CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	tuide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST	ME	OFFICE USE ONLY
NAME	Mrs. Beverly E.		Date Received
	NICKNAME LAST	SUFFIX	RECEIVED BY CITY SECRETARY
	Skloss		OH I SECRETAIN
4 CANDIDATE/ OFFICEHOLDER		CITY; STATE; ZIP CODE	JAN 1 5 2020
MAILING ADDRESS	P.O. Box 3972		VIII 1 0 2320
Change of Address	South Padre Isla	and, TX 78597	CITY OF SOUTH PADRE
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	ISLAND
PHONE	(956) 357-1617		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$
NAME	Mr. Edward R.	· · · · · · · · · · · · · · · · · · ·	Date Processed ·
·	RICE	SUFFIX	Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	AUITE #; CITY; STATE:	ZIP CODE
TREASURER ADDRESS	104 W. Georgia 1	Ruth Dr.	
(Residence or Business)	South Padre Isla		
	3641 Habre 1514	nd, 1X 18597	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (636) 875-4040	EXTENSION	
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment
	July 15 Sth day before el	action Exceeded \$500 limit	(Officeholder Only) Final Report (Attach C/OH - FR)
		ocaut	Linear responsive Construction - Proj
10 PERIOD COVERED	Month Day Year 10/27/19	THROUGH) 2/	Day Year / 31/19
11 ELECTION	ELECTION DATE	ELECTION TYPE	!
	Month Day Year ☐ Primary 11 / 5 / 19 ☑ General	Description	
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if know	n)
		City Coun	cil Place 2
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	,	15 File	r ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES IN MDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORURES.	THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	6 III =
	GENERAL	NA	
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	,
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 10
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8660
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 8003.14
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 1656.86
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 1000
18 AFFIDAVIT			
		I swear, or affirm, under penalty of perjury,	
		true and correct and includes all information under Title 15, Election Code.	Jin required to be reported by me
	SUSAN M HI COMM. EXPIRES 3 NOTARY ID FE	28-2023	
VEOF W		Signature of Candidate	or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		- 24
Sworn to and subsc		by the said Beverly Skloss	_, this the
day of Janua	my 20 20.	to certify which, witness my hand and seal of office.	nc 1
CITYON	May	42 Sosan M. Manning	ely Day
Signature of officer a	administering oath	Printed name of officer administering oath T	itle of officer administering oath

www.ethics.state.tx.us

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Con		mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8660
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 CON	NTRIBUTIONS	\$ 8003,14
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	ONS	\$

		1 Total pages Schedule A1:
The	Instruction Guide explains how to complete this form.	5
FILER NAME	Beverly E. Skloss	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:) Anna Stahl	7 Amount of contribution (\$)
9-10-18	Anna Stahl 6 Contributor address; City; State; Zip Code P.D. Box 40409 South Poder Toland TV 78597	500
Principal occu	South Padre Island, TX 78597 pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (IDS:) Robert W. and Anne K. Shepard	Amount of contribution (\$)
9-12-19	Contributor address; City; State; Zip Code 5348 Papaya Cir.	250
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ttions)
Date	Full name of contributor out-of-state PAC (IDS:) Gabriel Vanounou	Amount of contribution (\$)
-12-19	Contributor address: City; State; Zip Code 4309 Padre Blud.	250
Principal occu	South Padre Island, TX 78597 pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#:) Courtney L. Havden	Amount of contribution (\$)
9-16-19	P.O. Box 3809	200
	South Padre Island, TX 78597	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)
•		

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 E. Skloss 4 Date 7 Amount of contribution (\$) 9-16-19 Gon Letter Gode 2216 Padre Blvd, #4 South Padre Island, TX 78597 Belonded accumulation / Job title (See Instructions) 9 Employer (See Instructions) 100 Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) 9-16-19 Kori Janell Marra Contributor address; City; State; Zip Code P.O. Box 3063 South Padre Island, TX 78597 Principal occupation / Job title (See Instructions) Employer (See Instructions) 100 G-16-19 Kathleen D. Lonon Contributor address: City: State: Zip Code SIDI Layana Blvd. South Padre Island TX 78597 Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 200 Date ☐ out-of-state PAC (ID#:____ Amount of contribution (\$) 7-16-19 Theresa Metty 9-16-19 Contributor address; City; State; Zip Code Po Box 3590 South Padre 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.

