



Official Public Records of  
Harris County  
Diane Trautman  
County Clerk

## Campaign Finance Report



*Diane Trautman*

COUNTY CLERK  
HARRIS COUNTY, TEXAS

File No: 2020117  
Received By Clerk: 1/15/2020  
File Date: January 15, 2020  
Office: County Attorney  
Candidate: Rose, Benjamin  
Treasurer: Helfman, Alan  
Category: Contributions And Expenditures  
Delivered By: Common or Contract Carrier  
Type: COR

Harris County No Fee

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID		2 Total pages filed: 67	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR		FIRST	MI	OFFICE USE ONLY Date Received
			Benjamin		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	NICKNAME		LAST	SUFFIX	Date Hand-delivered or Date Postmarked  Receipt # Amount  Date Processed  Date Imaged
			Rose		
5 CAMPAIGN TREASURER NAME		MS / MRS / MR		FIRST	MI
				Alan	
		NICKNAME		LAST	SUFFIX
				Helfman	
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY; STATE; ZIP CODE
		4807 Kirby Drive Houston, TX 77098			
7 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER	EXTENSION	
		(713)	524-3801		
8 REPORT TYPE		<input checked="" 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 type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED		Month Day Year 07/01/2019		THROUGH Month Day Year 12/31/2019	
10 ELECTION		ELECTION DATE Month Day Year 03/03/2020		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE		OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Harris County Attorney	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2  
2 of 67

13 C / OH NAME Rose, Benjamin	14 Filer ID
----------------------------------	-------------

15 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	526.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	89,476.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	598.77
	4.	TOTAL POLITICAL EXPENDITURES	\$	80,932.99
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	53,341.34
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	20,000.00

17 AFFADAVIT	
<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>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <p>_____ Signature of officer administering      Printed name of officer administering      Title of officer administering oath</p>	

