

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 17
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Jessica	OFFICE USE ONLY RECEIVED Date Received OCT - 9 2018 W-I WC ELECTIONS	
	NICKNAME LAST SUFFIX Tiedt		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 13301 Tamayo Dr Austin, TX 78729	Date Hand-delivered or Date Postmarked 10/9/18 08 4:45 PM	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Jessica Tiedt		
	NICKNAME LAST SUFFIX		
6 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 13301 Tamayo Dr Austin, TX 78729		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
8 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)		
9 PERIOD COVERED	Month Day Year 07/01/2018	THROUGH	Month Day Year 09/27/2018
10 ELECTION	ELECTION DATE Month Day Year 11/06/2018	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	11 OFFICE OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) County clerk District Williamson	

GO TO PAGE 2

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

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

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13 C / OH NAME Tiedt, Jessica	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<input type="checkbox"/> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	1,170.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	4,809.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	338.45
	4.	TOTAL POLITICAL EXPENDITURES	\$	3,549.92
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,116.22
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	7,815.04

17 AFFIDAVIT

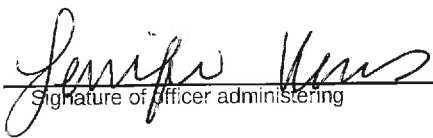
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

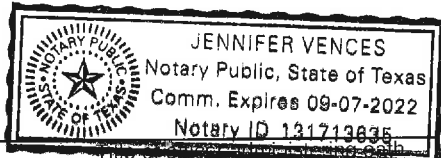
Sworn to and subscribed before me, by the said, Jessica Lea Tiedt, this the 09 day of October, 2018, to certify which, witness my hand and seal of office.



 Signature of officer administering

Jennifer Vences

 Printed name of officer administering



SUBTOTALS - C/OH

18 FILER NAME Tiedt, Jessica	19 Filer ID
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20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,929.00	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 880.00	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 532.17	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,474.92	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 75.00	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12. <input 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: Sch: 1/8 Rpt: 4/17
2 FILER NAME Tiedt, Jessica		3 Filer ID
4 Date 08/13/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abram, Friesen	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 1462 Hicks Ave San Jose, CA 95125		
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) Google Inc.
Date 09/09/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aurora M, Sanchez	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 501 Hunters Point Court Leander, TX 78641		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara, Downs	Amount of Contribution (\$) \$27.00
Contributor address; City; State; Zip Code 2405 Hampton Estates Dr SW Marietta, GA 30008		
Principal occupation / Job title (See Instructions) Industrial Engineer		Employer (See Instructions) LMCO
Date 08/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara, Downs	Amount of Contribution (\$) \$27.00
Contributor address; City; State; Zip Code 2405 Hampton Estates Dr SW Marietta, GA 30008		
Principal occupation / Job title (See Instructions) Industrial Engineer		Employer (See Instructions) LMCO
Date 08/22/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian, Robinson	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 404 Sunset Ridge Georgetown, TX 78633		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/8 Rpt: 5/17
2 FILER NAME Tiedt, Jessica		3 Filer ID
4 Date 08/18/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine Mann for Congress	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code PO Box 1969 Liberty Hill, TX 78642		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/03/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine, Mann	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 160 Mercury Cv Leander, TX 78641		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Northwest Diagnostic
Date 08/18/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine, Mann	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 160 Mercury Cv Leander, TX 78641		
Principal occupation / Job title (See Instructions) nw diagnostic		Employer (See Instructions) physician
Date 08/22/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colleen, Holcomb	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 117 Dovetail Lane Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doris, Sanchez	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 8106 Elkhorn Mountain Trail Austin, TX 78729		
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/8 Rpt: 6/17
2 FILER NAME Tiedt, Jessica		3 Filer ID
4 Date 07/30/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doris, Sanchez	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 8106 Elkhorn Mountain Trail Austin, TX 78729		
8 Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions) none
Date 08/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doris, Sanchez	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 8106 Elkhorn Mountain Trail Austin, TX 78729		
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 08/21/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felicia, Miyakawa	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1008 Mark O'Meara Cove Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Special Education Advocate		Employer (See Instructions) Self
Date 08/03/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katherine, Kubatzky	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1102 S. Austin Ave. Suite 110-153 Georgetown, TX 78626		
Principal occupation / Job title (See Instructions) public relations		Employer (See Instructions) self
Date 08/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katherine, Kubatzky	Amount of Contribution (\$) \$27.00
Contributor address; City; State; Zip Code 2915 County Road 153 Georgetown, TX 78626		
Principal occupation / Job title (See Instructions) Public Relations		Employer (See Instructions) Self employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/8 Rpt: 7/17
2 FILER NAME Tiedt, Jessica		3 Filer ID
4 Date 08/25/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimberly, Langhans <hr/> 6 Contributor address; City; State; Zip Code 3611 Chatwood Drive Pearland, TX 77584	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Proposal Specialist		9 Employer (See Instructions) Siemens Energy Inc.
Date 08/22/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHELLE, RODRIGUEZ <hr/> Contributor address; City; State; Zip Code 310 Highland Springs Ln GEORGETOWN, TX 78633-2055	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) BaylorScott&White
Date 07/25/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria, Martin <hr/> Contributor address; City; State; Zip Code 2300 Sandra dr Cedar Park, TX 78613	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 07/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria, Talamo <hr/> Contributor address; City; State; Zip Code 711 Jagged Rock Cedar Park, TX 78613	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Healthcare Management Consultant		Employer (See Instructions) BE Smith
Date 08/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria, Talamo <hr/> Contributor address; City; State; Zip Code 711 Jagged Rock Cedar Park, TX 78613	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Healthcare Management Consultant		Employer (See Instructions) BE Smith

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/8 Rpt: 8/17
2 FILER NAME Tiedt, Jessica		3 Filer ID
4 Date 09/20/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria, Talamo <hr/> 6 Contributor address; City; State; Zip Code 711 Jagged Rock Cedar Park, TX 78613	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Healthcare Management Consultant		9 Employer (See Instructions) BE Smith
Date 07/19/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marvin, Karno <hr/> Contributor address; City; State; Zip Code 4836 Oak Park Ave Encinco, CA 91316-4115	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/12/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marvin, Karno <hr/> Contributor address; City; State; Zip Code 4837 Oak Park Ave Encinco, CA 91316-4116	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary, Smith <hr/> Contributor address; City; State; Zip Code 104 John Thomas Georgetown, TX 78628	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/31/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molly, Bucy <hr/> Contributor address; City; State; Zip Code 9707 Meadowheath Drive Austin, TX 78729	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) Taylor ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/8 Rpt: 9/17
2 FILER NAME Tiedt, Jessica		3 Filer ID
4 Date 09/15/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pamela, Rickel <hr/> 6 Contributor address; City; State; Zip Code 108 Whitetail Ln. Hutto, TX 78634	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) REALTOR		9 Employer (See Instructions) 98th Meridian Real Estate Sales
Date 07/31/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paula, Everett <hr/> Contributor address; City; State; Zip Code 9703 Moorberry St. Austin, TX 78729	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 08/31/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paula, Everett <hr/> Contributor address; City; State; Zip Code 9703 Moorberry St. Austin, TX 78729	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 08/24/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard, Hughes <hr/> Contributor address; City; State; Zip Code 74 Elm Street 1 Somerville, MA 02144	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Software developer		Employer (See Instructions) EverQuote.com
Date 09/21/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy, Woody <hr/> Contributor address; City; State; Zip Code 7433 Montezuma Street Austin, TX 78744	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) hardware engineer		Employer (See Instructions) AMD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/8 Rpt: 10/17
2 FILER NAME Tiedt, Jessica		3 Filer ID
4 Date 08/25/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon, Cummings	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 4110 N Summercrest Loop Round Rock, TX 78681	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) none
Date 07/16/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacy, Hackenberg	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 1119 Longmeadow Dr Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) editor		Employer (See Instructions) SELF
Date 07/21/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzanne, Roquemore	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code 228 Cimarron Hills Trail E Gerogetown, TX 78628	
Principal occupation / Job title (See Instructions) Marketing Consultant		Employer (See Instructions) In-Line Transportation Inc.
Date 09/22/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzanne, Roquemore	Amount of Contribution (\$) \$65.00
	Contributor address; City; State; Zip Code 228 Cimarron Hills Trail E Gerogetown, TX 78628	
Principal occupation / Job title (See Instructions) Marketing Consultant		Employer (See Instructions) In-Line Transportation Inc.
Date 08/23/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry G, Cook	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 3116 GoldenOak Circle Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Elected Official		Employer (See Instructions) Williamson County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/8 Rpt: 11/17
2 FILER NAME Tiedt, Jessica		3 Filer ID
4 Date 08/22/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virginia, Bennett	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code 3425 Crawford Rd. Spicewood, TX 78669	
8 Principal occupation / Job title (See Instructions) Programs Manager		9 Employer (See Instructions) Brookdale Lakeway
Date 07/21/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) roy, woody	Amount of Contribution (\$) \$27.00
	Contributor address; City; State; Zip Code 7433 Montezuma st Austin, TX 78744	
Principal occupation / Job title (See Instructions) Electronic Tech.		Employer (See Instructions) AMD

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 12/17	
2 FILER NAME Tiedt, Jessica		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 08/28/2018	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bumperactive.com	8 Amount of contribution (\$) \$880.00	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code 5907 Burnet Rd. Austin, TX 78757	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		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)			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
Sch: 1/1 Rpt: 13/17

2 FILER NAME
Tiedt, Jessica

3 Filer ID

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan
07/02/2018

7 Name of lender out-of-state PAC (ID#: _____)
Jessica, Tiedt

9 Loan Amount (\$)
\$532.17

6 Is lender a financial institution?
No

8 Lender address; City; State; Zip Code
13301 Tamayo Dr

Austin, TX 78729

10 Interest Rate

11 Maturity Date

12 Principal occupation / Job title (See Instructions)
Senior Technical Support Engineer

13 Employer (See Instructions)
MobileIron

14 Description of Collateral
 None

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

20 Principal occupation

21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 14/17	2 FILER NAME Tiedt, Jessica	3 Filer ID
4 Date 07/03/2018	5 Payee name Allied Printing & Mailing Inc	
6 Amount (\$) \$70.36	7 Payee address; City; State; Zip Code P.O. Box 142708 Austin, TX 78714-2708	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 08/28/2018	Payee name Allied Printing & Mailing Inc	
Amount (\$) \$625.69	Payee address; City; State; Zip Code P.O. Box 142710 Austin, TX 78714-2710	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 08/03/2018	Payee name Allied Printing & Mailing Inc	
Amount (\$) \$484.96	Payee address; City; State; Zip Code P.O. Box 142709 Austin, TX 78714-2709	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 15/17	2 FILER NAME Tiedt, Jessica	3 Filer ID
4 Date 08/28/2018	5 Payee name Bumperactive.com	
6 Amount (\$) \$952.60	7 Payee address; City; State; Zip Code 5907 Burnet Rd. Austin, TX 78757	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2018	Payee name Cedar park chamber of commerce	
Amount (\$) \$142.86	Payee address; City; State; Zip Code 1460 E. Whitestone Blvd. Suite 180 Cedar Park, TX 78630	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Boothing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2018	Payee name Leander Veteran of Foriegn Wars Auxiliary	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 8760 Ranch Rd 2243 Leander, TX 78641	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Booth
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 16/17		2 FILER NAME Tiedt, Jessica		3 Filer ID	
4 Date 08/14/2018		5 Payee name Progressive Change Campaign Committee			
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code 1629 K Street NW Suite 300 Washington, DC 20006			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dialer	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/03/2018		Payee name Texas Democratic Party			
Amount (\$) \$280.00		Payee address; City; State; Zip Code 1106 Lavaca St #100 Austin, TX 78701			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texas VAN	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/03/2018		Payee name Texas Democratic Party			
Amount (\$) \$280.00		Payee address; City; State; Zip Code 1107 Lavaca St #101 Austin, TX 78701			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texas VAN	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G: Sch: 1/1 Rpt: 17/17	2 FILER NAME Tiedt, Jessica	3 Filer ID
4 Date 07/16/2018	5 Payee name Progressive Change Campaign Committee	
6 Amount (\$) \$25.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1630 K Street NW Suite 301 Washington, DC 20006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/16/2018	Payee name Progressive Change Campaign Committee	
Amount (\$) \$25.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1631 K Street NW Suite 302 Washington, DC 20006	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2018	Payee name Progressive Change Campaign Committee	
Amount (\$) \$25.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1632 K Street NW Suite 303 Washington, DC 20006	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held