

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: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Brian	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX Livingston	Date Received RECEIVED APR 28 2017	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 5027 Frisco, TX 75035	Date Hand-delivered or Date Postmarked City Secretary's Office	
		Receipt # Amount	
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Howard		
	NICKNAME LAST SUFFIX Akin Jr.		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 44 Armstrong Drive, Frisco, Texas 75034		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION 469-850-2840		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" 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 THROUGH Month Day Year 03/28/2017 04/26/2017		
10 ELECTION	ELECTION DATE Month Day Year 05/06/2017	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) None	12 OFFICE SOUGHT (if known) Frisco City Council Place 6	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

2 of 12

13 C / OH NAME Livingston, Brian

14 Filer ID

**15 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

☐ Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ 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 \$ 0.00

2. **TOTAL POLITICAL CONTRIBUTIONS**
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1,810.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. **TOTAL POLITICAL EXPENDITURES** \$ 4,790.30

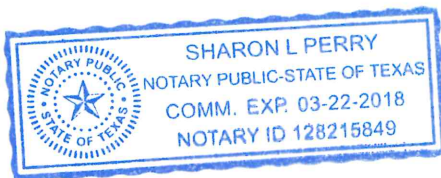
**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 982.48

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,000.00

17 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.

Brian Livingston

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brian Livingston, this the 28th day of April, 2017, to certify which, witness my hand and seal of office.

Sharon Perry

Signature of officer administering

SHARON PERRY

Printed name of officer administering

Notary

Title of officer administering oath

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

3 of 12

18 FILER NAME Livingston, Brian		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,810.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,415.77
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 2,374.53
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.64

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 1/3 Rpt: 4/12

2 FILER NAME

Livingston, Brian

3 Filer ID

4 Date
04/12/2017

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Archambault, Randy

7 Amount of Contribution (\$)
\$10.00

6 Contributor address; City; State; Zip Code
11542 La Cantera Trl
Frisco, TX 75033

8 Principal occupation / Job title (See Instructions)
Analytics Manager

9 Employer (See Instructions)
AMA

Date
04/10/2017

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Baker, Cody

Amount of Contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
15566 Appaloosa Drive
Frisco, TX 75035

Principal occupation / Job title (See Instructions)
Analytics

Employer (See Instructions)
AmerisourceBergen

Date
04/24/2017

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Gray, David

Amount of Contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
5031 Stillwater Trl
Frisco, TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/01/2017

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Hail, Kevin

Amount of Contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
4185 Sicily Dr
Frisco, TX 75034

Principal occupation / Job title (See Instructions)
COO

Employer (See Instructions)
NBCF

Date
04/10/2017

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Hanebuth, Chuck

Amount of Contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
7254 Bay Hill Dr
Frisco, TX 75034

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 2/3 Rpt: 5/12

2 FILER NAME

Livingston, Brian

3 Filer ID

4 Date
03/30/2017

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
King, Glyn

7 Amount of Contribution (\$)
\$250.00

6 Contributor address; City; State; Zip Code
4285 Glenhurst Lane
Frisco, TX 75034

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)
Retired

Date
04/15/2017

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Larson, Brett

Amount of Contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
5034 Corinthian Bay Drive
Frisco, TX 75034

Principal occupation / Job title (See Instructions)
Financial Planner

Employer (See Instructions)
Prudential

Date
04/21/2017

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Nese, Timothy

Amount of Contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
6330 Chimney Peak Lane
Frisco, TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/30/2017

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Rasul, Aziz

Amount of Contribution (\$)
\$200.00

Contributor address; City; State; Zip Code
5275 Buena Vista Dr
Frisco, TX 75034

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date
04/02/2017

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Rogers, Fred

Amount of Contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
7653 Pasatiempo Dr
Frisco, TX 75034

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 3/3 Rpt: 6/12

2 FILER NAME

Livingston, Brian

3 Filer ID

4 Date
04/19/2017

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Scheef, Carl

7 Amount of Contribution (\$)
\$250.00

6 Contributor address; City; State; Zip Code
11521 Clairmonte Ct
Frisco, TX 75035

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
Scheef & Stone LLP

Date
03/31/2017

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Shanahan, Jim

Amount of Contribution (\$)
\$200.00

Contributor address; City; State; Zip Code
5155 Spanish Oaks
Frisco, TX 75034

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date
03/30/2017

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Stinnett, Charles

Amount of Contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
11922 Salisbury Dr
Frisco, TX 75035

