

Official Public Records of Harris County Diane Trautman County Clerk

Campaign Finance Report



Diane Trantman

COUNTY CLERK HARRIS COUNTY, TEXAS

FileNo:

201975

Received By Clerk:

1/15/2019

File Date:

January 15, 2019

Office:

County Tax Assessor-Collector

Candidate:

Bennett, Ann Harris

Treasurer:

Thurlow, Thomas

Category:

Contributions And Expenditures

Delivered By:

Courier

Type:

COR

**Harris County No Fee** 

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT					COVER SHEET PG 1	
The C/OH Instruction (	Guide explains how to	complete this form.	1 Filer ID		2 Total pages	filed: 23
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST	•	MI	OFFICE	USE ONLY
NAME		Ann Harris			Date Received	
	NICKNAME	LAST Bennett		SUFFIX		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;	APT / SUITE #; (	CITY;	ZIP CODE	Date Hand-delivered	d or Date Postmarked
MAILING	Woodway Tower				Desciot #	[4
ADDRESS	4900 Woodway Driv	e #1040			Receipt #	Amount
Change of Address	Houston, TX 77056				Date Processed	<u> </u>
					Date Imaged	·
5 CAMPAIGN TREASURER	MS / MRS (MR)	FIRST	<u> </u>	MI		
NAME	Then	195		$\mathcal{N}$		,
	NICKNAME	LAST	*****************************	SUFFIX	***************************************	***************************************
***************************************	7.0m	Thurlow	)			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (N 4900 Houston	WOODWA		T/SUITE#; CITY;	S'	TATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER  224 - 4	EXTENSION 6 274		3/1	
8 REPORT TYPE	X January 15  July 15	30th day befo	fore election	Runoff Exceeded \$500 limit	appointment (o	campaign treasurer fficeholder only) utach C/OH-FR)
9 PERIOD COVERED	Month Day 07/01/2018	Year	THROUGH	Month Day 12/31/2010	Year 3	
10 ELECTION	ELECTION DA Month Day	Year	Primary General	ELECTION TYPE Runoff Special	Other	
11 OFFICE	OFFICE HELD (if any)		<del></del>	12 OFFICE SOUGHT	(if known)	
	County Tax Assesso		Registrar .	None	,	
			) TO PAGE 2	<u> </u>	9.7-10.000	
Forms provided by Te	xas Ethics Commission	3D \AAAAA/	ethics.state.tx.i	IS.	Ve	ersion V1 1 28ab6150

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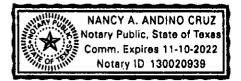
#### FORM C/OH CANDIDATE / OFFICEHOLDER REPORT: **COVER SHEET PG 2 SUPPORT & TOTALS** 2 of 23 13 C / OH NAME Bennett, Ann Harris 14 Filer ID 15 NOTICE This box is for notice of political contributions accepted or political expenditures made by political committees to support the FROM candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or **POLITICAL** consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME dditional Pages **GENERAL** COMMITTEE ADDRESS **SPECIFIC** COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS **16 CONTRIBUTION** TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES. \$ 0.00 LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **TOTALS** 2. **TOTAL POLITICAL CONTRIBUTIONS** \$ 5,250.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 3. 0.00 \$ **TOTALS** 4. **TOTAL POLITICAL EXPENDITURES** 5,799.90 \$ CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE 5. 29,411.96 \$ BALANCE REPORTING PERIOD

TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY

17 AFFADAVIT

**OUTSTANDING** 

LOAN TOTALS



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.

and	Jarris	Den	ill	
,			or Officeholder	

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed	before me, by	the said-ANN 4	farrist	ennett	. this the	1570	da
of Change and	20 10	to portificación de la companya de l					

of **fanuary**, 20 19 , to certify which, witness my hand and seal of office.