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3  
3 of 67

18 FILER NAME Rose, Benjamin		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 89,476.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 20,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 80,932.99
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/30 Rpt: 4/67
2 FILER NAME Rose, Benjamin		3 Filer ID
4 Date 09/09/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Robert Larry 6 Contributor address; City; State; Zip Code 22026 Briarcliff Dr Spicewood, TX 78669-2013	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/22/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Axelrad, Jonathan Contributor address; City; State; Zip Code 3401 Allen Pkwy Ste 100 Houston, TX 77019-1857	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/09/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bale-Kushner, Jennifer Contributor address; City; State; Zip Code 3143 Fairhope St Houston, TX 77025-3228	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barvin, Martha Contributor address; City; State; Zip Code 6202 Newcastle St Bellaire, TX 77401-3814	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barvin, Martha Contributor address; City; State; Zip Code 6202 Newcastle St Bellaire, TX 77401-3814	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/30 Rpt: 5/67
2 FILER NAME Rose, Benjamin		3 Filer ID
4 Date 12/27/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bischoff, Mike 6 Contributor address; City; State; Zip Code 5 Hilshire Oaks Ct Houston, TX 77055-7500	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/03/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, John Milton Contributor address; City; State; Zip Code 4039 Meadow Lake Ln Houston, TX 77027-3912	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bloom, Kerry Contributor address; City; State; Zip Code 2631 Amherst St Houston, TX 77005-3105	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boggio, Dan Contributor address; City; State; Zip Code 11 Greenway Plz Ste 2200 Houston, TX 77046-1162	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borus, Justin Contributor address; City; State; Zip Code 140 Dahlia St Denver, CO 80220-6310	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/30 Rpt: 6/67
2 FILER NAME Rose, Benjamin		3 Filer ID
4 Date 12/20/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breit, Jeffrey A. 6 Contributor address; City; State; Zip Code 600 22nd St Virginia Beach, VA 23451-4088	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/23/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brodsky, Lee Contributor address; City; State; Zip Code 8 Old House Ln Sands Point, NY 11050-1915	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/04/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brownstein, Lauren Contributor address; City; State; Zip Code 95 S Bellaire St Denver, CO 80246-1010	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brumfield, William Contributor address; City; State; Zip Code 5800 Woodway Dr Apt 320 Houston, TX 77057-1510	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/25/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, Christopher D. Contributor address; City; State; Zip Code 625 E Hyman Ave Ste 201 Aspen, CO 81611-1922	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/30 Rpt: 7/67
2 FILER NAME Rose, Benjamin		3 Filer ID
4 Date 10/04/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Elizabeth 6 Contributor address; City; State; Zip Code 5201 Memorial Dr Unit 520 Houston, TX 77007-8404	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Terry Contributor address; City; State; Zip Code 8584 Katy Fwy Ste 100 Houston, TX 77024-1808	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burger, Zachary Contributor address; City; State; Zip Code 5219 Braeburn Dr Bellaire, TX 77401-4814	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnett Jr., Riley L. Contributor address; City; State; Zip Code 3607 Tangley Rd Houston, TX 77005-2251	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/27/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buryakovsky, Larry Contributor address; City; State; Zip Code 8723 Crescent Gate Ln Houston, TX 77024-7029	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/30 Rpt: 8/67
2 FILER NAME Rose, Benjamin		3 Filer ID
4 Date 11/20/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buryakovsky, Larry	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code 8723 Crescent Gate Ln  Houston, TX 77024-7029	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/03/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bushner, Peter L.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 10000 Memorial Dr Ste 100 Houston, TX 77024-3415	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/05/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camp, Kevin Michael	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 9210 Olathe St  Houston, TX 77055-4509	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/23/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capps, Jared	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 440 Louisiana St Ste 1400 Houston, TX 77002-1057	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Dakota	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 1605 Rock Prairie Rd Ste 210 College Station, TX 77845-8358	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/30 Rpt: 9/67
2 FILER NAME Rose, Benjamin		3 Filer ID
4 Date 12/04/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castoriano, Ben 6 Contributor address; City; State; Zip Code 1100 Poydras St Ste 3700 New Orleans, LA 70163-3600	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/22/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavnar, Robert Contributor address; City; State; Zip Code PO Box 56445 Houston, TX 77256-6445	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobos, Andrew Contributor address; City; State; Zip Code 4371 Faculty Ln Houston, TX 77004-6641	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobos, Andrew Contributor address; City; State; Zip Code 4371 Faculty Ln Houston, TX 77004-6641	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Kelly E. Contributor address; City; State; Zip Code Suite 1000 Houston, TX 77008	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/30 Rpt: 10/67
2 FILER NAME Rose, Benjamin		3 Filer ID
4 Date 10/21/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotlar, Bonny 6 Contributor address; City; State; Zip Code 7606 Claridge Dr Houston, TX 77071-1815	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/02/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotlar, Daniel Contributor address; City; State; Zip Code 7907 Candle Ln Houston, TX 77071-2010	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Joshua P. Contributor address; City; State; Zip Code 4210 Markham St Houston, TX 77027-6325	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Cora, Edwin Contributor address; City; State; Zip Code 6061 Thomas Rd Houston, TX 77041-4906	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Domnick, Sean Contributor address; City; State; Zip Code 2401 Pga Blvd Ste 140 Palm Beach Gardens, FL 33410-3515	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/30 Rpt: 11/67
2 FILER NAME Rose, Benjamin		3 Filer ID
4 Date 08/20/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dow, Sanford 6 Contributor address; City; State; Zip Code 2700 Post Oak Blvd Ste 1750 Houston, TX 77056-5715	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/17/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Eckert, Darah Contributor address; City; State; Zip Code 6628 Merry Ln Houston, TX 77023-4815	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Edwards, John Contributor address; City; State; Zip Code 340 Arcadia Pl San Antonio, TX 78209-5902	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Fabela, Lauren Contributor address; City; State; Zip Code 4709 Libbey Ln Houston, TX 77092-5308	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/23/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Farah, George K. Contributor address; City; State; Zip Code 1211 Hyde Park Blvd Houston, TX 77006-1207	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/30 Rpt: 12/67
2 FILER NAME Rose, Benjamin		3 Filer ID
4 Date 09/17/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farb, Jonathan 6 Contributor address; City; State; Zip Code 306 McGowen St Apt 1117 Houston, TX 77006-2246	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/28/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fein, Harrison Contributor address; City; State; Zip Code 600 Montgomery St San Francisco, CA 94111-2702	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/22/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fertitta, Lucas Contributor address; City; State; Zip Code 1514 Bevis St Houston, TX 77008-4481	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fertitta, Zachary Contributor address; City; State; Zip Code 815 Walker St Ste 1553 Houston, TX 77002-5721	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Lauren Contributor address; City; State; Zip Code 3815 Eastside St Apt 4002 Houston, TX 77098-3835	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/30 Rpt: 13/67
2 FILER NAME Rose, Benjamin		3 Filer ID
4 Date 08/21/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fletcher, Jordan	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 55 Bethune St Apt 609 New York, NY 10014-2034		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/02/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fomby, Adam	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 440 Louisiana St Ste 900 Houston, TX 77002-1062		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foty, Don	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 5625 Cohn Mdws Houston, TX 77007-1197		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freedman, Karen & Buster	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code 2929 Wesleyan St Apt 3403 Houston, TX 77027-2007		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/30/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaille, Scott	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 10 Greyton Ln Houston, TX 77024-6435		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/30 Rpt: 14/67
2 FILER NAME Rose, Benjamin		3 Filer ID
4 Date 10/18/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallagher, Michael Murphy	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code 6200 Savoy Dr Ste 150 Houston, TX 77036-3320	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, David	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 440 Louisiana St Ste 1200 Houston, TX 77002-1063	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/04/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gatewood, E Michael	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code 5506 Tilbury Dr  Houston, TX 77056-2018	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/27/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerber, Daniel	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 5238 Braesvalley Dr  Houston, TX 77096-2545	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillespie, Karolyn	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 1001 Louisiana St  Houston, TX 77002-5089	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/30 Rpt: 15/67
2 FILER NAME Rose, Benjamin		3 Filer ID
4 Date 09/03/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenberg, David	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code 5959 Richmond Ave Ste 440 Houston, TX 77057-6325	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenberg, David	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code 5959 Richmond Ave Ste 440 Houston, TX 77057-6325	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halevy, Jacob	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 3939 W Alabama St Apt 846 Houston, TX 77027-2021	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ham, Jeremy L.	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 12115 Double Tree Dr Houston, TX 77070-5226	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/04/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harberg, Karen & Jay	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 2100 West Loop S Ste 1100 Houston, TX 77027-3534	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/30 Rpt: 16/67
2 FILER NAME Rose, Benjamin		3 Filer ID
4 Date 09/17/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hausman-Weiss, Scott & Natalie 6 Contributor address; City; State; Zip Code 1652 Norfolk St Apt C Houston, TX 77006-5281	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/18/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helfman, Alan Contributor address; City; State; Zip Code 8727 Crescent Gate Ln Houston, TX 77024-7029	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helfman, Alan Contributor address; City; State; Zip Code 8727 Crescent Gate Ln Houston, TX 77024-7029	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/16/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herring, Mason Contributor address; City; State; Zip Code 4640 Banning Dr Houston, TX 77027-4706	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/03/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland-Nelson, Leisa Contributor address; City; State; Zip Code 4899 Montrose Blvd Apt 1311 Houston, TX 77006-6169	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/30 Rpt: 17/67
2 FILER NAME Rose, Benjamin		3 Filer ID
4 Date 12/18/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland-Nelson, Leisa	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 4899 Montrose Blvd Apt 1311 Houston, TX 77006-6169		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/04/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobson, Sue	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3350 Mccue Rd Apt 804 Houston, TX 77056-7121		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Abraham M.	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code 10804 Roark Rd Houston, TX 77099-3500		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/04/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joy, Jason J.	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 909 Texas St Unit 1801 Houston, TX 77002-3192		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaplan, Michael	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code 4101 Greenbriar Dr Ste 320 Houston, TX 77098-5296		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 15/30 Rpt: 18/67

2 FILER NAME  
Rose, Benjamin

3 Filer ID

4 Date  
12/27/2019

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Karpas, Leslie

7 Amount of Contribution (\$) \$100.00

6 Contributor address; City; State; Zip Code  
4521 San Felipe St  
Houston, TX 77027-3383

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
09/17/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Kawaja, Dr. Essa

Amount of Contribution (\$) \$500.00

Contributor address; City; State; Zip Code  
1812 Durham Dr  
Ste 100  
Houston, TX 77007-2291

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
08/06/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Kerensky, Michael

Amount of Contribution (\$) \$1,000.00

Contributor address; City; State; Zip Code  
440 Louisiana St  
Ste 2300  
Houston, TX 77002-1061

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
12/26/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Kerensky, Michael

Amount of Contribution (\$) \$500.00

Contributor address; City; State; Zip Code  
440 Louisiana St  
Ste 2300  
Houston, TX 77002-1061

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
12/05/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Kherkher, Thomas

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code  
5909 West Loop S  
Ste 525  
Bellaire, TX 77401-2508

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/30 Rpt: 19/67
2 FILER NAME Rose, Benjamin		3 Filer ID
4 Date 12/28/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kita, Matthew J. 6 Contributor address; City; State; Zip Code PO Box 5119 Dallas, TX 75208-9119	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/16/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krohn, Nicholas Contributor address; City; State; Zip Code 4012 Gramercy St Houston, TX 77025-1109	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/09/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuniansky, Richard Contributor address; City; State; Zip Code 1402 Apsley Manor Trl Houston, TX 77055-1485	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/18/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuniansky, Richard Contributor address; City; State; Zip Code 1402 Apsley Manor Trl Houston, TX 77055-1485	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kushner, Jennifer Contributor address; City; State; Zip Code 3143 Fairhope St Houston, TX 77025-3228	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/30 Rpt: 20/67
2 FILER NAME Rose, Benjamin		3 Filer ID
4 Date 07/08/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levit, Max 6 Contributor address; City; State; Zip Code 20 River Hollow Ln Houston, TX 77027-9402	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/09/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levit, Max Contributor address; City; State; Zip Code 20 River Hollow Ln Houston, TX 77027-9402	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewers, Ryan Contributor address; City; State; Zip Code 1907 Saint Louis Dr Honolulu, HI 96816-1934	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Gregory Contributor address; City; State; Zip Code 3773 Richmond Ave Ste 200 Houston, TX 77046-3724	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Gregory Contributor address; City; State; Zip Code 3773 Richmond Ave Ste 200 Houston, TX 77046-3724	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/30 Rpt: 21/67
<b>2</b> FILER NAME Rose, Benjamin		<b>3</b> Filer ID
<b>4</b> Date 10/02/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Luber, Aaron  <b>6</b> Contributor address; City; State; Zip Code 508 Park St  Montclair, NJ 07043-1944	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 11/22/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: Madden, Joseph  <b>Contributor address; City; State; Zip Code</b> 9870 Gaylord Dr Apt 1428 Houston, TX 77024-2674	<b>Amount of Contribution (\$)</b>  \$250.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 12/29/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: Mafrige, Rocky  <b>Contributor address; City; State; Zip Code</b> 2 Pinewood Cir  Houston, TX 77024-7610	<b>Amount of Contribution (\$)</b>  \$250.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 09/04/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: Maynard, Bill  <b>Contributor address; City; State; Zip Code</b> 923 Wade Hampton Dr  Houston, TX 77024-3138	<b>Amount of Contribution (\$)</b>  \$200.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 10/15/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: McCraw, John Lin  <b>Contributor address; City; State; Zip Code</b> 1504 1st Ave  Mckinney, TX 75069-3402	<b>Amount of Contribution (\$)</b>  \$250.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/30 Rpt: 22/67
2 FILER NAME Rose, Benjamin		3 Filer ID
4 Date 09/05/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElroy, Frank	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code 24 Greenway Plz  Houston, TX 77046-2401	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/13/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGehee, Jack E.	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 10370 Richmond Ave Ste 1300 Houston, TX 77042-0002	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/04/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLaughlin, Chris	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 1070 Park Ave Apt 7D New York, NY 10128-1000	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLaughlin, Chris	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code 1070 Park Ave Apt 7D New York, NY 10128-1000	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeal, Quinncy	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 13926 Windwood Falls Ln  Humble, TX 77396-1434	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/30 Rpt: 23/67
2 FILER NAME Rose, Benjamin		3 Filer ID
4 Date 08/30/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meadows, Scott 6 Contributor address; City; State; Zip Code 175 Stevinstraat Montgomery, TX 77356-4571	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/18/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monroe, James Contributor address; City; State; Zip Code 3002 San Felipe St Houston, TX 77019-5916	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Alex Contributor address; City; State; Zip Code 4764 E South Fork Dr Phoenix, AZ 85044-4973	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/04/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nast, Steven Contributor address; City; State; Zip Code 20808 167th Ave SE Monroe, WA 98272-8869	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/17/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newgard, James Robert Contributor address; City; State; Zip Code 1506 Park St Houston, TX 77019-5324	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/30 Rpt: 24/67
<b>2</b> FILER NAME Rose, Benjamin		<b>3</b> Filer ID
<b>4</b> Date 09/18/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novy, Lester <b>6</b> Contributor address; City; State; Zip Code 5151 San Felipe St FI 24 Houston, TX 77056-3607	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/04/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowak, Robert John Contributor address; City; State; Zip Code 705 Al Gregg St Houston, TX 77008-4520	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/08/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nussbaum, Lindsay Contributor address; City; State; Zip Code 1330 A Dian St Houston, TX 77008-3706	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perrin, Leila Contributor address; City; State; Zip Code 1914 Augusta Dr Houston, TX 77057-3771	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Sandra Contributor address; City; State; Zip Code 4207 W Alabama St Houston, TX 77027-4901	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/30 Rpt: 25/67
2 FILER NAME Rose, Benjamin		3 Filer ID
4 Date 12/30/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pozmantier, Irving	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code 1000 Uptown Park Blvd Apt 242 Houston, TX 77056-3243	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/30/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ptasinski, Christina	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 4899 Montrose Blvd Apt 902 Houston, TX 77006-6166	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rauch, Mark	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 5441 Tupper Lake Dr Houston, TX 77056-1624	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/06/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riddle, Don	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 5315 -B Cy Creek Pkwy # 524 Houston, TX 77069	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/06/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin, Ross	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 1805 Park St Houston, TX 77019-5707	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/30 Rpt: 26/67
2 FILER NAME Rose, Benjamin		3 Filer ID
4 Date 12/28/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Cindi 6 Contributor address; City; State; Zip Code 803 Country Ln Houston, TX 77024-3106	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/30/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Franklin A. Contributor address; City; State; Zip Code 1121 Uptown Park Blvd Ste 16 Houston, TX 77056-3226	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Franklin A. Contributor address; City; State; Zip Code 1121 Uptown Park Blvd Ste 16 Houston, TX 77056-3226	Amount of Contribution (\$) \$4,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rukab, Lutfi Contributor address; City; State; Zip Code 1009 Missouri St Houston, TX 77006-2839	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saghian, Michael Contributor address; City; State; Zip Code 4914 Braesvalley Dr Houston, TX 77096-2730	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/30 Rpt: 27/67
2 FILER NAME Rose, Benjamin		3 Filer ID
4 Date 09/05/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuels, Benjamin 6 Contributor address; City; State; Zip Code 4533 Magnolia St Bellaire, TX 77401-4230	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/18/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarofim, Susan Contributor address; City; State; Zip Code PO Box 27129 Houston, TX 77227-7129	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Judy Contributor address; City; State; Zip Code 2350 N Braeswood Blvd Houston, TX 77030-4312	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selber, Audrey & Peter Contributor address; City; State; Zip Code 2603 Augusta Dr Houston, TX 77057-5678	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/07/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sickman, Stephen Contributor address; City; State; Zip Code 2535 Brinkman St Houston, TX 77008-1849	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/30 Rpt: 28/67
2 FILER NAME Rose, Benjamin		3 Filer ID
4 Date 12/27/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siegel, Brett David 6 Contributor address; City; State; Zip Code 30 E 9th St Apt 3E New York, NY 10003-6408	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/12/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simon, Sandra & Paul Contributor address; City; State; Zip Code 40411 Remington Ln Magnolia, TX 77354-6194	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/05/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, Iain Contributor address; City; State; Zip Code 1005 Heights Blvd Houston, TX 77008-6913	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/16/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Small Independent Motel Association (see memo) Contributor address; City; State; Zip Code 1022 Wirt Rd Ste 302 Houston, TX 77055-6858	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spomer, Elizabeth Contributor address; City; State; Zip Code 2219 Sunset Blvd Houston, TX 77005-1529	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/30 Rpt: 29/67
2 FILER NAME Rose, Benjamin		3 Filer ID
4 Date 12/20/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Springer, Dillon 6 Contributor address; City; State; Zip Code 3906 Pacific Ave Apt 2 Marina Del Rey, CA 90292-5936	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stogner, Brant Jeffrey Contributor address; City; State; Zip Code 1625 Monarch Oaks St Houston, TX 77055-3437	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strupp, Karen R. Contributor address; City; State; Zip Code 2217 Sunset Blvd Houston, TX 77005-1529	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/09/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tabrizi, Matt Contributor address; City; State; Zip Code 4310 Garth Rd Baytown, TX 77521-3114	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tapick, Betty Contributor address; City; State; Zip Code 7 Long Timbers Trl Houston, TX 77024-5450	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/30 Rpt: 30/67
2 FILER NAME Rose, Benjamin		3 Filer ID
4 Date 12/31/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Larry 6 Contributor address; City; State; Zip Code 1303 Shields Ave Cedar Hill, TX 75104-1413	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/16/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor Jr., Armon Paul Contributor address; City; State; Zip Code 2816 W Wildwind Cir The Woodlands, TX 77380-1344	Amount of Contribution (\$) \$600.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Pinkerton Law Firm Contributor address; City; State; Zip Code 550 Westcott St Ste 590 Houston, TX 77007-9015	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tillis, Joshua Contributor address; City; State; Zip Code 2475 Underwood St Apt 179 Houston, TX 77030-3519	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Travis, Jeffrey Contributor address; City; State; Zip Code 2400 Mountain Oak Rd Bakersfield, CA 93311-1678	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/30 Rpt: 31/67
2 FILER NAME Rose, Benjamin		3 Filer ID
4 Date 10/16/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tunitsky, Eugene	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 711 Louisiana St Ste 1500 Houston, TX 77002-2821	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/27/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Twyford, Stefani	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 17 Exbury Way Houston, TX 77056-2193	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/27/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldman, Steve	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 1549 Nevada St Houston, TX 77006-1023	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldman, Sydney	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 5447 Carew St Houston, TX 77096-1229	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker & Hunger P.C.	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 3100 Timmons Ln Ste 401 Houston, TX 77027-5904	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/30 Rpt: 32/67
2 FILER NAME Rose, Benjamin		3 Filer ID
4 Date 08/26/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Andrew 6 Contributor address; City; State; Zip Code 2911 Ella Lee Ln Houston, TX 77019-5907	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/28/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Luke Graham Contributor address; City; State; Zip Code 110 1/2 Galleon St Marina Del Rey, CA 90292-5904	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Michael L. Contributor address; City; State; Zip Code 5009 Rolling Woods Trl Dayton, OH 45429-1110	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/05/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarborough, Charity Contributor address; City; State; Zip Code 2603 Sutton Ct Houston, TX 77027-5246	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarborough, Patrick Contributor address; City; State; Zip Code 1432 Vassar St Houston, TX 77006-6032	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/30 Rpt: 33/67
2 FILER NAME Rose, Benjamin		3 Filer ID
4 Date 12/17/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yazdani, Johnathan 6 Contributor address; City; State; Zip Code 2323 Albans Rd Houston, TX 77005-1521	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/14/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zanotti, Stefania And Luca Contributor address; City; State; Zip Code 2033 Claremont Ln Houston, TX 77019-5803	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:  
Sch: 1/1 Rpt: 34/67