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

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: 1/4 Rpt: 7/12	2 FILER NAME Livingston, Brian	3 Filer ID
4 Date 04/26/2017	5 Payee name Anedot.com	
6 Amount (\$) \$43.74	7 Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884	
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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/17/2017	Candidate/Officeholder name Collin County Bookkeeping	
Amount (\$) \$275.00	Office sought Office held	
	Payee address; City; State; Zip Code 11932 Salisbury Drive Suite 202 Frisco, TX 75035	
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 Bookkeeping
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/10/2017	Candidate/Officeholder name First Graphic Service, Inc	
Amount (\$) \$330.16	Office sought Office held	
	Payee address; City; State; Zip Code 229 Garvon St Garland, TX 75040	
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 Yard Signs
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: 2/4 Rpt: 8/12	2 FILER NAME Livingston, Brian	3 Filer ID
4 Date 04/03/2017	5 Payee name La Hacienda	
6 Amount (\$) \$110.65	7 Payee address; City; State; Zip Code 4110 Preston Rd Frisco, TX 75034	
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 Campaign Team Lunch
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/30/2017	Payee name Lowes	
Amount (\$) \$8.64	Payee address; City; State; Zip Code 3360 Preston Rd Frisco, TX 75034	
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 Campaign supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/17/2017	Payee name Mainstream Business Solutions	
Amount (\$) \$297.50	Payee address; City; State; Zip Code 2591 Dallas Pkwy Suite 300 Frisco, TX 75034	
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 Campaign Shirts
Complete <u>ONLY</u> 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: 3/4 Rpt: 9/12	2 FILER NAME Livingston, Brian	3 Filer ID
4 Date 04/12/2017	5 Payee name Metro Mailer	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 5719 E Rosedale St Suite 809 Fort Worth, TX 76112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/28/2017	Candidate/Officeholder name Office sought Office held	
Payee name Smore		
Amount (\$) \$12.75	Payee address; City; State; Zip Code 8410 45 Rothschild Blvd Tel Aviv Israel	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/28/2017	Candidate/Officeholder name Office sought Office held	
Payee name Vista Print		
Amount (\$) \$125.79	Payee address; City; State; Zip Code 95 Hayden Ave Lexington, MA 02421	
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 Expense - Palm Cards
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: 4/4 Rpt: 10/12	2 FILER NAME Livingston, Brian	3 Filer ID
4 Date 03/28/2017	5 Payee name Vista Print	
6 Amount (\$) \$15.75	7 Payee address; City; State; Zip Code 95 Hayden Ave Lexington, MA 02421	
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 - Palm Cards
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/31/2017	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$153.79	Payee name Vista Print Payee address; City; State; Zip Code 95 Hayden Ave Lexington, MA 02421	
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 Expense - Palm Cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/31/2017	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$42.00	Payee name Vista Print Payee address; City; State; Zip Code 95 Hayden Ave Lexington, MA 02421	
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 Expense - Additional Palm Cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/1 Rpt: 11/12		2 FILER NAME Livingston, Brian		3 Filer ID	
4 Date 04/19/2017		5 Payee name Celebrity Cafe			
6 Amount (\$) \$996.35 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 3520 Preston Road Frisco, TX 75034			
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 Campaign	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 04/12/2017		Payee name Metro Mailer			
Amount (\$) \$1,323.04 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 5719 E Rosedale St Suite 809 Fort Worth, TX 76112			
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 Advertising	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 04/01/2017		Payee name Texadelphia			
Amount (\$) \$55.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 6801 Warren Pkwy Suite 125 Frisco, TX 75034			
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 Campaign Meeting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 1/1 Rpt: 12/12

2 FILER NAME

Livingston, Brian

3 Filer ID

4 Date
04/07/2017

5 Name of person from whom amount is received
Stripe

8 Amount (\$)
\$0.64

6 Address of person from whom amount is received; City; State; Zip Code
3180 18th Street
Mission District
San Francisco, CA

7 Purpose for which amount is received
Refund

☐ Check if political contribution returned to filer