OF THE REPORTING PERIOD

Signaruje of officer administering

Printed name of officer administering

Title of officer administering oath

S

SUBTOTALS - C/OH			FORM C/OH	
			PG 3	
	T		3 of 23	
18 FILER NAME  Bennett, Ann Harris	19 Filer ID			
20 SCHEDULE SUBTOTALS		SUBTOTAL A	MOUNT	
NAME OF SCHEDULE		000,011,127		
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	750.00	
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	4,500.00	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4. SCHEDULE E: LOANS		\$		
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	s	\$	5,379.10	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ons	\$		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	420.80	
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$		
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$		

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	MONET	ARY POLITICAL CONTRIBUTIO	ONS	SCHEDULE A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/23
2	FILER NAME Bennett, Ann	Harris		3 Filer ID
4	Date 08/14/2018	<ul> <li>Full name of contributor</li></ul>	)	7 Amount of Contribution (\$) \$250.00
			<b>,,</b>	s) essor Collector & Voter Registrar
	Date 08/14/2018	Full name of contributor out-of-state PAC (ID#:_ Mauzy, Olga Contributor address; City; State; Zip Code 2211 Tannehill Dr. Houston, TX 77008		Amount of Contribution (\$) \$500.00
		pation / Job title (See Instructions) f - Administration & Auto	essor Collector & Voter Registrar	

Page - (

	ONETARY (IN-KIND) POLITICAL RIBUTIONS	L	SCHEDULE A2
The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A2:
2 FILER NAME			Sch: 1/2 Rpt: 5/23
Bennett, An			3 Filer ID
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 07/01/2018 6 Full name of contributorout-of-state PAC (ID#:) Thurlow, Thomas N. (Mr.) 7 Contributor address; City; State; Zip Code Woodway Tower 4900 Woodway Drive #1040 Houston, TX 77056 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Lawyer  11 Employer (FOR NON Self			
12 Contributors	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 contributo	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 08/01/2018	Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution description \$750.00   campaign office space & staff assistance  Check if travel outside of Texas. Complete Schedule T.
Principal occi Lawyer	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON Self	<u> </u>
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 09/01/2018	Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution description \$750.00   campaign office space & staff assistance  Check if travel outside of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
Lawyer		Self	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	Contributor's employer/law firm (FOR JUDICIAL)		or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	
Forms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V1.1.28ab615

	ONETARY (IN-KIND) POLITICAL IBUTIONS	<u>1</u>		SCHEDULE A2
	ction Guide explains how to complete this f	orm.	1 Total pages Sch Sch: 2/2 Rpt:	
2 FILER NAME Bennett, Ani			3 Filer ID	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	
10/01/2018			contribution (\$) \$750.00	l Joutside of Texas. Complete Schedule T,
10 Principal occu Lawyer	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON Self	I-JUDICIAL) (See in	nstructions)
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 contribute	or's spouse (if any) (i	FOR JUDICIAL)
16 If contributor i	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/01/2018	Full name of contributorout-of-state PAC (ID#:Thurlow, Thomas N. (Mr.)  Contributor address; City; State; Zip Code Woodway Tower  4900 Woodway Drive #1040 Houston, TX 77056			In-kind contribution description Campaign office & staff assistance Included the staff of the st
Principal occu Lawyer	pation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON Self		nstructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spause (if any) (i	FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/01/2018	Full name of contributor out-of-state PAC (ID#:			In-kind contribution description Campaign office space & staff assistance
Principal occu Lawyer	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		nstructions)
	principal occupation (FOR JUDICIAL)	Self Contributor's job title	(FOR JUDICIAL)	(See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (	FOR JUDICIAL)
	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I		
⊢orms provided	by Texas Ethics Commission www.ethic	s.state.tx.us		Version V1.1.28ab6150

<b>POLITICAL EXPENDITURES FROM POLITICAL</b>
CONTRIBUTIONS

CONTRIBUTIONS					
	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Travel Out of District Travel Out of District Travel Out of District Travel Out of District OTHER (enter a category not listed above)				
	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1: Sch: 1/16 Rpt: 7/23	2 FILER NAME 3 Filer ID Bennett, Ann Harris				
4 Date	5 Payee name				
07/03/2018	AT&T Mobility				
6 Amount (\$) \$138.12	7 Payee address; City; State; Zip Code PO Box 92045  Arlington, TX 76004				
s = ==================================					
8 PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Mobile Phone Service Fee				
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H				
Date	Payee name				
09/03/2018	AT&T Mobility				
Amount (\$) \$138.00	Payee address; City; State; Zip Code PO Box 92045  Arlington, TX 76004				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Mobile Phone Service Fee				
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H				
Date	Payee name				
10/01/2018	AT&T Mobility				
Amount (\$) \$138.00	Payee address; City; State; Zip Code PO Box 92045				
	Arlington, TX 76004				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Mobil Phone Service Fee				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H				

