FORM C/OH **CANDIDATE / OFFICEHOLDER** CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: Filer ID The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS/MRS/MR **FIRST** MI OFFICE USE ONLY **OFFICEHOLDER** Brian NAME Date Received RECEIVED **NICKNAME** LAST **SUFFIX** Livingston CANDIDATE / Date Hand-delivered or Date Post ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE OFFICEHOLDER P.O. Box 5027 City Secretary's Office MAILING **ADDRESS** Change of Address Frisco, TX 75035 Date Processed Date Imaged **CAMPAIGN** MS/MRS/MR **FIRST** MI **TREASURER** Howard NAME **NICKNAME** LAST SUFFIX Akin Jr. CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: ZIP CODE **TREASURER ADDRESS** (Residence or Business) 44 Armstrong Drive, Frisco, Texas 75034 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE 469-850-2840 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) PERIOD Day Month Day Year COVERED **THROUGH** 03/28/2017 04/26/2017 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 05/06/2017 X General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) None 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) | FROM POLITICAL COMMITTEE(S) 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. | | | | | | | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | | | |
| | GENERAL | | | | | | | |
| | _ | COMMITTEE ADDRESS | | | | | | |
| | SPECIFIC | | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | |
| | And the second s | COMMITTEE CAMPAIGN TREASURER ADDRES | S | | | | | |
| - | | , | | | | | | |
| 16 CONTRIBUTION TOTALS | HAN PLEDGES, | \$ 0.00 | | | | | | |
| |) | \$ 1,810.00 | | | | | | |
| EXPENDITURE TOTALS | ITEMIZED | \$ 0.00 | | | | | | |
| 4. TOTAL POLITICAL EXPENDITURES | | | | \$ 4,790.30 | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICATION REPORTING PE | AST DAY OF THE | \$ 982.48 | | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS (TING PERIOD | OF THE LAST DAY | \$ 1,000.00 | | | | |
| 17 AFFADAVIT | | | | | | | | |
| 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. SHARON L PERRY 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 NOT | AFFIX NOTARY STAMP / SEAL ABOVE | | | | | | | |
| Sworn to and subso | Sworn to and subscribed before me, by the said bua Living Stow, this the 28 day | | | | | | | |
| Signature of officer administering Sharper Ferry Printed name of officer administering Title of officer administering oath | | | | | | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | COVER SHEET PG 3 3 of 12 |
|--|--------------------------|
| 18 FILER NAME Livingston, Brian | r ID |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1,810.00 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. SCHEDULE E: LOANS | \$ |
| 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 2,415.77 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ 2,374.53 |
| 10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O | - \$ |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER | \$ 0.64 |
| | |
| | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/3 Rpt: 4/12 FILER NAME 3 Filer ID Livingston, Brian Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/12/2017 Archambault, Randy \$10.00 6 Contributor address; City; State; Zip Code 11542 La Cantera Trl Frisco, TX 75033 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) **Analytics Manager** AMA Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/10/2017 Baker, Cody \$100.00 Contributor address; City; State; Zip Code 15566 Appaloosa Drive Frisco, TX 75035 Principal occupation / Job title (See Instructions) Employer (See Instructions) Analytics AmerisourceBergen Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/24/2017 \$250.00 Gray, David Contributor address; City; State; Zip Code 5031 Stillwater Trl Frisco, TX 75034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/01/2017 \$50.00 Hail, Kevin Contributor address; City; State; Zip Code 4185 Sicily Dr Frisco, TX 75034 Principal occupation / Job title (See Instructions) Employer (See Instructions) COO **NBCF** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/10/2017 Hanebuth, Chuck \$100.00 Contributor address; City; State; Zip Code 7254 Bay Hill Dr Frisco, TX 75034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/3 Rpt: 5/12 2 FILER NAME 3 Filer ID Livingston, Brian Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/30/2017 King, Glyn \$250.00 6 Contributor address; City; State; Zip Code 4285 Glenhurst Lane Frisco, TX 75034 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/15/2017 Larson, Brett \$100.00 Contributor address; City; State; Zip Code 5034 Corinthian Bay Drive Frisco, TX 75034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Financial Planner Prudential Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 04/21/2017 Nese, Timothy \$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 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/30/2017 Rasul, Aziz \$200.00 Contributor address; City; State; Zip Code 5275 Buena Vista Dr Frisco, TX 75034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/02/2017 Rogers, Fred \$100.00 Contributor address; City; State; Zip Code 7653 Pasatiempo Dr Frisco, TX 75034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 6/12 2 FILER NAME 3 Filer ID Livingston, Brian 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/19/2017 Scheef, Carl \$250.00 6 Contributor address; City; State; Zip Code 11521 Clairmonte Ct Frisco, TX 75035 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Attorney Scheef & Stone LLP Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 03/31/2017 Shanahan, Jim \$200.00 Contributor address; City; State; Zip Code 5155 Spanish Oaks Frisco, TX 75034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/30/2017 Stinnett, Charles \$100.00 Contributor address; City; State; Zip Code 11922 Salisbury Dr Frisco, TX 75035 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Candidate/Officeholder/Political Committee Credit Card Payment | | | Legal Services The Instruction Guide explain | | ages/Contract Labor | OTHER (enter a ca | ategory not listed above) |
|--|---|--|---|--|---------------------|--|---|
| 1 | Total pages Schedule F1: | 12 FILER NAM | | | | 3 Filer ID | |
| | Sch: 1/4 Rpt: 7/12 | Livingston, | | | | O FRIOTED | |
| 4 | Date | 5 Payee name | e ' | | | | |
| | 04/26/2017 | Anedot.com | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ess; City; Sta | ate; Zip Cod | de | | Manieka malikuwa magawakiwa masukiwa maka mka mka mka maka panakiwa maka mina makinga mpilika a gibi usaki mba mba mka mba mka mba mka mba mka mba mba mba mba mba mba mba mba mba mb |
| | \$43.74 | PO Box 84 | 314 | | | | |
| | 1 | | | | | | |
| | | Baton Rou | ige, LA 70884 | | | | |
| 8 | PURPOSE | (a) Category (| See Categories listed at the top of this | schedule) | (b) Description | | |
| | OF EXPENDITURE | Fees | | | <u></u> | vel outside of Texas. Comple | |
| | 1 | | | | Fees | stin, TX, officeholder living ex | (pense |
| | 1 | - The second sec | | 1 | , 000 | | |
| 9 | Complete ONLY if direct expenditure to benefit C/Oh | | ficeholder name | Office soug | jht | Office held | I |
| - | | The control of the co | | | | | |
| | Date | Payee name | | | | | |
| _ | 04/17/2017 | | nty Bookkeeping | | | | |
| | Amount (\$) | Payee addre | | ate; Zip Coo | le | | |
| | \$275.00 | I | sbury Drive | | | | |
| | | Suite 202 | | | | | |
| | | Frisco, TX | 75035 | | | | |
| | PURPOSE OF | 1 | See Categories listed at the top of this | schedule) | (b) Description | | |
| | EXPENDITURE | Accounting | /Banking | No. | <u></u> | el outside of Texas. Complet tin, TX, officeholder living ex | |
| | | | | | Bookkeepin | | pense |
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| | Complete ONLY if direct | | ficeholder name | Office soug | ıht | Office held | |
| | expenditure to benefit C/OF | 4 | | - | | | |
| | Date | Payee name | 7 | | | | |
| | 04/10/2017 | , | nic Service, Inc | | | | |
| | Amount (\$) | Payee addre | | ate; Zip Cod | ام | | |
| | \$330.16 | 229 Garvor | | ite, 21p 000 | | | |
| | 7 | | 100 | | | | |
| | | Garland, T | X 75040 | | | | |
| | PURPOSE OF | 1 | See Categories listed at the top of this s | schedule) (| (b) Description | | |
| | EXPENDITURE | Advertising | Expense | 1 | L. | el outside of Texas. Complet tin, TX, officeholder living exp | |
| | | | | | Yard Signs | III, IA, unicendidei living ea | pense |
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| | expenditure to benefit C/OF | | | - | | 20 0 0000 00 00000 | |
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (expense a category not listed above)

| | Candidate/Officeholder/Politica Credit Card Payment | | Legal Services | Salaries/V | | se s/Contract Labor | OTHER (enter a category not listed | above) |
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| | orean outer tymen | | The Instruction Guide explai | ins how to co | mple | ete this form. | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | | | | 3 | Filer ID | |
| | Sch: 2/4 Rpt: 8/12 | Livingston, | Brian | | | | | |
| 4 | Date | 5 Payee name | | CSASSA PERIOS NESSA ENTRE (MENEROLA COLLEGISMO | | | | |
| | 04/03/2017 | La Haciend | a | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ss; City; Sta | ate; Zip Co | de | | COMMUNICATION OF THE PROPERTY OF A STATE OF THE CONTRACT OF TH | |
| and pictoria. | \$110.65 | 4110 Presto | | ,p | | | | |
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| | | Frisco, TX | 75024 | | | | | |
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| 8 | PURPOSE OF | | ee Categories listed at the top of this | schedule) | (b) | Description | | |
| | EXPENDITURE | Food/Bever | age Expense | | | leaved. | side of Texas. Complete Schedule T. K, officeholder living expense | |
| - | | | | | | Campaign Tear | | |
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| 9 | Complete ONLY if direct | Candidate/Offi | ceholder name | Office sou | aht | | Office held | |
| | expenditure to benefit C/O | H | | | | | | |
| H | Date | Dayoo nama | | | | | | |
| | 03/30/2017 | Payee name Lowes | | | | | | |
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| | Amount (\$) | Payee addre | | ate; Zip Co | de | | | |
| | \$8.64 | 3360 Presto | on Ra | | | | | |
| | | | | | | | | |
| | | Frisco, TX 7 | 75034 | | | | | |
| | PURPOSE | (a) Category (Se | ee Categories listed at the top of this | schedule) | (b) | Description | | |
| | OF EXPENDITURE | Advertising | Expense | | | lanced. | side of Texas. Complete Schedule T. | |
| | | | | | | Campaign supp | C, officeholder living expense | |
| | | | | | | Campaign supp | nies | |
| L | Complete ONLY if direct | Candidata/Offi | a a b a l d a v a a ma a | 06: | | or of the section of | O#: b-14 | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Offi | cenoider name | Office sou | gnt | | Office held | |
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| | Date | Payee name | | | | | | |
| | 04/17/2017 | Mainstream | Business Solutions | | | | | |
| | Amount (\$) | Payee addres | | ite; Zip Co | de | | | |
| | \$297.50 | 2591 Dallas | Pkwy | | | | | |
| | | Suite 300 | | | | | | |
| | | Frisco, TX 7 | 5034 | | | | | |
| | PURPOSE | (a) Category (Se | e Categories listed at the top of this | schedule) | (b) | Description | | www.composition.residence.com |
| | OF EXPENDITURE | Advertising | | | | management of the same of the | ide of Texas. Complete Schedule T. | |
| | LAFENDITORE | | | Sub-parents. | | lamand | , officeholder living expense | |
| | | | | alors and a second | | Campaign Shirts | S | |
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| | orporations to bottom O/O/I | | | | | | | |
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SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense L
Fees C
Food/Reverage Expense E

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
ense Printing Expense

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

| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | mmittee | Gift/Awards/Memori Legal Services The Instruction | rials Expense | | Expens /Wages | se s/Contract Labor | | Travel Out of District OTHER (enter a category not lis | ited above) | |
|---|--|----------------|---|---|------------------------|--|------------------------|---------------|--|--|--|
| 1 | Total pages Schedule F1: | 2 | FILER NAMI | | | - | - | | 3 | Filer ID | |
| | Sch: 3/4 Rpt: 9/12 | | Livingston, | Brian | | | | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 04/12/2017 | | Metro Maile | er | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ess; City; | State | e; Zip C | ode | | Harmana (balanga) | | |
| | \$1,000.00 | and the second | 5719 E Ros | sedale St | | | | | | | |
| | / | | Suite 809 | | | | | | | | |
| | 1 | | Fort Worth, | TX 76112 | | | | | | | |
| 8 | PURPOSE | (a) | | | | | (b) | Description | | | |
| | OF | (5) | Advertising | See Categories listed a | at the top of this scr | nedule) | (5) | enemotic . | outside | e of Texas. Complete Schedule | т. |
| | EXPENDITURE | | Auvertioning | Evherine | | | | | | officeholder living expense | |
| | | | | | | | | Advertising | | | |
| | 1 | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/Oh | | Candidate/Offi | iceholder name | (| Office sou | ught | | | Office held | |
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| | 03/28/2017 | | Smore | | | | | | | | |
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| | \$12.75 | | 8410 | | | , -, | | | | | |
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| | PURPOSE OF | (a) | | ee Categories listed a | at the top of this sch | nedule) | (b) | Description | | | |
| | EXPENDITURE | - Conjunction | Advertising | Expense | | | | | | e of Texas. Complete Schedule officeholder living expense | Г. |
| | | | | | | | departure | Advertising | , 17,0 | miceriolaer living expense | |
| | 1 | | | | | | | 7107071101119 | | | |
| Complete ONLY if direct cxpenditure to benefit C/OH | | | Candidate/Offi | iceholder name | (| Office sou | <u>l</u> ught | | MANUFACTURE PROPERTY OF THE PERSON NAMED IN | Office held | |
| _ | | _ | | Bakkantakinan dalakin kecamatan kenantah kelalah dan melakatan dalah dan melakatan dalah dan melakatan dan mela Melakantah dan | | | | | | | |
| | Date | 1 | Payee name | | | | | | | | |
| | 03/28/2017 | | Vista Print | | | | | | | | |
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| | \$125.79 | | 95 Hayden | Ave | | | | | | | |
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| | | | Lexington, N | VIA 02421 | | | | | | | _ |
| | PURPOSE | | | ee Categories listed a | at the top of this sch | nedule) | (b) | Description | | | |
| | OF EXPENDITURE | | Printing Exp | ense | | | | l-mad | | of Texas. Complete Schedule 1 | г. |
| | | | | | | 1 | | boroud | | fficeholder living expense | |
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

| | Candidate/Officeholder/Politica Credit Card Payment | Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | | | | | |
|---|--|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID | | | | | |
| | Sch: 4/4 Rpt: 10/12 | Livingston, Brian | | | | | |
| 4 | Date | 5 Payee name | | | | | |
| | 03/28/2017 | Vista Print | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | |
| | \$15.75 | 95 Hayden Ave | | | | | |
| | | | | | | | |
| | | Lexington, MA 02421 | | | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| | EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| | | Printing - Palm Cards | | | | | |
| | | Tilling Tailli Cards | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| 9 | expenditure to benefit C/O | | | | | | |
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| | Date | Payee name | | | | | |
| | 03/31/2017 | Vista Print | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$153.79 | 95 Hayden Ave | | | | | |
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| | | Lexington, MA 02421 | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| | EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. | | | | | |
| | | Check if Austin, TX, officeholder living expense Printing Expense - Palm Cards | | | | | |
| | | Timing Expense it aim dates | | | | | |
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| | expenditure to benefit C/OH | | | | | | |
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| | 03/31/2017 | Payee name Vista Print | | | | | |
