

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>14</b>						
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mrs.</b> NICKNAME	FIRST <b>Nancy</b> LAST	MI <b>E</b> SUFFIX						
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>PO Box 1674 Georgetown TX 78627</b>		<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>OFFICE USE ONLY</b></p> <p style="margin: 5px 0;">Date Received</p> <p style="text-align: center; color: blue; font-weight: bold; margin: 5px 0;">RECEIVED</p> <p style="text-align: center; color: red; font-weight: bold; margin: 5px 0;">OCT - 9 2018</p> <p style="text-align: center; color: red; font-weight: bold; margin: 5px 0;">IP LM 1:15pm</p> <p style="text-align: center; color: blue; font-weight: bold; margin: 5px 0;">WCELECTIONS</p> <p style="margin: 5px 0;">Date Hand-delivered or Date Postmarked</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">Receipt #</td> <td style="border: none; width: 50%;">Amount \$</td> </tr> <tr> <td style="border: none;">Date Processed</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Date Imaged</td> <td style="border: none;"></td> </tr> </table> </div>	Receipt #	Amount \$	Date Processed		Date Imaged	
Receipt #	Amount \$								
Date Processed									
Date Imaged									
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 863-0922</b>								
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mrs.</b> NICKNAME	FIRST <b>Nancy</b> LAST	MI <b>E</b> SUFFIX						
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>PO Box 1674 Georgetown TX 78627</b>								
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 863-0922</b>								
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)								
<b>10</b> PERIOD COVERED	Month Day Year     Month Day Year <b>7 / 1 / 2018</b> THROUGH <b>9 / 27 / 2018</b>								
<b>11</b> ELECTION	ELECTION DATE Month Day Year <b>11 / 6 / 2018</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special							
<b>12</b> OFFICE	OFFICE HELD (if any) <b>County Clerk</b>	<b>13</b> OFFICE SOUGHT (if known) <b>County Clerk</b>							

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

*Nancy E. Rister*

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. 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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *615.00*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *10,753.69*

EXPENDITURE  
TOTALS

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

\$ *320.54*

4. TOTAL POLITICAL EXPENDITURES

\$ *4631.65*

CONTRIBUTION  
BALANCE

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

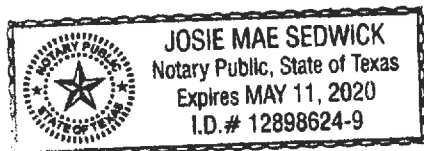
\$ *42,308.35*

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *40,000.00*

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Nancy E. Rister*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Nancy Rister*, this the *8th* day of *October*, 20 *18*, to certify which, witness my hand and seal of office.

*Josie Mae Sedwick*      *Josie Mae Sedwick*      *Notary Public*  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**SUBTOTALS - C/OH**

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

<b>19</b> FILER NAME		<i>Nancy E. Rister</i>	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>6325.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ <i>3813.69</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS		\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>4311.11</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **1 of 1**

2 FILER NAME

**Nancy E. Rister**

3 Filer ID (Ethics Commission Filers)

4 Date

**8-2-18**

5 Full name of contributor

**Michael Cumberland**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**400.00**

6 Contributor address;

City; State; Zip Code

**750 Am 3405 Georgetown TX 78633**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**8-2-18**

Full name of contributor

**Gary Cocanougher**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**100.00**

Contributor address; City; State; Zip Code

**411 Steeplechase Dr. Georgetown**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**8-2-18**

Full name of contributor

**Brian Pitman**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**200.00**

Contributor address; City; State; Zip Code

**9600 Bell Mountain Dr. Austin TX 78700**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**8-2-18**

Full name of contributor

**Jessica Zak**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**1000.00**

Contributor address; City; State; Zip Code

**2570 Los Alamos Pass Round Rock TX 78665**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 7

2 FILER NAME

Nancy E. Ruster

3 Filer ID (Ethics Commission Filers)

4 Date

8-2-18

5 Full name of contributor

Matt Clark

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

1350 CR262 Georgetown TX 78633

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8-2-18

Full name of contributor

Frankie Limmer

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

12506 Fm 1660 Taylor TX 76574

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-2-18

Full name of contributor

Bill Engle

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

105 W Morrow Georgetown TX 78626

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-2-18

Full name of contributor

Joel Franklin

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

2508 Williams Dr. #245 Georgetown TX 78628

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3 of 7**

2 FILER NAME

**Nancy E. Rister**

3 Filer ID (Ethics Commission Filers)

4 Date

**8-9-18**

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

**Charles Carter**

6 Contributor address; City; State; Zip Code

**234 Olde Oaks, Georgetown TX 78633**

7 Amount of contribution (\$)

**100.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**8-9-18**

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

**Everett Schmidt**

Contributor address; City; State; Zip Code

**135 Running Water Georgetown TX 78633**

Amount of contribution (\$)

**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**8-11-18**

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

**Susan Cramer**

Contributor address; City; State; Zip Code

**204 Scurry Pass Georgetown TX 78633**

Amount of contribution (\$)

**75.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**8-11-18**

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

**Carolyn Crilly**

Contributor address; City; State; Zip Code

**116 Summer Ridge Lane Georgetown TX 78633**

Amount of contribution (\$)

**250.00**

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

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A1:

4 of 7

2 FILER NAME

Nancy E. Rister

3 Filer ID (Ethics Commission Filers)

4 Date

8-17-18

5 Full name of contributor

Gearl Koonce

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

173 Dan Moody Trail Georgetown TX 78633

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8-17-18

Full name of contributor

John Doerfler

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

PO Box 153 Weir TX 78674

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-17-18

Full name of contributor

Cathy Cody

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

109 Gaillardia Way Georgetown TX 78633

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-22-18

Full name of contributor

Kay Kennemer

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

PO Box 2882 Georgetown TX 78627

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 7

2 FILER NAME

Nancy E. Rister

3 Filer ID (Ethics Commission Filers)

4 Date

8-22-18

5 Full name of contributor

Darrell Eichman

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

4124 Sequoia Trail W Georgetown TX 78628

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8-22-18

Full name of contributor

Richard Patrick

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

312 Jake, Jarrell TX 76537

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-29-18

Full name of contributor

Ercel Brashear

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

PO Box 98 Georgetown TX 78627

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-29-18

Full name of contributor

Linzy Bandy

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

306 W. 8th Georgetown TX 78626

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6 of 7

2 FILER NAME

Nancy E. Rister

3 Filer ID (Ethics Commission Filers)

4 Date

8-29-18

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

Linda McDaniel

6 Contributor address; City; State; Zip Code

2913 Gabriel View Georgetown TX 78628

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-6-18

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

TRE PAC

Contributor address; City; State; Zip Code

PO Box 2246 Austin TX 78768

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-10-18

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

Tillie Pope

Contributor address; City; State; Zip Code

101 Rolling Meadow Tr Georgetown TX 78633

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-10-18

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

Deborah Hunt

Contributor address; City; State; Zip Code

213 Montell Dr. Georgetown TX 78628

Amount of contribution (\$)

100.00

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:  
**7 of 7**

2 FILER NAME **Nancy E. Rüter** 3 Filer ID (Ethics Commission Filers)

4 Date <b>9-13-18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Wendy Larsen</b>	7 Amount of contribution (\$) <b>500.00</b>
	6 Contributor address; City; State; Zip Code <b>108 Apache Pass Hutto TX 78634</b>	

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <b>9-13-18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WCRW-PAC</b>	Amount of contribution (\$) <b>300.00</b>
	Contributor address; City; State; Zip Code <b>PO BOX 342 Round Rock TX 78680</b>	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>1 of 2</i>	
2 FILER NAME <i>Nancy E. Rister</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>0</i>	
5 Date <i>8-2-18</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Milton Rister</i>	8 Amount of Contribution \$ <i>281.45</i>	9 In-kind contribution description <i>T-shirts</i>
7 Contributor address; City; State; Zip Code <i>PO Box 1674 Georgetown TX 78627</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>retired</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <i>8-21-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Milton Rister</i>	Amount of Contribution \$ <i>1732.24</i>	In-kind contribution description <i>4' x 8' signs</i>
Contributor address; City; State; Zip Code <i>PO Box 1674 Georgetown TX 78627</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>retired</i>		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			


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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>2 of 2</b>	
2 FILER NAME <b>Nancy E. Rister</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>8-30-18</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Milton Rister</b>	8 Amount of Contribution \$ <b>1800.00</b>	9 In-kind contribution description <b>Sign build &amp; placement</b>
7 Contributor address; City; State; Zip Code <b>PO Box 1674 Georgetown TX 78627</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>retired</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>1 of 2</b>		2 FILER NAME <b>Nancy E. Rister</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>7-17-2018</b>		5 Payee name <b>Office Depot</b>			
6 Amount (\$) <b>159.32</b>		7 Payee address; City; State; Zip Code <b>1013 W. University Georgetown TX 78628</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Fundraising Expense</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>toner</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>7-17-2018</b>		Payee name <b>Thomas Graphics</b>			
Amount (\$) <b>2652.13</b>		Payee address; City; State; Zip Code <b>PO Box 142226 Austin TX 78714</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>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 <b>Push Cards</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>7-20-2018</b>		Payee name <b>Super Cheap Signs</b>			
Amount (\$) <b>511.58</b>		Payee address; City; State; Zip Code <b>9200 Waterford Center Blvd Ste 100 Austin TX 78758</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>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 <b>signs</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>25/2</i>	<b>2</b> FILER NAME <i>Nancy E. Rister</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>8-22-18</i>	<b>5</b> Payee name <i>Super Cheap Signs</i>	
<b>6</b> Amount (\$) <i>788.08</i>	<b>7</b> Payee address; City; State; Zip Code <i>9200 Waterford Center Blvd Ste 100 Austin TX 78758</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>signs</i>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>9-20-18</i>	Payee name <i>Cynthia Flores Campaign</i>		
Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code <i>1013 Parrot Trail Round Rock TX 78681</i>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Contribution</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>political</i>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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