SCHEDULE F1

EXPENDITURE	CATEGODIES	EOD BOY 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID
Sch: 2/16 Rpt: 8/23	Bennett, Ann Harris	
4 Date	5 Payee name	•
10/27/2018	AT&T Mobility	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$150.05	PO Box 92045	
to.		
<i>'</i>	Arlington, TX 76004	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Mobil Phone Service Fee
		Masin't Hollo delivide ( de
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O	1	
Date	Payee name	
08/07/2018	AT&T Mobility	
Amount (\$)	Payee address; City; State; Zip Code	
\$143.02	PO Box 92045	
	Arlington, TX 76004	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, efficeholder living expense Mobil Phone Service
		Model Hote Scivice
Complete QNLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O		
Date	Payee name	***
10/09/2018	AT&T Mobility	
Amount (\$)	Payee address; City; State; Zip Code	
\$138.00	PO Box 92045	
	Arlington, TX 76004	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Mobil Service Fee
		MODII OCIVIDO I CC
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O		// <del></del>

		EXPENDITURE CATEGORIES FOR BOX 8(a)
	Advertising Expense Accounting Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1; Sch: 3/16 Rpt: 9/23	2 FILER NAME Bennett, Ann Harris
4	Date 08/30/2018	Payee name Acres of Angels
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code P.O. Bex 38027  Houston, TX 77238
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Senior Citizens Banquet
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/05/2018	Cavatore Italian Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.50	2120 Ella Blvd.
		Houston, TX 77008
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Constituent Lunch
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	07/26/2018	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.97	1601 Trapelo Rd. #329
		Waltham, MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Social Media - Email
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica	
L	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 4/16 Rpt: 10/23	Bennett, Ann Harris
4	Date	5 Payee name
	08/27/2018	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.97	1601 Trapelo Rd. #329
l	1	Waltham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
	!	Social Media - Email
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ĺ	expenditure to benefit C/Oh	
	Date	Payee name
	09/26/2018	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.97	1601 Trapelo Rd. #329
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	1	Check if Austin, TX, officeholder living expense  Social Media - Email
	!	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	10/26/2018	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	<b>\$</b> 47.97	1601 Trapelo Rd. #329
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check If travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Social Media - Email
	1	Joean Media - Email
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Contributions/ Donations Made By -Printing Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 5/16 Rpt: 11/23 Bennett, Ann Harris Date Pavee name 11/26/2018 Constant Contact Payee address: State; Zip Code Amount (\$) City: \$47.97 1601 Trapelo Rd. #329 Waltham, MA 02451 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OE. Check if travel outside of Texas. Complete Schedule Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Social Media - Email Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/26/2018 Constant Contact Amount (\$) Payee address; City; Zip Code State; \$47.97 1601 Trapelo Rd. #329 Waltham, MA 02451 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Social Media - Email Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/31/2018 **Gringos** Amount (\$) Payee address; City; State; Zip Code \$145.80 12348 Gulf Fwy Houston, TX 77034 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Constituent Dinner Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## 201975

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense Fees
Food/Beverage Expense
Gih/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 6/16 Rpt: 12/23 Bennett, Ann Harris Date Payee name 10/15/2018 Hanging Tough City; 6 Amount (\$) Payee address; State: Zip Code \$250.00 P.O. Box 88346 Houston, TX 77288 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Survivors Day Luncheon Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/11/2018 Harris County Tejano Democrats Amount (\$) Payee address; City; State; Zip Code \$250.00 3213 Houston Avenue Houston, TX 77009 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense 22nd Annual Roast & Toast Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/02/2018 Harris County Toll Road Authority Amount (\$) Payee address; City: State; Zip Code \$1.75 1855 S. Sam Houston Tollway W Houston, TX 77047 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Toll Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID
Sch: 7/16 Rpt: 13/23	Bennett, Ann Harris	
4 Date	5 Payee name	
07/13/2018	Jason's Deli #167	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$89.49	4555 Garth Road #300	
	Baytown, TX 77521	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF .	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Baytown Branch of the Month Lunch
<ol> <li>Complete <u>ONLY</u> if direct expenditure to benefit C/O</li> </ol>	Candidate/Officeholder name Office sou	ght Office held
Date		100
11/06/2018	Payee name  Muy Pizza Houston	
Amount (\$) \$688.20	Payee address; City; State; Zip Co 906 St. Emmanuel	de
<b>Ф000.20</b>	900 St. Emmander	
	Houston, TX 77003	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Election Day Lunch for Tax Office Employees
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		
Date	Payee name	
07/13/2018	NationBuilder	
Amount (\$)	Payee address; City; State; Zip Ci	ode
\$89.00	520 S. Grand Avenue - 2nd Floor	
	· ·	·
	Los Angeles, CA 90071	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Website
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	H	

**********	EXPENDITURE CATEGORIES	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political	Fees Office Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Sexpense Travel in District Travel Out of District OTHER (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	o complete this form.
Sch: 8/16 Rpt: 14/23	2 FILER NAME  Bennett, Ann Harris	3 Filer ID
Date 08/13/2018	5 Payee name NationBuilder	
\$ Amount (\$) \$89.00	7 Payee address; City; State; Zip 520 S. Grand Avenue - 2nd Floor  Los Angeles, CA 90071	Code
B PURPOSE OF EXPENDITURE	(a) Category (See Categories fisted at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, afficeholder living expense Campaign Website
Complete ONLY if direct expenditure to benefit C/OF		sought Office held
Date	Payee name	
09/13/2018	NationBuilder	
Amount (\$) \$89.00	Payee address; City; State: Zip 520 S. Grand Avenue - 2nd Floor Los Angeles, CA 90071	Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Website
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office	sought Office held
Date 10/15/2018	Payee name NationBuilder	
Amount (\$) \$89.00	Payee address; City; State; Zip 520 S. Grand Avenue - 2nd Floor Los Angeles, CA 90071	Code
PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Advertising Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder fiving expense  Campaign Website

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### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Credit Card Payment		The Instruction Guide		-	lete this form.	oove
1	Total pages Schedule F1:				•	3 Filer ID	
	Sch: 9/16 Rpt: 15/23	Bennett, Ann	n Harris				
4	Date	5 Payee name					••
	11/13/2018	NationBuilde	ır				
6	Amount (\$)	7 Payee addres	s; City;	State; Zíp Co	ode		
	\$89.00	<b>520</b> S. Gran	d Avenue - 2nd Flo	oor			
		Los Angeles	, CA 90071				
8	PURPOSE	(a) Category (See	e Categories listed at the to	p of this schedule)	(b)	Description	
	OF EXPENDITURE	Advertising 6	Expense		ł	Check if travel outside of Texas. Complete Schedule T.	
						Check if Austin, TX, officeholder living expense	
				<b>&gt;</b>		Campaign Website	
9	Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	uabt	Office held	
9	expenditure to benefit C/O		enolger name	Office soc	ıgnı	Office field	
	Date						
	12/14/2018	Payee name NationBuilde	Y				
	Amount (\$)	Payee addres	484	State; Zip Co	ndo	· · · · · · · · · · · · · · · · · · ·	
	\$89.00	-	s,		Jue		
	Ψ03.00	320 S. Gian	a Avenue - Zna i	COI			
		Los Angeles	CA 90071				
	DUDDOGE	_					
	PURPOSE OF		e Categories listed at the to	op of this schedule)	(p)		
	EXPENDITURE	Advertising I	=xpense			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
				4	utili	Campaign Website	
	Complete ONLY if direct	Candidate/Offic	eholder name	Office so.	ught	Office held	
	expenditure to benefit C/Oł	H 		***	<b>к</b> .		
-	Date	Payee name					
	12/31/2018	Ninfa's Mexi	can Restaurant				
	Amount (\$)	Payee addres	s; City;	State; Zip Co	ode		
	\$211.18	2704 Naviga	ition				
		Houston, TX	77003				
	PURPOSE	(a) Category (Se	e Categories listed at the to	p of this schedule)	(b)	Description	
	OF EXPENDITURE		age Expense	•		Check if travel outside of Texas. Complete Schedule T.	
						Check if Austin, TX, officeholder living expense	
						Staff Luncheon	
	Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	l op.	Otto Kold	
	expenditure to benefit C/O		enduci name	Office SOL	aynt	Office held	

SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

Solicitation/Fundraising Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 10/16 Rpt: 16/23	Bennett, Ann Harris
4	Date	5 Payee name
	12/16/2018	Pappas Seafood Seafood
6	Amount (\$)	7 Payee address; City: State; Zip Code
	\$142.67	6945 I45S
		Houston, TX 77087
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Constituent Lunch
Ļ	One-lan Ohll M. W. Paran	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
dash		
	Date 08/01/2018	Payee name
_		Renaissance - Austin Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	9721 Arboretum Blvd.
L		Austin, TX 78759
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Constituent Lunch
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
ſ	Date	Payee name
	09/26/2018	Rice University Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.00	1900 Rice Blvd.
		Houston, TX 77005
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Parking Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		
ΕO	rms provided by Texas E	hics Commission www.ethics.state.bc.us Version V1.1.28ab6150
		version VIII Zaana 150

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### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

EXPENDITURE	<b>CATEGORIES</b>	FOR	<b>BOX</b>	8(a)	)
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Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selarise/Manae/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (exter a category not listed above)

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to co	_	Contract Labor OTHER (enter a category not listed above) ste this form.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID
Sch: 11/16 Rpt: 17/23	Bennett, Ann Harris		
4 Date	5 Payee name		
10/12/2018	Sheraton Sultes Houston Galleria		
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Co 2400 West Loop South Houston, TX 77027	ode	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Valet Parking
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	Jght	Office held
Date	Payee name		
07/16/2018	Treebeards on Market Square		
Amount (\$) \$15.80	Payee address; City; State; Zip C 315 Travis Street Houston, TX 77002	ode	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense.  Constituent Lunch
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soil	ight	Office held
Date 07/09/2018	Payee name Vaskey Media Group Inc.		
Amount (\$) \$500.00	Payee address; City; State; Zip Ci 7322 Southwest Freeway #800 Houston, TX 77074	ode	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  2018 Top Influence Women In Houston
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soil	ught	Office held

POLITICAL EXI		RES FROM PO	LITICAL	•	SCHEDULE F1
		EXPENDITURE CATE	GORIES FOR	BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repay Office Overt Polling Expe Printing Exp Salaries/Wa	ment/Reimbursement ead/Rental Expense nse ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
T		The Instruction Guide expla	ins now to com	plete this form.	To all to
. •	2 FILER NAM				3 Filer ID
Sch: 12/16 Rpt: 18/23	Bennett, A	nn Harris			
Date	5 Payee name	•			
08/15/2018	Vaskey Me	edia Group Inc.			
Amount (\$) \$500.00	7 Payee addre 7322 Sout #800 Houston, 1	nwest Freeway	tate; Zip Cod	9	
PURPOSE OF EXPENDITURE	(a) Category (a) Event Exp	See Categories listed at the top of this	s schedule)	Check if Austi	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense ial Women in Houston
Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office soug	nt	Office held
Date 07/02/2018	Payee name Wells Farg	o Merchant Services			
Amount (\$) \$30.20	Payee addr P.O. Box 6 Hagerstow		tate; Zip Cod		1400
PURPOSE OF EXPENDITURE	(a) Category ( Accounting	See Categories listed at the top of thi n/Banking	s schedule)	j-mi	I outside of Texas. Complete Schedule To in, TX, officeholder living expense Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office soug	nt	Office held
Date	Payee name	9			
07/10/2018	Wells Fam	o Merchant Services			

EAFENDITORE	, ,		Check if Austin, TX, officeholder living expense  Bank Card Fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sough	office held
Date	Payee name		
07/10/2018	Wells Fargo Merchant Services	3	
Amount (\$)	Payee address; City;	State; Zip Code	
\$43.25	P.O. Box 6600 Hagerstown, MA 21740		
PURPOSE			
OF	(a) Category (See Categories listed at the top	of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking		Check if Austin, TX, officeholder living expense
			Leased Equipment
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sough	office held

SCHEDULE F1

EXPENDITURE	<b>CATEGORIES</b>	FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OXHER Lorenze a selegopy and listed above)

	Credit Card Payment	Committee	The Instruction Guide		_	ete this form.	OTHER (enter a ca	ategory not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3 Filer ID	
	Sch: 13/16 Rpt: 19/23	Bennett, Ar	ın Harris					
4	Date	5 Payee name						
	07/12/2018		Merchant Services					
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode	·	, ,	
	\$25.00	P.O. Box 60	500					
		Hagerstowi	n, MA 21740					
8	PURPOSE OF		ee Categories listed at the top	of this schedule)	(b)	Description		
	EXPENDITURE	Accounting	/Banking			<del>  </del>	outside of Texas. Comple TX, officeholder living e	
						Bank Card Fe		
9	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office sou	ight		Office held	i ( )
	expanditure to benefit C/O/	1 						
	Date	Payee name			0000			
	08/10/2018	Wells Fargo	Merchant Services					
	Amount (\$)	Payee addre		State; Zip Ci	ode			
	\$25.00	P.O. Box 6	300					
				**************************************				
****			n, MA 21740		,			
	PURPOSE OF		ee Categories listed at the top	of this schedule)	(b)	Description	uteida al Tayon Camal	nto Cahadulo T
	EXPENDITURE	Accounting	вапкing			=	outside of Texas. Compl . TX, officeholder living e	
	<b>**</b>					Bank Card Fe	ee	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Off H	ceholder name	Office sou	ıght		Office held	d
_								
	Date	Payee name						
_	08/10/2018		Merchant Services					
	Amount (\$)	Payee addre	•	State; Zip Co	ode			
ŀ	\$43.25	P.O. Box 6	500					
		Hagaratou	NAA 21740					
_	PURPOSE		n, MA 21740		I			
ŀ	OF	(a) Category (s Accounting	ee Categories listed at the top /Ranking	of this schedule)	(b)	Description Check if travel of	outside of Texas. Compli	ete Schedule T.
	EXPENDITURE	, toobarting	Daming			_	TX, officeholder living e	
	i					Leased Equip	ment	
_	Complete ONLY & alliant	Consideration			Ļ			
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office sou	ıght		Office held	d
<u> </u>								
1								

CONTRIBUTION	NS		
		ATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense nse Printing Expense Salaries/Wages/Contract Labor explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME		3 Filer ID
Sch: 14/16 Rpt: 20/23	Bennett, Ann Harris		
Date 09/10/2018	5 Payee name Wells Fargo Merchant Services		
Amount (\$) \$43.25	7 Payee address; City; P.O. Box 6600 Hagerstown, MA 21740	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Accounting/Banking	Check if travel of	outside of Texas. Complete Schedule T. , TX, officeholder living expense oment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name H	Office sought	Office held
Date	Payee name		
09/13/2018	Wells Fargo Merchant Services	* * * * * * * * * * * * * * * * * * * *	
Amount (\$) \$25.00	Payee address; City; P.O. Box 6600  Hagerstown, MA 21740	State; Zip Code	
PURPOSE	(a) Category (See Categories listed at the top	of this schedule) (b) Description	<del></del>
OF EXPENDITURE	Accounting/Banking	Check if travel of	outside of Texas. Complete Schedule T., TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date	Payee name		
10/10/2018	Wells Fargo Merchant Services	<b>;</b>	
Amount (\$) \$43.25	Payee address; City; P.O. Box 6600	State; Zip Code	
	Hagerstown, MA 21740		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Accounting/Banking	Check if travel of	outside of Texas. Complete Schedule T. , TX, officeholder living expense oment
	<u></u>		

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### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gitt/Awards/Memorials Expense Polling Expense Travel in District Contributions/ Donations Made By -Printing Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 15/16 Rpt: 21/23 Bennett, Ann Harris Date Payee name 10/11/2018 Wells Fargo Merchant Services Amount (\$) Payee address; City: State: Zip Code \$25.00 P.O. Box 6600 Hagerstown, MA 21740 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking EXPENDITURE Check if Austin, TX, officeholder living expense Bank Card Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/13/2018 Wells Fargo Merchant Services Amount (\$) Pavee address: City: State, Zip Code \$25.00 P.O. Box 6600 Hagerstown, MA 21740 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Accounting/Banking Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Bank Card Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/13/2018 Wells Fargo Merchant Services Amount (\$) Payee address; State; Zip Code \$43.25 P.O. Box 6600 Hagerstown, MA 21740 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense **Leased Equipment** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID				
	Sch: 16/16 Rpt: 22/23	Bennett, Ann Harris				
4	Date	5 Payee name				
	12/10/2018	Wells Fargo Merchant Services				
_						
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$43.25	P.O. Box 6600				
		Hagerstown, MA 21740				
	PURPOSE					
0	OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Leased Equipment				
		Ecused Equipment				
	0 1 0 0 0 0 0 0					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	12/12/2018	Wells Fargo Merchant Services				
	Amount (\$)	Payee address; City; State: Zip Code				
	\$25.00	P.O. Box 6600				
	420.00	1 . S. S S A G G G G G G G G G G G G G G G G G				
		Hagerstown, MA 21740				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		Bank Card Fee				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	1				
	<b></b>					

Office Overhead/Rental Expense  Office Overhead/Rental Expense    Check if Austin, TX, officeholder living expense	POLITICAL EX	PENDITURES FROM PERSON	NAL FUNDS	SCHEDULE G
Sch: 1/1 Rpt: 23/23 Bennett, Ann Harris  4 Date 12/10/2018 5 Payee name AT&T Mobility FO Box 92045  S112.26 PO Box 92045  Arlington, TX 76004  B PURPOSE OF EXPENDITURE  (a) Category (see caregories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if viruel quaside of Texas. Complete Schedule Office Powerhead/Rental Expense  (b) Description Check if viruel quaside of Texas. Complete Schedule Office Powerhead/Rental Expense  Office Sought Office held  Payee name 11/26/2018  Amount (s) S308.54 Payee address: City, State; Zig Code  Payee dadress: City, State; Zig Code  Payee address: City, State; Zig Code  Complete CNLY if direct contributions policial contributions P	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political	Event Expense Loan R Fees Office C Food/Beverage Expense Polling Glift/Awards/Memorials Expense Printing Committee Legal Services Salaries	epayment/Reimbursement Overhead/Rental Expense Expense Expense s/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District
\$112.26    PO Box 92045	Sch: 1/1 Rpt: 23/23 4 Date	2 FILER NAME Bennett, Ann Harris 5 Payee name		3 Filer ID
Office Overhead/Rental Expense  Office Sought  Office held  Payer name Johnson, Barbara (Mrs.)  Amount (\$)  Payer address: City, State; Zip Code  1/26/2018  Payer address: City, State; Zip Code  OF  Expenditure  OF Category (See Categories listed at the top of this schedule)  OF  Expenditure  OF  OF  Category (See Categories listed at the top of this schedule)  OF  Expenditure  OF  Complete ONLY if direct expenditure  Complete ONLY if direct expenditure  Candidate/Officeholder name  Office sought  OF  OF  Expenditure  OF  OF  OF  OF  Expenditure  OF  OF  OF  OF  OF  OF  Expenditure  OF  OF  OF  OF  OF  OF  OF  OF  OF  O	\$112.26  Reimbursement from political contributions	PO Box 92045	Code	
Payee name  11/26/2018  Amount (\$)  Payee address: City; State; Zip Gode    Purpose	OF EXPENDITURE	Office Overhead/Rental Expense		
Amount (\$)	expenditure to benefit		Office sought	Office held
Check if Austin, TX, officeholder living expense Holiday Décor for Preston Street Lobby  Complete ONLY if direct expenditure to benefit C/OH  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 photographic reproduction because of illegibility.	Amount (\$)  Reimbursement from political contributions	Johnson, Barbara (Mrs.)  Payee address; City; State; Zip (1001 Preston	Code	COPV
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 photography discolored pages atc. All before the pages atc.	OF	<del>-</del> •	֓֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	
At the time of recordation, this instrument was found to be inadequate for the best photographic reproduction because of illegibility, carbon or photosoby, discolored pages, etc. All because	expenditure to benefit	Candidate/Officeholder name	Office sought	Office held
THE THE VIEW AND THE POLYTREE.		At the time of recordation, this instruction of the cest reproduction because of illegibility but to the cest of illegibility but to the cest of illegibility but to the cest of the cest	strument was photographic y, carbon or	