MONET	ARY 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 Qut-of-state PAC (ID#) Paul E. Mangriz	7 Amount of contribution (\$)
9-16-19	6 Contributor address: City: State: Zip Code 5701 Laguna Blvd South Padre Island, TX 78597	950
8 Principal occu	pation / Job title (See Instructions) 9	tions)
Date	Full name of contributor	Amount of contribution (\$)
9-17-19	Contributor address: City: State. Zip Code PO Box 3063	200
Principal occup	ation / Job title (See Instructions) Fmployer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
4-25-19	Contributor address: City: State, Zip Code	100
Principal occup	Ric Hondo, TX 78587 sation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor [] out of state PAC (ID#	Amount of contribution (\$)
10-16-19	Paul Crifford, Kathryn Lyn Shaw Contributor address. City, State, Zip Code 114 B E. Dolphin	300
Principal post	South Padre Island, TX 78597 eation / Job title (See Instructions) Employer (See Instruc	tions)
Principal docu	amon 7 300 line (300 instructions)	iions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	
	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 Skloss	3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor out-of-state PAC (ID#:) Dennis Stahl 6 Contributor address: City; State; Zip Code P.D. Box 40409 South Padre Island, Tx 78597 pation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$)
Date	Full name of contributor	Amount of contribution (\$)
10-24-19	Contributor address; City; State; Zip Code P. C. Box. 1-101-09	1,000
D. i i i	South Padre Island, TX 78597 pation / Job title (See Instructions) Employer (See Instruc	Y
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	uoris)
Date	Full name of contributor out-of-state PAC (ID#:) Anna Stahl	Amount of contribution (\$)
11-1-19	Anna Stahl Contributor address; City; State; Zip Code P.O. Box 40409 South Padre Island, TX 78597	1,000
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Dennis Stahl	Amount of contribution (\$)
11-1-19	Contributor address; City; State; Zip Code P.O. Box 40409 South Padre Island, TX. 78597	1,000
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 instruction 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 5 Full name of contributor ☐ out-of-state PAC (ID#:_ 7 Amount of contribution (\$) Dennis Stahl Dennis Stand 6 Contributor address; City; State; Zip Code P. O. Box 40409 South Padre Island, TX 78597 See Instructions) 9 Employer (See Instructions) 500 Full name of contributor out-of-state PAC (ID#:_ Date 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 (\$) 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 (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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

Revised 9/8/2015

SCHEDULE E LOANS 1 Total pages Schedule E: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Beverly E. Skloss 4 TOTAL OF UNITEMIZED LOANS 7 Name of lender 5 Date of loan ut-of-state PAC (ID#: 9 Loan Amount (\$) Beverly E Skloss 8 Lender address: City; State; Zip Code Po Box 3972 1000 8-16-19 10 Interest rate 6 is lender a financial institution? 11 Maturity date Y (N) South Padre Ts and TX 78547 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 15 Check if personal funds were deposited into political account (See Instructions) X none 17 Name of guarantor 16 GUARANTOR 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) Name of lender ☐ out-of-state PAC (ID#: Interest rate Is lender Lender address: City; State: a financial Institution? Maturity date

Guarantor address; City; State; Zip Code

Employer (See Instructions)

account (See Instructions)

Employer (See instructions)

Check if personal funds were deposited into political

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

Principal Occupation (See Instructions)

N

OUARANTOR

INFORMATION

Description of Collateral

Principal occupation / Job title (See Instructions)

Name of guarantor

Amount Guaranteed (\$)

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 Gilft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing 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 c	omplete this form.	, , ,
1 Total pages Schedule F1:	2 FILER NAME BEVERLY E. SKIOS	5	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		-
9-16-19 6 Amount (\$)	The Meatball Cafe		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
300	2412 Padre Blud.		
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	South Padre Island, TX	78597	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel or	utside of Texas. Complete Schedule T.
OF EXPENDITURE	Food/Beverage Expense	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9-16-19	505		
Amount (\$)	Payee address; City; State; Zip Code		
16.07	2216 Padre Blud. Suite		
	South Padre Island, TX	78597	
PURPOSE OF	Printing Expense		tside of Texas. Complete Schedule T. TX, officeholder living expense
EXPENDITURE	17111 mg Expense		
Complete ONLY if direct expenditure to benefit C/OF	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 Bingle Rd.		•
	Hoyston, TX 77004		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			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

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (extens extension out listed above)

	Candidate/Officeholder/Politica		laries/Wages/Contract Labor	Other (enter a category not listed above)
(Credit Card Payment	The Instruction Guide explains he	ow to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME BEVERLY E. S	kloss	3 Filer ID (Ethics Commission Filers)
4	Date 9-20-19	Toucan Grophics		
6	Amount (\$)	7 Payee address; City; State; Zip C 14725 S. Padre Isla Corpus Christi, TX	nd Dr. Unit	ri
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	ule) (b) Description Check if travel o	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	Date	Payee name .		
	9-19-19	Unlimited Printing		
	Amount (\$)	Payee address; City; State; Zip C		
	232.74	2685 N. Coria St., Brownsville, TX 78		
	PURPOSE OF EXPENDITURE	Advertising Expense	Check if travel or	utside of Texas. Complete Schedule T. 1, 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 (\$) 590.75	Payee address; City; State; Zip C 104 W. Bühama St., South Padre Island	Suite A	7
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	ule) Description Check if travel or	utside of Texas. Complete Schedule T. n, 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 NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Optional 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

Credit Card Payment The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME BEVERLY E. SKIC	25	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 1 South Padre Island, TX		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		tside of Texas. Complete Schedule T. , 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. Menlo Park, CA 940	125	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel out	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 9-27-19	The Printers Border	Press, Inc	
728, 48	Payee address; City; State; Zip Code 620 E Price Rd. Browns Ville, TX 78	521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		tside 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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Office Overhead/Rental Expense Fees Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Beverly E 5 Payee name 9-27-19 Facebook 7 Payee address; City; State; Zip Code 6 Amount (\$) 35 Monto Pork, CA 94025 (a) Category (See Categories listed at the top of this schedule) (b) 8 (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Advertising Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Pavee name 9-27-19 Facebook Payee address; City; State; Zip Code Amount (\$) Mento Park CA 94025 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Advertising Expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Facebook 9-27-19

Amount (\$)

25.56

PURPOSE OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Payee address;

1601 Willow Ra.

Candidate / Officeholder name

Advertising Expense

City; State; Zip Code

Office held

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office sought

SCHEDULE F1

Advertising Expense Event E
Accounting/Banking Fees
Consulting Expense Food/8
Contributions/Donations Made By Gift/Awr

Event Expense

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

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/Politic	ral Committee Legal Services Salarie	s: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:	Beverly Skloss	3 Filer ID (Ethics Commission Filers)	
9-28-19	5 Payee name Facebook		
6 Amount (\$)	7 Payee address; City: State: Zip Code		
	Mento Park, CA 9402	25	
8	(8) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Alexander Expense	Check if travel outside of Yexas. Complete Schedule T.	
OF EXPENDITURE	Advertising Expense	L Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
10-4-19	Facebook		
Amount (\$)	Payee address; City; State; Zip Code		
76.53	Menlo Pack, CA 9402	5	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Candidate / Officeholder name	Office south	
Complete ONLY if direct expenditure to benefit C/Ol-		Office sought Office held	
Date	Payee name		
10-6-19	Facebook		
Amount (\$)	Payee address; City; State; Zip Code		
75	1601 Willow Rd. Menlo Park, CA 940	025	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Check if 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	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Ma

