city or name of destination location Houston, CA	
10 Means of transportation COMMAIR		11 Purpose of travel (including name of conference, seminar, or other event) Airfare to CA Fundraiser	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee American Airlines			
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS			
6 Dates of travel 5/16/2018		7 Name of person(s) traveling Lina Hidalgo	
		8 Departure city or name of departure location Los Angeles, CA	
		9 Destination city or name of destination location San Jose, CA	
10 Means of transportation COMMAIR		11 Purpose of travel (including name of conference, seminar, or other event) Airfare for CA Fundraiser	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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. Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Serena Roosevelt		
5 Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel 05/15/2018	7 Name of person(s) traveling Serena Roosevelt	
	8 Departure city or name of departure location San Francisco, CA	
	9 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) Airfare to CA Fundraiser	

### RECORDER'S MEMORANDUM:

At the time of recordation, this instrument was found to be inadequate for the best photographic reproduction because of illegibility, carbon or photo copy, discolored paper, etc. All blockouts, additions and changes were present at the time the instrument was filed and recorded.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED