CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
The C/OH Instruction Guide explains how to complete this form.			16		
3 CANDIDATE /	MS / MRS / MR FIRST	М	OFFICE USE ONLY		
OFFICEHOLDER NAME	Mrs. Beverly	, E.	Date Received		
	NICKNAME LAST	SUFFIX	RECEIVED BY		
	Skloss		CITY SECRETARY		
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	OCT 0 0 2010		
OFFICEHOLDER MAILING	P.O. BOX 3972		OCT 28 2019		
,ADDRESS	South Padre Isl	and TV 70507			
Change of Address			CITY OF SOUTH PADRE		
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
PHONE	(956) 357-1617		Date Hand-delivered of Date (Communica-		
6 CAMPAIGN	MS / MRS / MR FIRST	М	Receipt # Amount \$		
TREASURER NAME	Mr. Edward	R	Date Processed		
	NICKNAME LAST	SUFFIX	Date Imaged		
	Rice		Date imaged		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	UITE #; CITY; STATE;	ZIP CODE		
TREASURER ADDRESS	104 W. Georgia	Ruth Dr. #	8		
(Residence or Business)					
	South Padre Isla	nd, TX 18597			
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER PHONE	(636) 875-4040				
I					
9 REPORT TYPE	20th day before of	lestion Durati	15th day after campaign		
	January 15 30th day before el	lection Runoff	treasurer appointment (Officeholder Only)		
	July 15 Sth day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)		
		_			
10 PERIOD	Month Day Year	Month	Day Year		
COVERED	9/27/19	THROUGH 10/	26/19		
			100 PM		
11 ELECTION	ELECTION DATE	ELECTION TYPE			
	Month Day Year Primary	Runoff Other Description			
	11 / 5 / 19 🛛 General	Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)			
		C'+ Count	eil Place Z		
		CITY COUNT	11400 2		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		iler ID (Ethics Commission Filers)			
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	-				
GENERAL	NA				
SPECIFIC	COMMITTEE ADDRESS				
	COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGN TREASURER ADDRESS				
		\$ 10			
		\$ 6160			
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED					
4. TOTAL POLITICAL EXPENDITURES \$ 6/10.26					
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1983,74					
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1000					
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. ANDREA WRIGHT Notary Public, State of Texas Comm. Expires 10-08-2022 Notary ID 12998648-9					
/SEALAROVE					
	Royantes Skince	2/-			
1		_, this the			
ministering oath	Andrea Wright Printed name of officer administering cath	Notary Public itle of officer administering oath			
	SUPPORT THE CANE KNOWLEDGE OF CO OF SUCH EXPENDITI COMMITTEE TYPE GENERAL SPECIFIC 1. TOTAL P PLEDGE 2. TOTAL P (OTHER 3. TOTAL P UNLESS 4. TOTAL P OF REPO 6. TOTAL P LAST DA NDREA WRIGHT / Public, State of Te m. Expires 10-08-20 tary ID 12998648-9	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES SUPPORT THE CANDODATE / OFFICEROLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOU KNOWLEDGE OR CONSENT. CAMBIDIATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFO OF SUCH EXPENDITURES. COMMITTEE TYPE COMMITTEE TYPE COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD I SWEAR, OR Affirm, under penalty of perjury true and correct and includes all information under Title 15, Election Code. DESCRIPTION OF THE REPORTING PERIOD I SWEAR, OR Affirm, under penalty of perjury true and correct and includes all information under Title 15, Election Code. DESCRIPTION OF THE REPORTING PERIOD I SWEAR, OR AffirM, under penalty of perjury true and correct and includes all information under Title 15, Election Code. SIGNATURE Of Candidate SWEAL AND CODE OF THE CARD OF THE			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics of	Commission Filers)				
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6160				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	SCHEDULE E: LOANS	\$ 1000				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6110.26				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME Beverly E. 5kloss 4 Date 5 Full name of contributor out-of-state PAC (ID): 7 Amount of contribution (\$) Anna Stahl 6 Contributor address; City: State; Zip Code P.O. Box 40409 South Padre Island, Tx 78597 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Full name of contributor out-of-state PAC (ID#:____ Principal occupation / Job title (See Instructions) Robert W. and Anne K. Shepars G-12-19 Contributor address: City; State: Zip Code 5348 Papaya Cir. Harlingen, TX 78552 Employer (See Amount of contribution (\$) 250 Employer (See Instructions) Full name of contributor | out-of-state PAC (ID#: Amount of contribution (\$) Gobriel Vanouns: Gobriel Vanouns: City: State: Zip Code 4309 Podic Blind South Padre Island, TX 78597 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 9-16-19 Courtney L. Hayden Contributor address: City: State: Zip Code P.O. Box 3809 South Pudre Island TX 78597 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Gulde explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Beverly E. Skloss 5 Full name of contributor ______ out-of-state PAC (IDs:_______ 7 Amount of contribution (\$) 9-16-19 G Contributor address; City; State; Zio Code 2216 Padre Blvd. #4 South Padre Island, TX 78597 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 100 Amount of contribution (\$) 4-16-19 Keri Janell Murra Contributor address; City; State: Zip Code P.O. Box 3063 South Pudra Island, TX 78597 Principal occupation / Job title (See Instructions) Employer (See Instructions) 100 Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) 9-16-19 Kathleen D. Lonon Contributor address: City; State: Zip Code SIDI Layuna Blvd. South Padre Island TX 78547 Principal occupation / Job title (See Instructions) Employer (See Instructions) 700 Amount of contribution (\$) 9-16-19 Theresa Metty Contributor address: City: State: Zip Code Po Box 3590 South Padra Island Tx 78597 Principal occupation / Job title (See Instructions) Employer (See Instructions) 1000 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:
2 FILER NAME	Beverly E. Skloss	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)
9-16-19	6 Contributor address: City: State: Zip Code 5701 Laguna BIVd. Scuth Padre Island, TX 78597	950
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor Out-of-state PAC (ID#:) Potrick 1. Mission	Amount of contribution (\$)
9-17-19	Contributor address; City; State; Zip Code	200
	South Padre Isund, Tx 78597	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (IDN:) Suc S. Tanbert	Amount of contribution (\$)
9-25-19	Contributor address: City; State; Zip Code P. O Box 827 Rio Hondo, TX 78583	100
Delegated		
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
10-16-19	Paul Gifford, Kathryn Lyn Shaw Contributor address: City: State: Zip Code 114 B E. Dolphin South Padre Island, TX 78597	300
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Beverly Skloss 4 Date 7 Amount of contribution (\$) 1,000 South Padre Island, TX 78597 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (ID#:_ Date Amount of contribution (\$) Principal occupation / Job title (See Instructions) Anna Stahl Contributor address; City; State; Zip Code P.O. Box 40409 South Padro Island, TX 78597 Employer (See 1.000 Date Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) City; State; Zip Code Contributor address: 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.

LOANS			SCHEDULE E
The I	instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME	Beverly E. Skloss		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	ITEMIZED LOANS		\$
5 Date of loan 8-16-19	7 Name of lender out-of-state Beverly E. Skloss	PAC (ID#)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; 5	State; Zip Code	10 Interest rate
Y (N)	South Podre Island	1, TX 78547	11 Maturity date
	Nurse, Consultant	13 Employer (See Instructions)	
14 Description of Colle		15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable 20 Principal Occupat	18 Guarantor address; City;	State: Zip Code 21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (IDE:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were account (See Instructions)	deposited into political
none	Name of guarantor		Amount Guaranteed (\$)
GUARANTOR	Guarantor address; City;	State: Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
11 1	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS N	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gitt/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)

Candidate/Officeholder/Politica	I 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:	2 FILER NAME BEVERLY E. SI	closs	3 Filer ID (Ethics Commission Filers)		
4 Date 9 - 16 - 19	5 Payee name The Meatball Cafe				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
300	2412 Padre Blud. South Padre Island, T	× 78597			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	- 1/2		tside of Texas. Complete Schedule T.		
OF EXPENDITURE	Food Beverage Expense	Check if Austin	, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
9-16-19	503				
Amount (\$)	Payee address; City; State; Zip Code	· 1 C			
16.07	2216 Padre Blvd., Suite B				
\$	South Padre Island, 7	-x 78597			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		side of Texas. Complete Schedule T. TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
9-20-19	UZ Marketing				
Amount (\$)	Payee address; City; State; Zip Code				
674.87	5900 Bingse Rd. Houston, Tx 7700	4			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel out	side of Texas. Complete Schedule T.		
OF EXPENDITURE	Advertising Expense	Check if Austin,	TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEE	DED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor 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/M	Vages/Contract Labor Other (enter a category not listed at	oove)		
Credit Card Payment	The instruction Guide explains how to c	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME BEVERLY E. SKIO	3 Filer ID (Ethics Commission	n Filers)		
4 Date 9-20-19	Toucan Graphics				
6 Amount (\$)	7 Payee address; City; State; Zip Code 14725 S. Podre Island Corpus Christi, TX 78				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE		Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Printing Expense	Check if Austin, TX, officeholder living expense			
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
9-19-19	Unlimited Printing				
Amount (\$)	Payee address; City; State; Zip Code				
232.74	Brownsville, TX 7852				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
9-27-19	Toucan Graphics				
Amount (\$) 570.75	Payee address; City; State; Zip Code. 104 W. Bahama St., Suit South Padre Island, 7				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Advertising Expense	Check If Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	i		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 (enter a extension not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	outs (critical grands), reconstruction,		
1 Total pages Schedule F1:	2 FILER NAME BEVERLY E. SKIC	255	3 Filer ID (Ethics Commission Filers)		
4 Date 9-23-19	5 Payee name				
6 Amount (\$)	7 Payee address; City; State; Zip Code 2216 Pudre Blud. Suite B Scuth Padre Island, TX 78597				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date 9-26-19	Payee name Face, book				
Amount (\$) 25	Payee address; City; State; Zip Code 1601 Willow Rd. Menla Park, CA 940	25			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held /OH				
Date Payee name 9-27-19 The Printers Border Press, Inc.					
728, 48	Payee address; City; State; Zip Code 620 E Price Rd. Browns Ville, TX 78521				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Credit Card Payment	The instruction Guide explains how to co	omplete this form.	Other (ariter a category for insteo above)		
1 Total pages Schedule F1:	2 FILER NAME BEVERLY E SK	1055	3 Filer ID (Ethics Commission Filers)		
4 Date 9-27-19	5 Payee name Facebook	'			
6 Amount (\$)	7 Payee address; City; State; Zip Code 1601 Willow Rd. Mento Park, CA 9402	5			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Taxas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
9-27-19	Facebook				
Amount (\$)	Payee address; City; State; Zip Code				
25	Menlo Park CA 940	≥5			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date 9-27-19	Payee name Facebook				
Amount (\$) 25,56	Payee address; City; State; Zip Code 1601 Willow Rd. Manlo Park, CA 940	25			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense		side of Texas. Complete Schedule T. TX, officeholder living expense		
Complete ONLY If direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expe	Office Over Politing Ex ense Printing Ex		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment		The Instruction Guide	explains how to o	complete this form.	
1 Total pages Schedule F1:		ame Deverly Skli	055		3 Filer ID (Ethics Commission Filers)
4 Date 9-28-19	5 Payee na				
6 Amount (\$)	7 Payee at 1601 Men	dress: City: St Willow Rollo Park, Cl	12.7	5	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Yexas. Complete Schedule T. Check if Austin, TX, officeholder living expense			•	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought	Office held
Date	Payee na	me			
10-4-19	Face	book			
Amount (\$) 76.53	1601 Men	Willow Roa			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				•
Complete ONLY if direct expenditure to benefit C/Ol-		ate / Officeholder name		Office sought	Office held
Date	Payee na	ıme			
10-6-19	Face	book			
Amount (\$)	Payee ad 1601 Meni	Willow R.	ate; Zip Code d. A 9402	25	
PURPOSE OF EXPENDITURE	Category (See Categories ilsted at the top of this schedule) Description Check it travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held
	ΑT	ACH ADDITIONAL CO	OPIES OF THIS	SCHEDULE AS NEI	EDED

SCHEDULE F1

•		EXPENDITURE (CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	Office Ove Polling Ex nse Printing Ex		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Cieda Card Paymora		The Instruction Guide	explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER N	Beverly Sk	1055		3 Filer ID (Ethics Commission Filers)
4 Date 10 - 8 - 19	5 Payeen	ame Lbook			
6 Amount (\$)	7 Payee a	ddress; City; Sta	ate; Zip Code		
125		Willow Ra lo Park, C.	A .	-5	
8	1		p of this schedule)	(b) Description	-
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adveratising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				·
9 Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought	Office held
Date	Payee n	ame		_	
10-10-19	Face	book			
Amount (\$)	Payee a	ddress; City; Sta	ate; Zip Code		
175	1601 Men	Willow Ro	ad 9402	. S	
PURPOSE OF EXPENDITURE		(See Categories listed at the top			utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought	Office held
Date	Payee n	ame			
10-12-19	-	book			
Amount (\$)	Payee a	ddress; City; Sta	ate; Zip Code		
250	1601 Me.	Willow Ro	ad H 9402-	.5	
	Categor	(See Categories listed at the top		Description	
PURPOSE OF EXPENDITURE		tising Exf		Check # travel or	utside of Texas. Complete Schedule T. 1, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought	Office held
	AT	TACH ADDITIONAL CO	OPIES OF THIS	SCHEDULE AS NE	EDED

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selected/Renes/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica	al 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:	2 FILER NAME Beverly Skloss	3 Filer ID (Ethics Commission Filers)			
4 Date 10-14-19	5 Payee name Facebook	· · · · · · · · · · · · · · · · · · ·			
6 Amount (\$)		p Code			
400	1601 Willow Road	Quo 5			
	Menlo Park, CA				
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description Check if travel outside of Texas. Complete Schedule T.			
PURPOSE OF EXPENDITURE	Advertising Expense	· ·			
LA LINDITOTIC	774027				
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held			
Date	Payee name				
10-14-19	Facebook				
Amount (\$)	Payee address; City; State; Zip	p Code			
500	1601 Willow Road				
	Menlo Park, CA	94025			
	Category (See Categories listed at the top of this so	chedule) Description			
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
10-17-19	Sea Ranch Restaura	int			
Amount (\$)	Payee address; City; State; Zip	p Code			
245.82	1 Padre Blud.	w .			
, , ,	South Padre Island	1, TX 78597			
	Category (See Categories listed at the top of this sci				
PURPOSE	Food, Beverage	Check if travel outside of Texass. Complete Schedule T.			
OF EXPENDITURE		Check if Austin, TX, officeholder living expense			
	Expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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 Gilt/Awards/Memorials Expense Lenal 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 shows)

Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME
Beverly Skloss 3 Filer ID (Ethics Commission Filers) 7 Payee address; City; State; Zip Code 10-24-19 6 Amount (\$) 304 Pinar Del Rio 935 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Consulting Expense Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Lone Star National Bank 10-24-19 Payee address; Amount (\$) City; State; Zip Code 601 Padre Blud. 9.50 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check If Austin, TX, officeholder living expense Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct

expenditure to benefit C/OH