Event Expense

Food/Beverage Expense Gift/Awards/Memorials E

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica	al Committee Legal Services SalariesM	Nages/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 5 Payee name	3 Filer ID (Ethics Commission Filers)	
4 Date 10 - 8 - 19	Facebook		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
125	1601 Willow Road		
	Menlo Park, CA 9402	25	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Adventising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense	
9 Complete ONLY if direct expenditure to benefit C/O-	Candidate / Officeholder name	Office sought Office held	
Date	Payee name	-	
10-10-19	Facebook		
Amount (\$)	Payee address; City; State; Zip Code		
175	1601 Willow Road Menlo Park, CA 9402	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	
		Office and the second s	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
10-12-19	Facebook		
Amount (\$)	Payee address; City; State; Zip Code		
250	1601 Willow Road		
	Menlo Park, CA 9402	-5	
	Category (See Categories fisted at the top of this schedule)	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/OH	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 Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salarles/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

	The instruction Guide explains how to c	omplete 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 Face Dook		
6 Amount (\$) ∠√ ○ ○	7 Payee address: City; State; Zip Code 1601 Willow Road Menlo Park, CA 940;	25	
PURPOSE OF EXPENDITURE	Advertising Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10-14-19	Facebook		
Amount (\$)	Payee address: City; State; Zip Code 1601 Willow Road Menlo Park, CA 9402	J.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	 1	tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10-17-19	Sea Ranch Restaurant		
Amount (\$)	Payee address; City; State; Zip Code		
245,82	1 Padre Blud. South Padre Island, T	x 7859	7
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food, Beverage Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
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			

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 Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Cliber (polyr a extraory pet listed above)

Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME Beverly Skloss 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) 4 Date 10-24-19 City; State; Zip Code 6 Amount (\$) 7 Payee address; 304 Pinar Del Rio 935 Check If travel outside of Texas. Complete Schedule T. PURPOSE Consulting Expense Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Lone Star National Bank 10-24-19 Amount (\$) Payee address; City; State; Zip Code 601 Padre Blud. 9.50 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Feg.S Check If Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Facebook 10-28-19 Payee address; City; State; Amount (\$) City; State; Zip Code 502:93 Check it travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY If direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Relati Travel in District Event Expense Loan Repayment/Reimbursement Office Overhead/Reimbursement Consulting Expense Contributions/Donations Made By Food/Beverage Expan ing Expense Travel Out Of District Candidate/Officeholder/Political Comm Other (enter a category not listed above) Credit Card Payment The instruction Guide expiains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Beverly Skloss 5 Payor name 4 Date 11-04-19 6 Amount (\$) City; State; Zip Code State Highway 100 89.50 Port Isabel, TX 78578 Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Event 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 11-06-19 Facebook Amount (\$) Payee address; City; State; Zip Code 1601 Willow Rd. 483.79 Menlo Park, CA 94025 Category (See Categories listed at the top of this schedule) Description ___ Check if travel outside of Texas. Complete Schedule T. Advertising Expense Check if Austin, TX, officeholder Irving expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Palm Street Pier 11-07-19 City; State; Zip Code Amount (\$) 204 W. Palm Street South Padre Island, TX Catagory (See Catagories listed at the top of this activation) Dess 113.66 Food / Beverage eck if terrori outside of Terrors. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check If Austin, TX, officeholder living expense Office held Complete ONLY if direct Office sought expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Loan Repayment Reimbusement Office Overhood Rental Expense Poling Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Event Excusse Travel Out Of District Printing Expense Salaries/Wages/ Candidate/Officeholder/Political Commit 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 3 Filer ID (Ethics Commission Filers) Beverly Skloss 4 Date Lone Star National Bank 7 Payee address; City: State: Zip Code 11-22-19 6 Amount (\$) 601 Padre Blud. 2.00 South Padre Island, TX 78597 8 PURPOSE OF Check if Austin, TX, officeholder living expense Lees EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Nathan Burkhart 12-20-19 Payee address; City; State; Zip Code Amount (\$) 304 Pinar Del Rio 700.00 Brownsville, TX 78526 Description Check if travel outside of Texas. Complete Schedule Y. PURPOSE Consulting Expense Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Check if travel outside of Terras. Complete Schoolele T. PURPOSE OF EXPENDITURE Check If Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit G/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED