

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 (Ethics Commission Filers)	2 Total pages filed: 29	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Joseph	MI D	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME	LAST Say	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE 3006 Aspen Lane Manvel, TX 77578	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (832)	PHONE NUMBER 630-8517	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Andrew	MI K	
	NICKNAME	LAST Say	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY;	STATE; ZIP CODE 3006 Aspen Lane Manvel, TX 77578	
8 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 842-0574	EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)			
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 30 / 2019 THROUGH 04 / 01 / 2019			
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year 05 / 04 / 2019	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other Description
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Pearland Independent School District Trustee Position 6		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Joseph Say	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. <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.	
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	
	COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS		

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2400
CONTRIBUTION BALANCE	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 1856.58
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 543.42
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

Joseph Say

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2400.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 18320.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1856.58
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **11**

2 FILER NAME

Joseph Say

3 Filer ID (Ethics Commission Filers)

4 Date
2019-02-07

5 Full name of contributor out-of-state PAC (ID#: _____)
Roopa Nalam

7 Amount of contribution (\$) **565.00**

6 Contributor address; City; State; Zip Code
7350 Kirby Dr., Apt 2 Houston TX 77030

8 Principal occupation / Job title (See Instructions)
Physician

9 Employer (See Instructions)
Baylor College of Medicine

Date
2019-03-22

Full name of contributor out-of-state PAC (ID#: _____)
Brian Dawson

Amount of contribution (\$) **250.00**

Contributor address; City; State; Zip Code
7900 Cambridge Street Apt 22-1G Houston TX 77054

Principal occupation / Job title (See Instructions)
Instructor

Employer (See Instructions)
Baylor College of Medicine

Date
2019-01-30

Full name of contributor out-of-state PAC (ID#: _____)
Sharon Bojck

Amount of contribution (\$) **100.00**

Contributor address; City; State; Zip Code
343 William Way Wyckoff NJ 7481

Principal occupation / Job title (See Instructions)
Mom

Employer (See Instructions)
Self-Employed

Date
2019-01-30

Full name of contributor out-of-state PAC (ID#: _____)
Kathleen Cromley

Amount of contribution (\$) **100.00**

Contributor address; City; State; Zip Code
214 Hazelcrest Spring TX 77382

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Cimarron

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **11**

2 FILER NAME

Joseph Say

3 Filer ID (Ethics Commission Filers)

4 Date

2019-01-30

5 Full name of contributor

Scott Feules

out-of-state PAC (ID#: _____)

6 Contributor address;

3203 Forrester Dr.

City; State; Zip Code

Pearland TX 77584

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

President

9 Employer (See Instructions)

CloudServiceEvaluation.Com

Date

2019-03-01

Full name of contributor

William McLeod

out-of-state PAC (ID#: _____)

Contributor address;

2950 Unity Dr #571012

City; State; Zip Code

Houston TX 77257

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Judge

Employer (See Instructions)

Harris County

Date

2019-03-05

Full name of contributor

Rajitha Julapalli

out-of-state PAC (ID#: _____)

Contributor address;

27 W. Cove View Trl

City; State; Zip Code

The Woodlands TX 77389

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

Nightlight Pediatric Urgent Care

Date

2019-03-10

Full name of contributor

Tami Walker

out-of-state PAC (ID#: _____)

Contributor address;

2014 Insccho LN

City; State; Zip Code

Katys TX 77450

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Axiom Global

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 11

2 FILER NAME

Joseph Say

3 Filer ID (Ethics Commission Filers)

4 Date

2019-03-31

5 Full name of contributor

Nancy George

out-of-state PAC (ID#: _____)

6 Contributor address;

4413 Coyle St

City; State; Zip Code

Houston TX 77023

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

retired

Date

2019-03-31

Full name of contributor

Anne Garcia

out-of-state PAC (ID#: _____)

Contributor address;

3653 Griggs Road

City; State; Zip Code

Houston TX 77021

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Executive Director

Employer (See Instructions)

OpHeart

Date

2019-02-06

Full name of contributor

Glenda Criss

out-of-state PAC (ID#: _____)

Contributor address;

336 Scott ave

City; State; Zip Code

Syracuse NY 13206

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Director of habilitation services

Employer (See Instructions)

Exceptional family resources

Date

2019-02-06

Full name of contributor

Erika Doerr

out-of-state PAC (ID#: _____)

Contributor address;

1702 Ashland St

City; State; Zip Code

Houston TX 77008

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Writer

Employer (See Instructions)

Self Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **11**

2 FILER NAME
Joseph Say

3 Filer ID (Ethics Commission Filers)

4 Date
2019-02-07

5 Full name of contributor out-of-state PAC (ID#: _____)
Jill Abe

6 Contributor address; City; State; Zip Code
5625 N Avenue Kearne, NE 68847

7 Amount of contribution (\$)
50.00

8 Principal occupation / Job title (See Instructions)
Mother

9 Employer (See Instructions)
Self Employed

Date
2019-02-09

Full name of contributor out-of-state PAC (ID#: _____)
Josephine McGill

Contributor address; City; State; Zip Code
23202 Meadow Cross Ln Katy TX 77494

Amount of contribution (\$)
50.00

Principal occupation / Job title (See Instructions)
Unemployed

Employer (See Instructions)

Date
2019-02-20

Full name of contributor out-of-state PAC (ID#: _____)
Cathy Wesley

Contributor address; City; State; Zip Code
7219 Emerald Glen Dr Sugar Land TX 77479

Amount of contribution (\$)
50.00

Principal occupation / Job title (See Instructions)
Unemployed

Employer (See Instructions)

Date
2019-02-24

Full name of contributor out-of-state PAC (ID#: _____)
Amy Yeatts

Contributor address; City; State; Zip Code
3851 Hanberry Lane Pearland TX 77584

Amount of contribution (\$)
50.00

Principal occupation / Job title (See Instructions)
Principal

Employer (See Instructions)
Amy B Yeatts Consutling LLC

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **11**

2 FILER NAME

Joseph Say

3 Filer ID (Ethics Commission Filers)

4 Date

2019-03-04

5 Full name of contributor

Catherine Garofali

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

50.00

6 Contributor address;

City; State; Zip Code

7909 Unionville Ct NW

Albuquerque NM 87114-1141

8 Principal occupation / Job title (See Instructions)

Nurse practitioner

9 Employer (See Instructions)

Presbyterian health care

Date

2019-03-04

Full name of contributor

Esther Szeto

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

30.00

Contributor address;

City; State; Zip Code

4007 Merry Meadow Ct

Sugar Land TX 77479

Principal occupation / Job title (See Instructions)

Application Interface Architect

Employer (See Instructions)

Baylor College of Medicine

Date

2019-03-30

Full name of contributor

Robin Burgess

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

5406 Meadow Spring Ct

Rosharon TX 77583

Principal occupation / Job title (See Instructions)

Administrative Law Judge

Employer (See Instructions)

State of Texas

Date

2019-01-30

Full name of contributor

Ann Rosenwinkel

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

20.00

Contributor address;

City; State; Zip Code

4018 Blue Bonnet Blvd., Unit C

Houston TX 77025

Principal occupation / Job title (See Instructions)

Architect

Employer (See Instructions)

House

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **11**

2 FILER NAME
Joseph Say

3 Filer ID (Ethics Commission Filers)

4 Date
2019-03-05

5 Full name of contributor out-of-state PAC (ID#: _____)
Dawn Popp
6 Contributor address; City; State; Zip Code
6036 Toomey Lane Elkridge MD 21075

7 Amount of contribution (\$)
40.00

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
U.S. Dept. of HHS

Date
2019-02-06

Full name of contributor out-of-state PAC (ID#: _____)
Tracey Lopez
Contributor address; City; State; Zip Code
904 Sumter Court Charlottesville VA 22901

Amount of contribution (\$)
20.00

Principal occupation / Job title (See Instructions)
Staff Chaplain

Employer (See Instructions)
UVA Health System

Date
2019-02-06

Full name of contributor out-of-state PAC (ID#: _____)
Casey Akins
Contributor address; City; State; Zip Code
7919 Garden Bend Sugar Land TX 77479

Amount of contribution (\$)
20.00

Principal occupation / Job title (See Instructions)
Lecturer

Employer (See Instructions)
University of Houston - Victoria

Date
2019-02-08

Full name of contributor out-of-state PAC (ID#: _____)
Kimberly Denise
Contributor address; City; State; Zip Code
500 Denise Rd Rochester NY 14616-2751

Amount of contribution (\$)
20.00

Principal occupation / Job title (See Instructions)
Disabled

Employer (See Instructions)
Unemployed

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **11**

2 FILER NAME

Joseph Say

3 Filer ID (Ethics Commission Filers)

4 Date
2019-02-24

5 Full name of contributor out-of-state PAC (ID#: _____)

Fran Watson

7 Amount of contribution (\$)

20.00

6 Contributor address; City; State; Zip Code
5507 Effingham Drive Houston TX 77035

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self-Employed

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2019-03-01

Teresa Andrews

20.00

Contributor address; City; State; Zip Code
4828 Tonawanda Houston TX 77035

Principal occupation / Job title (See Instructions)

Owner/Operator

Employer (See Instructions)

McGonigel's Mucky Duck, Inc

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2019-03-04

Bonnie Stern

20.00

Contributor address; City; State; Zip Code
12410 West Little York Road #826 Houston TX 77041

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Cameron

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2019-03-07

Jenny Mikhail

20.00

Contributor address; City; State; Zip Code
2301 Nantucket Dr., Unit C Houston TX 77057

Principal occupation / Job title (See Instructions)

GHH

Employer (See Instructions)

Analyst

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **11**

2 FILER NAME

Joseph Say

3 Filer ID (Ethics Commission Filers)

4 Date

2019-03-14

5 Full name of contributor

Hannah Thibodeaux

out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

1403 Plumwood Dr.

Houston TX 77014

7 Amount of contribution (\$)

20.00

8 Principal occupation / Job title (See Instructions)

Development Assistant

9 Employer (See Instructions)

Boa€™s Place

Date

2019-03-18

Full name of contributor

Leigh Schmidt

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

5846 Woods Edge Rd

Fitchburg WI 53711

Amount of contribution (\$)

20.00

Principal occupation / Job title (See Instructions)

Executive Assistant

Employer (See Instructions)

The Kruse Company Realtors

Date

2019-03-18

Full name of contributor

Clara Goodwin Ferris

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

5030 Kingfisher Dr.

Houston TX 77035

Amount of contribution (\$)

20.00

Principal occupation / Job title (See Instructions)

Project Associate

Employer (See Instructions)

alliantgroup

Date

2019-03-31

Full name of contributor

Margarita Arevalo

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

13123 Lindenloch Ln

Houston TX 77085

Amount of contribution (\$)

20.00

Principal occupation / Job title (See Instructions)

Construction Project Manager

Employer (See Instructions)

University of Houston

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **11**

2 FILER NAME
Joseph Say

3 Filer ID (Ethics Commission Filers)

4 Date
2019-04-01

5 Full name of contributor out-of-state PAC (ID#: _____)
Angela Hayes
.....
6 Contributor address; City; State; Zip Code
4848 Pin Oak Park, Apt 425 Houston TX 77081

7 Amount of contribution (\$)
20.00

8 Principal occupation / Job title (See Instructions)
Researcher

9 Employer (See Instructions)
Baylor College of Medicine

Date
2019-03-31

Full name of contributor out-of-state PAC (ID#: _____)
Amanda Brown
.....
Contributor address; City; State; Zip Code
15814 Champion Forest Dr. #82 Houston TX 77379

Amount of contribution (\$)
15.00

Principal occupation / Job title (See Instructions)
Biology Prof.

Employer (See Instructions)
SNHU

Date
2019-01-30

Full name of contributor out-of-state PAC (ID#: _____)
Amy Bearce
.....
Contributor address; City; State; Zip Code
4466 Owl Creek Road Schertz TX 78154

Amount of contribution (\$)
10.00

Principal occupation / Job title (See Instructions)
Writer

Employer (See Instructions)
Self employed

Date
2019-02-06

Full name of contributor out-of-state PAC (ID#: _____)
Olalani Walsh
.....
Contributor address; City; State; Zip Code
3333 S Ponderosa Dr Gilbert AZ 85297

Amount of contribution (\$)
10.00

Principal occupation / Job title (See Instructions)
Supervisor

Employer (See Instructions)
Whole foods

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **11**

2 FILER NAME

Joseph Say

3 Filer ID (Ethics Commission Filers)

4 Date

2019-02-06

5 Full name of contributor

Michelle Palmer

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

10.00

6 Contributor address;

City; State; Zip Code

8740 Westheimer #17

Houston TX 77063

8 Principal occupation / Job title (See Instructions)

Teacher

9 Employer (See Instructions)

HOUSTON iSD

Date

2019-03-01

Full name of contributor

C. McConnell

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10.00

Contributor address;

City; State; Zip Code

917 Pinckney St.

HOUSTON TX 77009

Principal occupation / Job title (See Instructions)

Paralegal

Employer (See Instructions)

Self Employed

Date

2019-03-29

Full name of contributor

Felicia Young

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10.00

Contributor address;

City; State; Zip Code

213 Del Monte Ln

Highlands TX 77562

Principal occupation / Job title (See Instructions)

Research Regulations Specialist

Employer (See Instructions)

InGenesis

Date

2019-03-31

Full name of contributor

Kara McIntyre

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10.00

Contributor address;

City; State; Zip Code

16125 Crawford St.

Houston TX 77040

Principal occupation / Job title (See Instructions)

on air talent

Employer (See Instructions)

iHeart Media

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **11**

2 FILER NAME

Joseph Say

3 Filer ID (Ethics Commission Filers)

4 Date

2019-02-06

5 Full name of contributor

Daniel Cohen

out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

7 Amount of contribution (\$)

5.00

8 Principal occupation / Job title (See Instructions)

Writer

9 Employer (See Instructions)

Redshift writers

Date

1/30/2019

Full name of contributor

Joseph Say

out-of-state PAC (ID#: _____)

Contributor address;

3006 Aspen Lane

City; State; Zip Code

Manvel, TX 77578

Amount of contribution (\$)

60.00

Principal occupation / Job title (See Instructions)

Premier Field Engineer

Employer (See Instructions)

Microsoft

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Joseph Say		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1830.00	
5 Date 03/01/2019	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jovy Lopez	8 Amount of Contribution \$ 1830	9 In-kind contribution description Campaign Work
7 Contributor address; City; State; Zip Code 4211 Clay Hill Dr. Apt 1416 Houston, TX 77084		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Campaign Manager		11 Employer (FOR NON-JUDICIAL) (See Instructions) Self Employed	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 14	2 FILER NAME Joseph Say	3 Filer ID (Ethics Commission Filers)
4 Date 3/19/2019	5 Payee name PRINT N SIGN WESTSIDE	
6 Amount (\$) \$351.81	7 Payee address; City; State; Zip Code 7350 Harwin Dr Ste 316a Houston TX 77036	
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 Campaign pushcards for canvassing.
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2/28/2019	Payee name MY CAMPAIGN STORE LLC	
Amount (\$) \$249.28	Payee address; City; State; Zip Code 304 Whittington Pkwy #201, Louisville, KY 40222	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign pushcards for canvassing.
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 3/25/2019	Payee name FACEBOOK FB.ME/ADS	
Amount (\$) \$125.00	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, California 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook Targeted Ads for advertising campaign
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 14	2 FILER NAME Joseph Say	3 Filer ID (Ethics Commission Filers)
4 Date 3/25/2019	5 Payee name Office Depot	
6 Amount (\$) 98.59	7 Payee address; City; State; Zip Code 3000 Silverlake Village Dr, Pearland, TX 77584	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office supplies. Sticky Notes, and white board markers.
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2/11/2019	Payee name FACEBOOK FB.ME/ADS	
Amount (\$) (\$35.00)	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, California 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook targeted Campaign Ads
	Candidate / Officeholder name Office sought Office held	
Date 4/1/2019	Payee name Facebook FB.ME/ADS	
Amount (\$) (\$48.54)	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, California 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook targeted Campaign Ads
	Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 14	2 FILER NAME Joseph Say	3 Filer ID (Ethics Commission Filers)
4 Date 2/11/2019	5 Payee name Facebook FB.ME/ADS	
6 Amount (\$) (\$25.00)	7 Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, California 94025	
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 Facebook targeted Campaign Ads
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2/28/2019	Payee name Facebook FB.ME/ADS	
Amount (\$) (\$24.63)	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, California 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook targeted Campaign Ads
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2/25/2019	Payee name Facebook FB.ME/ADS	
Amount (\$) (\$20.00)	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, California 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook targeted Campaign Ads
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 14	2 FILER NAME Joseph Say	3 Filer ID (Ethics Commission Filers)
4 Date 3/1/2019	5 Payee name Facebook	
6 Amount (\$) (\$75.00)	7 Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, California 94025	
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 Facebook Targeted Ads for campaign
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 2/19/2019	Payee name Facebook	
Amount (\$) (\$50.00)	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, California 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook Targeted Ads for campaign
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 2/7/2019	Payee name Facebook	
Amount (\$) (\$25.00)	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, California 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook Targeted Ads for campaign
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 14		2 FILER NAME Joseph Say		3 Filer ID (Ethics Commission Filers)	
4 Date 3/8/2019		5 Payee name COPYDOTCOM, INC.			
6 Amount (\$) (\$38.97)		7 Payee address; City; State; Zip Code 1201 Westheimer Rd #F, Houston, TX 77006			
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 for businesss Cards	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/4/2019		Payee name COPYDOTCOM, INC.			
Amount (\$) (\$38.97)		Payee address; City; State; Zip Code 1201 Westheimer Rd #F, Houston, TX 77006			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing for businesss Cards	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/11/2019		Payee name BREWINGZ -			
Amount (\$) (\$43.78)		Payee address; City; State; Zip Code 3541 Business Center Dr, Pearland, TX 77584			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign volunteers	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 14	2 FILER NAME Joseph Say	3 Filer ID (Ethics Commission Filers)
4 Date 4/1/2019	5 Payee name CENTRAL MARKET	
6 Amount (\$) 44.70	7 Payee address; City; State; Zip Code 3815 Westheimer Rd, Houston, TX 77027	
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 Food for Campaign Volunteers
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 3/25/2019	Payee name Costco	
Amount (\$) 21.54	Payee address; City; State; Zip Code 3500 Business Center Dr, Pearland, TX 77584	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Campaign Volunteers
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 3/25/2019	Payee name Marco's Pizza	
Amount (\$) 44.68	Payee address; City; State; Zip Code 7902 Broadway St #124, Pearland, TX 77581	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Campaign Volunteers
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 14	2 FILER NAME Joseph Say	3 Filer ID (Ethics Commission Filers)
4 Date 4/1/2019	5 Payee name Marco's Pizza	
6 Amount (\$) (\$54.27)	7 Payee address; City; State; Zip Code 7902 Broadway St #124, Pearland, TX 77581	
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 Food for Campaign Volunteers
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 3/29/2019	Payee name Frost Bank	
Amount (\$) 8.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fees
	Candidate / Officeholder name Office sought Office held	
Date 2/28/2019	Payee name Frost Bank	
Amount (\$) 8.00	Payee address; City; State; Zip Code 11201 Broadway St, Pearland, TX 77584	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking fees
	Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 14	2 FILER NAME Joseph Say	3 Filer ID (Ethics Commission Filers)
4 Date 3/12/2019	5 Payee name Microsoft	
6 Amount (\$) (\$64.05)	7 Payee address; City; State; Zip Code One Microsoft Way, Redmond, WA 98052	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Webhosting and Email Fee
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 3/8/2019	Payee name TEXAS DEMOCRATIC PARTY	
Amount (\$) (\$63.34)	Payee address; City; State; Zip Code 1106 Lavaca St #100, Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for access to VAN for campaign targeting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2/8/2019	Payee name TEXAS DEMOCRATIC PARTY	
Amount (\$) (\$63.34)	Payee address; City; State; Zip Code 1106 Lavaca St #100, Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for access to VAN for campaign targeting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 14	2 FILER NAME Joseph Say	3 Filer ID (Ethics Commission Filers)
4 Date 2019-02-01	5 Payee name WePay	
6 Amount (\$) \$14.37	7 Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2019-02-06	Payee name WePay	
Amount (\$) \$1.08	Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2019-02-08	Payee name Joseph Say	
Amount (\$) \$10.78	Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 14	2 FILER NAME Joseph Say	3 Filer ID (Ethics Commission Filers)
4 Date 2019-02-19	5 Payee name WePay	
6 Amount (\$) \$25.66	7 Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2019-02-22	Payee name WePay	
Amount (\$) \$2.25	Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2019-02-26	Payee name WePay	
Amount (\$) \$3.33	Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14	2 FILER NAME Joseph Say	3 Filer ID (Ethics Commission Filers)
4 Date 2019-03-04	5 Payee name WePay	
6 Amount (\$) \$5.97	7 Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2019-03-06	Payee name WePay	
Amount (\$) \$4.80	Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2019-03-07	Payee name WePay	
Amount (\$) \$5.28	Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 14	2 FILER NAME Joseph Say	3 Filer ID (Ethics Commission Filers)
4 Date 2019-03-11	5 Payee name WePay	
6 Amount (\$) \$1.08	7 Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2019-03-12	Payee name WePay	
Amount (\$) \$4.20	Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2019-03-18	Payee name WePay	
Amount (\$) \$1.08	Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 14	2 FILER NAME Joseph Say	3 Filer ID (Ethics Commission Filers)
4 Date 2019-03-21	5 Payee name WePay	
6 Amount (\$) \$2.16	7 Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2019-03-25	Payee name WePay	
Amount (\$) \$10.05	Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2019-04-01	Payee name WePay	
Amount (\$) \$11.27	Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 14	2 FILER NAME Joseph Say	3 Filer ID (Ethics Commission Filers)
4 Date 2019-04-01	5 Payee name WePay	
6 Amount (\$) \$0.69	7 Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2019-04-02	Payee name WePay	
Amount (\$) \$21.05	Payee address; City; State; Zip Code 350 Convention Way, Suite 200 Redwood City, CA 94063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online donations
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 3/25/2019	Payee name Office Depot	
Amount (\$) (\$15.16)	Payee address; City; State; Zip Code 300 SilverLake Villagte Drive Pearland, TX 77584	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	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 for campaign, pens, and markers
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		