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| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$42.00 | 95 Hayden Ave | | | | | |
| | | | | | | | |
| | | Lexington, MA 02421 | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| | OF EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. | | | | | |
| | | Check if Austin, TX, officeholder living expense | | | | | |
| | | Printing Expense - Additional Palm Cards | | | | | |
| | Complete ON!! V. if direct | Condition (Office helder const.) | | | | | |
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 (expense a category not listed above)

| | Candidate/Officeholder/Politica Credit Card Payment | al Co | ommittee Legal Services Sa The Instruction Guide explains how | | Nages/Contract Labor omplete this form. | | OTHER (enter a category not listed above) | | |
|--------------|--|-------|--|---|--|--|--|--|--|
| 1 | Total pages Schedule G: | 2 | FILER NAME | | | 3 | Filer ID | | |
| L | Sch: 1/1 Rpt: 11/12 | L | Livingston, Brian | | MATERIAL STREET, THE STREET, S | \perp | | | |
| 4 | Date | 5 | Payee name | | | | | | |
| L | 04/19/2017 | | Celebrity Cafe | | | | | | |
| 6 | Amount (\$) | - | | Zip Co | de | | | | |
| | \$996.35 | | 3520 Preston Road | | | | | | |
| | Reimbursement from political contributions | | | | | | | | |
| | intended | | Frisco, TX 75034 | | | | | | |
| 8 | PURPOSE OF | (a) | Category (See Categories listed at the top of this schedule | ile) | (b) Description | | Check if travel outside of Texas. Complete Schedule T. | | |
| and a second | EXPENDITURE | | Food/Beverage Expense | | | ٦ | Check if Austin, TX, officeholder living expense | | |
| | | | | | Campaign | | | | |
| 9 | Complete ONLY if direct | | ndidate/Officeholder name | | Office sought | | O# sa hald | | |
| 3 | expenditure to benefit | Cai | Adidate/Oπicenolder name | | Office sought | | Office held | | |
| L | C/OH | | | | and the second s | | | | |
| | Date | Г | Payee name | | | - | | | |
| | 04/12/2017 | | Metro Mailer | | | | | | |
| | Amount (\$) | | Payee address; City; State; Z | Zip Co | de | *************************************** | | | |
| | \$1,323.04 | | 5719 E Rosedale St | | | | | | |
| | Reimbursement from | | Suite 809 | | | | | | |
| | x political contributions intended | | Fort Worth, TX 76112 | | | | | | |
| | PURPOSE | | Category (See Categories listed at the top of this schedule | le) | Description [| | Check if travel outside of Texas. Complete Schedule T. | | |
| | OF EXPENDITURE | | Advertising Expense | L | C | Check if Austin, TX, officeholder living expense | | | |
| | | | | - | Advertising | | | | |
| L | = | _ | | | *************************************** | | | | |
| | Complete ONLY if direct expenditure to benefit | Car | ndidate/Officeholder name | | Office sought | | Office held | | |
| | C/OH | | | | | | | | |
| | Date | | Payee name | | | Principal Control | | | |
| | 04/01/2017 | | Texadelphia | | | | | | |
| _ | Amount (\$) | | Payee address; City; State; Zi | ip Co | de | Unidental Page | | | |
| | \$55.14 | | 6801 Warren Pkwy | | | | | | |
| | Reimbursement from | | Suite 125 | | | , | | | |
| | X political contributions intended | ĺ | Frisco, TX 75034 | | | | | | |
| | PURPOSE | Π | Category (See Categories listed at the top of this schedule | e) | Description [| C | theck if travel outside of Texas. Complete Schedule T. | | |
| | OF EXPENDITURE | ĺ | Food/Beverage Expense | | | | check if Austin, TX, officeholder living expense | | |
| | ha/Al haitari. Wil | ĺ | | | Campaign Meeti | ing | | | |
| | | | | | | - | | | |
| | Complete ONLY if direct of expenditure to benefit | Can | ndidate/Officeholder name | | Office sought | | Office held | | |
| | C/OH | | | | | | | | |
| | | | | *************************************** | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 12/12 2 FILER NAME 3 Filer ID Livingston, Brian 4 Date 5 Name of person from whom amount is received 8 Amount (\$) 04/07/2017 \$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 Check if political contribution returned to filer Refund Forms provided by Texas Ethics Commission Version V1.0.1321 www.ethics.state.tx.us