2 FILER NAME  
Rose, Benjamin

3 Filer ID

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan  
12/31/2019

7 Name of lender  
Rose, Benjamin

☐ out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)  
\$20,000.00

6 Is lender a  
financial  
institution?  
No

8 Lender address; City; State; Zip Code  
5900 Memorial Drive  
Suite 216-D  
Houston, TX 77007

10 Interest Rate

11 Maturity Date

12 Principal occupation / Job title (See Instructions)  
attorney

13 Employer (See Instructions)  
Harwood Rose PLLC

14 Description of Collateral  
☒ None

15 Check if personal funds were deposited into political account  
(See Instructions)  
☒

16 GUARANTOR  
INFORMATION  
☒ not applicable

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

20 Principal occupation

21 Employer (See Instructions)

# 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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/31 Rpt: 35/67		2 FILER NAME Rose, Benjamin		3 Filer ID	
4 Date 07/02/2019		5 Payee name 5900 Interests/Greenburg			
6 Amount (\$) \$854.00		7 Payee address; City; State; Zip Code 5900 Memorial Dr  Houston, TX 77007-8004			
8 PURPOSE OF EXPENDITURE		(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 Office Rent	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 08/05/2019		Candidate/Officeholder name 5900 Interests/Greenburg			
Amount (\$) \$854.00		Payee address; City; State; Zip Code 5900 Memorial Dr  Houston, TX 77007-8004			
PURPOSE OF EXPENDITURE		(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 Office Rent	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 09/02/2019		Candidate/Officeholder name 5900 Interests/Greenburg			
Amount (\$) \$854.00		Payee address; City; State; Zip Code 5900 Memorial Dr  Houston, TX 77007-8004			
PURPOSE OF EXPENDITURE		(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 Office Rent	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					



# 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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/31 Rpt: 36/67		2 FILER NAME Rose, Benjamin		3 Filer ID	
4 Date 09/02/2019		5 Payee name 5900 Interests/Greenburg			
6 Amount (\$) \$2,500.00		7 Payee address; City; State; Zip Code 5900 Memorial Dr  Houston, TX 77007-8004			
8 PURPOSE OF EXPENDITURE		(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 Office Rent	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/07/2019		Payee name 5900 Interests/Greenburg			
Amount (\$) \$854.00		Payee address; City; State; Zip Code 5900 Memorial Dr  Houston, TX 77007-8004			
PURPOSE OF EXPENDITURE		(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 Office Rent	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/01/2019		Payee name 5900 Interests/Greenburg			
Amount (\$) \$854.00		Payee address; City; State; Zip Code 5900 Memorial Dr  Houston, TX 77007-8004			
PURPOSE OF EXPENDITURE		(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 Office Rent	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# 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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/31 Rpt: 37/67		<b>2</b> FILER NAME Rose, Benjamin		<b>3</b> Filer ID	
<b>4</b> Date 12/01/2019		<b>5</b> Payee name 5900 Interests/Greenburg			
<b>6</b> Amount (\$) \$854.00		<b>7</b> Payee address; City; State; Zip Code 5900 Memorial Dr  Houston, TX 77007-8004			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Rent	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held			
Date 07/15/2019		Payee name AT&T Inc			
Amount (\$) \$139.49		Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202-4206			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense telephone	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held			
Date 08/15/2019		Payee name AT&T Inc			
Amount (\$) \$134.23		Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202-4206			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b)</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 telephone	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held			

# 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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/31 Rpt: 38/67		2 FILER NAME Rose, Benjamin		3 Filer ID	
4 Date 09/14/2019		5 Payee name AT&T Inc			
6 Amount (\$) \$134.23		7 Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202-4206			
8 PURPOSE OF EXPENDITURE		(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 telephone	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/14/2019		Payee name AT&T Inc			
Amount (\$) \$134.23		Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202-4206			
PURPOSE OF EXPENDITURE		(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 checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense telephone	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/18/2019		Payee name AT&T Inc			
Amount (\$) \$135.32		Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202-4206			
PURPOSE OF EXPENDITURE		(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 telephone	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# 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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/31 Rpt: 39/67		2 FILER NAME Rose, Benjamin		3 Filer ID	
4 Date 12/14/2019		5 Payee name AT&T Inc			
6 Amount (\$) \$135.32		7 Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202-4206			
8 PURPOSE OF EXPENDITURE		(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 telephone	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/31/2019		Payee name ActBlue			
Amount (\$) \$2,134.25		Payee address; City; State; Zip Code PO Box 441146  West Somerville, MA 02144-0031			
PURPOSE OF EXPENDITURE		(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 credit card processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/09/2019		Payee name American Airlines Inc			
Amount (\$) \$569.60		Payee address; City; State; Zip Code 4333 Amon Carter Blvd  Fort Worth, TX 76155-2605			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel Out of 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 General Consultant Travel	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# 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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/31 Rpt: 40/67	<b>2</b> FILER NAME Rose, Benjamin	<b>3</b> Filer ID
<b>4</b> Date 09/12/2019	<b>5</b> Payee name Ammerman Experience	
<b>6</b> Amount (\$) \$2,500.00	<b>7</b> Payee address; City; State; Zip Code 12335 Kingsride Ln  Houston, TX 77024-4116	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/22/2019	Payee name Best Buy	
Amount (\$) \$242.41	Payee address; City; State; Zip Code 5133 Richmond Ave  Houston, TX 77056-6701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2019	Payee name Brent Kidwell	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 4803 Kings Way  Houston, TX 77069-2129	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office set up
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/31 Rpt: 41/67		2 FILER NAME Rose, Benjamin		3 Filer ID	
4 Date 08/01/2019		5 Payee name CFC Consulting LLC			
6 Amount (\$) \$677.72		7 Payee address; City; State; Zip Code PO Box 301074  Austin, TX 78703-0018			
8 PURPOSE OF EXPENDITURE		(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 Consultant	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/13/2019		Payee name CFC Consulting LLC			
Amount (\$) \$677.72		Payee address; City; State; Zip Code PO Box 301074  Austin, TX 78703-0018			
PURPOSE OF EXPENDITURE		(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 Consultant	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/25/2019		Payee name CFC Consulting LLC			
Amount (\$) \$677.72		Payee address; City; State; Zip Code PO Box 301074  Austin, TX 78703-0018			
PURPOSE OF EXPENDITURE		(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 Consultant	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# 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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/31 Rpt: 42/67		2 FILER NAME Rose, Benjamin		3 Filer ID	
4 Date 11/14/2019		5 Payee name CFC Consulting LLC			
6 Amount (\$) \$677.72		7 Payee address; City; State; Zip Code PO Box 301074  Austin, TX 78703-0018			
8 PURPOSE OF EXPENDITURE		(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 Consultant	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/13/2019		Payee name CFC Consulting LLC			
Amount (\$) \$677.72		Payee address; City; State; Zip Code PO Box 301074  Austin, TX 78703-0018			
PURPOSE OF EXPENDITURE		(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 Consultant	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/09/2019		Payee name CKO Digital			
Amount (\$) \$2,000.00		Payee address; City; State; Zip Code 2426 Bartlett St # A1 Houston, TX 77098-5119			
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 Media Branding	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# 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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/31 Rpt: 43/67		<b>2</b> FILER NAME Rose, Benjamin		<b>3</b> Filer ID
<b>4</b> Date 10/10/2019		<b>5</b> Payee name CKO Digital		
<b>6</b> Amount (\$) \$2,000.00		<b>7</b> Payee address; City; State; Zip Code 2426 Bartlett St # A1 Houston, TX 77098-5119		
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media Branding
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 09/17/2019		Payee name Carroll Printing & Promotions		
Amount (\$) \$308.51		Payee address; City; State; Zip Code 2907 Canal St Houston, TX 77003-1624		
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense		<b>(b)</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
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 10/02/2019		Payee name Carroll Printing & Promotions		
Amount (\$) \$643.01		Payee address; City; State; Zip Code 2907 Canal St Houston, TX 77003-1624		
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense		<b>(b)</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 / letterhead
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		



# 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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/31 Rpt: 44/67	2 FILER NAME Rose, Benjamin	3 Filer ID
4 Date 07/02/2019	5 Payee name Copy.com	
6 Amount (\$) \$168.55	7 Payee address; City; State; Zip Code 1201 Westheimer Rd Ste F Houston, TX 77006-2701	
8 PURPOSE OF EXPENDITURE	(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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2019	Payee name Copy.com	
Amount (\$) \$83.43	Payee address; City; State; Zip Code 1201 Westheimer Rd Ste F Houston, TX 77006-2701	
PURPOSE OF EXPENDITURE	(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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/18/2019	Payee name Copy.com	
Amount (\$) \$167.25	Payee address; City; State; Zip Code 1201 Westheimer Rd Ste F Houston, TX 77006-2701	
PURPOSE OF EXPENDITURE	(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 / business cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/31 Rpt: 45/67		2 FILER NAME Rose, Benjamin		3 Filer ID	
4 Date 10/21/2019		5 Payee name Copy.com			
6 Amount (\$) \$60.43		7 Payee address; City; State; Zip Code 1201 Westheimer Rd Ste F Houston, TX 77006-2701			
8 PURPOSE OF EXPENDITURE		(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 / buttons	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/26/2019		Payee name Expedia Group Inc			
Amount (\$) \$1,486.77		Payee address; City; State; Zip Code 333 108th Ave NE Bellevue, WA 98004-5703			
PURPOSE OF EXPENDITURE		(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 Consultant travel	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/01/2019		Payee name Facebook Inc			
Amount (\$) \$12.80		Payee address; City; State; Zip Code 1101 Westlake Ave N Seattle, WA 98109-3527			
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 Digital Advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# 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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/31 Rpt: 46/67		2 FILER NAME Rose, Benjamin		3 Filer ID	
4 Date 10/09/2019		5 Payee name Facebook Inc			
6 Amount (\$) \$25.00		7 Payee address; City; State; Zip Code 1101 Westlake Ave N  Seattle, WA 98109-3527			
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 Digital Advertising	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/09/2019		Payee name Facebook Inc			
Amount (\$) \$25.00		Payee address; City; State; Zip Code 1101 Westlake Ave N  Seattle, WA 98109-3527			
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 Digital Advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/10/2019		Payee name Facebook Inc			
Amount (\$) \$25.00		Payee address; City; State; Zip Code 1101 Westlake Ave N  Seattle, WA 98109-3527			
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 Digital Advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# 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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/31 Rpt: 47/67		2 FILER NAME Rose, Benjamin		3 Filer ID	
4 Date 10/10/2019		5 Payee name Facebook Inc			
6 Amount (\$) \$35.00		7 Payee address; City; State; Zip Code 1101 Westlake Ave N  Seattle, WA 98109-3527			
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 Digital Advertising	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 10/11/2019		Payee name Facebook Inc			
Amount (\$) \$50.00		Payee address; City; State; Zip Code 1101 Westlake Ave N  Seattle, WA 98109-3527			
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 Digital Advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 10/13/2019		Payee name Facebook Inc			
Amount (\$) \$75.00		Payee address; City; State; Zip Code 1101 Westlake Ave N  Seattle, WA 98109-3527			
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 Digital Advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

# 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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/31 Rpt: 48/67	2 FILER NAME Rose, Benjamin	3 Filer ID
4 Date 10/14/2019	5 Payee name Facebook Inc	
6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code 1101 Westlake Ave N  Seattle, WA 98109-3527	
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 Digital Advertising
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2019	Payee name Facebook Inc	
Amount (\$) \$125.00	Payee address; City; State; Zip Code 1101 Westlake Ave N  Seattle, WA 98109-3527	
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 Digital Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2019	Payee name Facebook Inc	
Amount (\$) \$175.00	Payee address; City; State; Zip Code 1101 Westlake Ave N  Seattle, WA 98109-3527	
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 Digital Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/31 Rpt: 49/67		2 FILER NAME Rose, Benjamin		3 Filer ID	
4 Date 10/25/2019		5 Payee name Facebook Inc			
6 Amount (\$) \$250.00		7 Payee address; City; State; Zip Code 1101 Westlake Ave N  Seattle, WA 98109-3527			
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 Digital Advertising	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/18/2019		Payee name Google			
Amount (\$) \$350.00		Payee address; City; State; Zip Code 20954 Spence Rd  Salinas, CA 93908-9720			
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 Digital Advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/25/2019		Payee name Google			
Amount (\$) \$25.89		Payee address; City; State; Zip Code 20954 Spence Rd  Salinas, CA 93908-9720			
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 Digital Advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# 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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/31 Rpt: 50/67	2 FILER NAME Rose, Benjamin	3 Filer ID
4 Date 12/19/2019	5 Payee name Google	
6 Amount (\$) \$1,657.59	7 Payee address; City; State; Zip Code 20954 Spence Rd  Salinas, CA 93908-9720	
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 Digital Advertising
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/13/2019	Payee name Google	
Amount (\$) \$38.38	Payee address; City; State; Zip Code 20954 Spence Rd  Salinas, CA 93908-9720	
PURPOSE OF EXPENDITURE	(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 Email
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2019	Payee name Grigsby, Courtney	
Amount (\$) \$4,000.00	Payee address; City; State; Zip Code 123 No Address  Houston, TX 77777	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 General Consultant
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/31 Rpt: 51/67	2 FILER NAME Rose, Benjamin	3 Filer ID
4 Date 11/20/2019	5 Payee name Grigsby, Courtney	
6 Amount (\$) \$4,000.00	7 Payee address; City; State; Zip Code 123 No Address  Houston, TX 77777	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 General Consultant
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 07/02/2019	Candidate/Officeholder name Hansen, Renee	
Amount (\$) \$4,000.00	Office sought Office held	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Fundraising Consultant
Complete ONLY if direct expenditure to benefit C/OH		
Date 07/31/2019	Candidate/Officeholder name Hansen, Renee	
Amount (\$) \$4,000.00	Office sought Office held	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Fundraising Consultant
Complete ONLY if direct expenditure to benefit C/OH		



# 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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/31 Rpt: 52/67		2 FILER NAME Rose, Benjamin		3 Filer ID	
4 Date 08/30/2019		5 Payee name Hansen, Renee			
6 Amount (\$) \$4,000.00		7 Payee address; City; State; Zip Code 1529 Ebony Ln  Houston, TX 77018-5816			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting 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 Fundraising Consultant	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/02/2019		Payee name Hansen, Renee			
Amount (\$) \$3,000.00		Payee address; City; State; Zip Code 1529 Ebony Ln  Houston, TX 77018-5816			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting 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 Fundraising Consultant	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/05/2019		Payee name Hansen, Renee			
Amount (\$) \$4,000.00		Payee address; City; State; Zip Code 1529 Ebony Ln  Houston, TX 77018-5816			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting 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 Fundraising Consultant	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# 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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/31 Rpt: 53/67		2 FILER NAME Rose, Benjamin		3 Filer ID	
4 Date 11/11/2019		5 Payee name Hansen, Renee			
6 Amount (\$) \$3,000.00		7 Payee address; City; State; Zip Code 1529 Ebony Ln  Houston, TX 77018-5816			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting 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 Fundraising Consultant	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/14/2019		Payee name Harris County Democratic Lawyers Association			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 3402 Allen Pkwy Ste 100 Houston, TX 77019-1808			
PURPOSE OF EXPENDITURE		(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 Donation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/06/2019		Payee name Harris County Democratic Party			
Amount (\$) \$1,250.00		Payee address; City; State; Zip Code 1445 North Loop W Ste 110 Houston, TX 77008-1654			
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 Filing fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# 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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/31 Rpt: 54/67	2 FILER NAME Rose, Benjamin	3 Filer ID
4 Date 07/31/2019	5 Payee name Hilton-San Diego Bayfront	
6 Amount (\$) \$261.03	7 Payee address; City; State; Zip Code 1 Park Blvd  San Diego, CA 92101-7897	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of 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 Hotel
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 08/01/2019	Candidate/Officeholder name Hilton-San Diego Bayfront	Office sought Office held
Amount (\$) \$366.35	Payee address; City; State; Zip Code 1 Park Blvd  San Diego, CA 92101-7897	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of 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 Hotel
Complete ONLY if direct expenditure to benefit C/OH		
Date 08/01/2019	Candidate/Officeholder name IAH Parking	Office sought Office held
Amount (\$) \$110.00	Payee address; City; State; Zip Code 2800 N Terminal Rd  Houston, TX 77032-5569	
PURPOSE OF EXPENDITURE	(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 Parking
Complete ONLY if direct expenditure to benefit C/OH		

# 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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/31 Rpt: 55/67	2 FILER NAME Rose, Benjamin	3 Filer ID
4 Date 07/11/2019	5 Payee name NGP VAN	
6 Amount (\$) \$450.00	7 Payee address; City; State; Zip Code PO Box 392264  Pittsburgh, PA 15251-9264	
8 PURPOSE OF EXPENDITURE	(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 database software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2019	Payee name NGP VAN	
Amount (\$) \$450.00	Payee address; City; State; Zip Code PO Box 392264  Pittsburgh, PA 15251-9264	
PURPOSE OF EXPENDITURE	(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 database software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2019	Payee name Office Depot	
Amount (\$) \$39.36	Payee address; City; State; Zip Code 1401 N Loop W,  Houston, TX 77008	
PURPOSE OF EXPENDITURE	(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 Office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/31 Rpt: 56/67		2 FILER NAME Rose, Benjamin		3 Filer ID
4 Date 10/31/2019	5 Payee name Office Depot			
6 Amount (\$) \$26.80	7 Payee address; City; State; Zip Code 1401 N Loop W,  Houston, TX 77008			
8 PURPOSE OF EXPENDITURE	(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 Office supplies	
9 Complete ONLY if direct expenditure to benefit C/OH				
Candidate/Officeholder name Office sought Office held				
Date 07/26/2019	Payee name Office Depot			
Amount (\$) \$43.95	Payee address; City; State; Zip Code 1401 N Loop W,  Houston, TX 77008			
PURPOSE OF EXPENDITURE	(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	
Complete ONLY if direct expenditure to benefit C/OH				
Candidate/Officeholder name Office sought Office held				
Date 07/30/2019	Payee name Office Depot			
Amount (\$) \$22.73	Payee address; City; State; Zip Code 1401 N Loop W,  Houston, TX 77008			
PURPOSE OF EXPENDITURE	(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	
Complete ONLY if direct expenditure to benefit C/OH				
Candidate/Officeholder name Office sought Office held				

# 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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/31 Rpt: 57/67		2 FILER NAME Rose, Benjamin		3 Filer ID
4 Date 08/02/2019		5 Payee name Sixt Rent-A-Car		
6 Amount (\$) \$477.93		7 Payee address; City; State; Zip Code 3355 Admiral Boland Way  San Diego, CA 92101-1100		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of 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 rental car	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 09/17/2019		Payee name Sprint 2 Print		
Amount (\$) \$963.63		Payee address; City; State; Zip Code 8748 Clay Rd Ste 300 Houston, TX 77080-8106		
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 checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Yard signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 09/03/2019		Payee name Squarespace		
Amount (\$) \$124.70		Payee address; City; State; Zip Code 268 89th St  Brooklyn, NY 11209-5612		
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 Web domain	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		

# 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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/31 Rpt: 58/67		2 FILER NAME Rose, Benjamin		3 Filer ID	
4 Date 09/03/2019		5 Payee name Squarespace			
6 Amount (\$) \$108.81		7 Payee address; City; State; Zip Code 268 89th St  Brooklyn, NY 11209-5612			
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 Web domain	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/11/2019		Payee name Texas Democratic Party			
Amount (\$) \$775.00		Payee address; City; State; Zip Code 1106 Lavaca St  Austin, TX 78701-2169			
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 Voter file	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/19/2019		Payee name Tony's Restaurant			
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 3755 Richmond Ave  Houston, TX 77046-3703			
PURPOSE OF EXPENDITURE		(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 Fundraising event expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# 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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/31 Rpt: 59/67	2 FILER NAME Rose, Benjamin	3 Filer ID
4 Date 07/10/2019	5 Payee name Tony's Restaurant	
6 Amount (\$) \$73.54	7 Payee address; City; State; Zip Code 3755 Richmond Ave  Houston, TX 77046-3703	
8 PURPOSE OF EXPENDITURE	(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 Fundraising meal
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 09/12/2019	Candidate/Officeholder name Payee name Tony's Restaurant	Office sought Office held
Amount (\$) \$170.31	Payee address; City; State; Zip Code 3755 Richmond Ave  Houston, TX 77046-3703	
PURPOSE OF EXPENDITURE	(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 Meeting expense
Complete ONLY if direct expenditure to benefit C/OH		
Date 07/26/2019	Candidate/Officeholder name Payee name Tony's Restaurant	Office sought Office held
Amount (\$) \$66.13	Payee address; City; State; Zip Code 3755 Richmond Ave  Houston, TX 77046-3703	
PURPOSE OF EXPENDITURE	(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 Fundraising meal
Complete ONLY if direct expenditure to benefit C/OH		



# 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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/31 Rpt: 60/67		2 FILER NAME Rose, Benjamin		3 Filer ID	
4 Date 12/11/2019		5 Payee name Traci Ling Photography			
6 Amount (\$) \$250.00		7 Payee address; City; State; Zip Code 123 No Address  Houston, TX 77777			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting 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 Photography	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/30/2019		Payee name Traci Ling Photography			
Amount (\$) \$350.00		Payee address; City; State; Zip Code 123 No Address  Houston, TX 77777			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting 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 Photography	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/09/2019		Payee name US Post Office			
Amount (\$) \$12.60		Payee address; City; State; Zip Code 2499 Judiway St  Houston, TX 77018-5840			
PURPOSE OF EXPENDITURE		(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 Office postage	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# 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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/31 Rpt: 61/67		2 FILER NAME Rose, Benjamin		3 Filer ID	
4 Date 08/09/2019		5 Payee name US Post Office			
6 Amount (\$) \$7.35		7 Payee address; City; State; Zip Code 2499 Judiway St  Houston, TX 77018-5840			
8 PURPOSE OF EXPENDITURE		(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 Office postage	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/25/2019		Payee name US Post Office			
Amount (\$) \$55.00		Payee address; City; State; Zip Code 2499 Judiway St  Houston, TX 77018-5840			
PURPOSE OF EXPENDITURE		(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 Office postage	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/05/2019		Payee name US Post Office			
Amount (\$) \$55.00		Payee address; City; State; Zip Code 2499 Judiway St  Houston, TX 77018-5840			
PURPOSE OF EXPENDITURE		(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 Office postage	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# 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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/31 Rpt: 62/67		2 FILER NAME Rose, Benjamin		3 Filer ID	
4 Date 07/26/2019		5 Payee name US Post Office			
6 Amount (\$) \$55.00		7 Payee address; City; State; Zip Code 2499 Judiway St  Houston, TX 77018-5840			
8 PURPOSE OF EXPENDITURE		(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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/13/2019		Payee name US Post Office			
Amount (\$) \$11.00		Payee address; City; State; Zip Code 2499 Judiway St  Houston, TX 77018-5840			
PURPOSE OF EXPENDITURE		(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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/04/2019		Payee name US Post Office			
Amount (\$) \$55.00		Payee address; City; State; Zip Code 2499 Judiway St  Houston, TX 77018-5840			
PURPOSE OF EXPENDITURE		(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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# 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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 29/31 Rpt: 63/67		2 FILER NAME Rose, Benjamin		3 Filer ID	
4 Date 07/29/2019		5 Payee name United Airlines Inc			
6 Amount (\$) \$801.60		7 Payee address; City; State; Zip Code 233 S Wacker Dr Chicago, IL 60606-7147			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(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 Campaign trip to attend conference to fundraise for campaign	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/29/2019		Payee name United Airlines Inc			
Amount (\$) \$200.00		Payee address; City; State; Zip Code 233 S Wacker Dr Chicago, IL 60606-7147			
PURPOSE OF EXPENDITURE		(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 Airline fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/24/2019		Payee name United Airlines Inc			
Amount (\$) \$545.60		Payee address; City; State; Zip Code 233 S Wacker Dr Chicago, IL 60606-7147			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel Out of 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 General Consultant travel	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# 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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/31 Rpt: 64/67		2 FILER NAME Rose, Benjamin		3 Filer ID	
4 Date 07/25/2019		5 Payee name United Airlines Inc			
6 Amount (\$) \$200.00		7 Payee address; City; State; Zip Code 233 S Wacker Dr  Chicago, IL 60606-7147			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel Out of 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 General Consultant travel	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/10/2019		Payee name Wayfair			
Amount (\$) \$324.72		Payee address; City; State; Zip Code 4 Copley Pl Fl 7 Boston, MA 02116-6504			
PURPOSE OF EXPENDITURE		(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 Office furniture	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/26/2019		Payee name Wayfair			
Amount (\$) \$246.79		Payee address; City; State; Zip Code 4 Copley Pl Fl 7 Boston, MA 02116-6504			
PURPOSE OF EXPENDITURE		(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 Office furniture	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# 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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 31/31 Rpt: 65/67		2 FILER NAME Rose, Benjamin		3 Filer ID	
4 Date 08/15/2019		5 Payee name Wolf, Joseph			
6 Amount (\$) \$5,000.00		7 Payee address; City; State; Zip Code 810 E Palm Ln  Phoenix, AZ 85006-2113			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting 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 General Consultant	
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 09/17/2019		Candidate/Officeholder name Payee name Wolf, Joseph			
Amount (\$) \$2,500.00		Payee address; City; State; Zip Code 810 E Palm Ln  Phoenix, AZ 85006-2113			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting 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 General Consultant	
Complete ONLY if direct expenditure to benefit C/OH					
Date 07/15/2019		Candidate/Officeholder name Payee name Wolf, Joseph			
Amount (\$) \$5,000.00		Payee address; City; State; Zip Code 810 E Palm Ln  Phoenix, AZ 85006-2113			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting 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 General consulting	
Complete ONLY if direct expenditure to benefit C/OH					

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

**SCHEDULE T**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule T:  
Sch: 1/1 Rpt: 66/67

**2** FILER NAME  
Rose, Benjamin

**3** Filer ID

**4** Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  
United Airlines Inc

**5** Contribution / Expenditure reported on:

☐ Schedule A2    ☐ Schedule B    ☐ Schedule B(J)    ☐ Schedule C2    ☐ Schedule D    ☒ Schedule F1  
☐ Schedule F2    ☐ Schedule F4    ☐ Schedule G    ☐ Schedule H    ☐ Schedule COH-UC

**6** Dates of Travel

**7** Name of person(s) traveling  
Rose, Ben

07/26/2019

**8** Departure city or name of departure location  
Houston

07/30/2019

**9** Destination city or name of destination location  
San Diego

**10** Means of transportation  
Commercial Airplane

**11** Purpose of travel (including name of conference, seminar, or other event)  
Campaign trip to attend conference to fundraise for campaign.

## TEXT ANNOTATION

Sch: 1/1 Rpt: 67/67

FILER NAME

Rose, Benjamin

Filer ID

Schedule

A1

Information entered by filer as a memo:

The contribution received from Small Independent Motel Association was inadvertently deposited and returned on January 14, 2020.

UNOFFICIAL COPY

**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.