CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS (MRS) MR FIRST Beatrice NICKNAME LAST	MI G SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION
OFFICEHOLDER MAILING ADDRESS Change of Address	3620 S. DAKOTA BROWNSVIlle, Tx 785	521	1:40 Pm JAN 1 4 2016
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 545-6184	EXTENSION	Date Mand-delivered or Date Costmarked
6 CAMPAIGN TREASURER NAME	MSY MRS / MR FIRST CHISTING	MI	Receipt # Amount \$ Date Processed
	NICKNAME LAST VALDEZ	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI 17 TAN DAK CIRCLE BROWNSUILLE, TX 78.	UITE#; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 466-5142	EXTENSION	
9 REPORT TYPE	January 15 30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 08 / 09 / 2015	THROUGH 12	Day Year / 2015
11 ELECTION	ELECTION DATE Month Day Year Primary	ELECTION TYPE	
	03 / 01 /2016 General	Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	TY COMMISSIONER.
	N/A	CHINICKO IN COVO	TX COMMISSIONER, PREGINT 1
	go то	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	CE G. Ros	SEA RAILM	15 Filer ID (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL SUPPORT THE CANDIDATE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF FICEHOLDER. 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					
Additional Pages							
	2	COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI					
٠	20-5473 5132 54-101-14	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4.054.83				
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 403.90				
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5,025.46				
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 25.47				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF MY OF THE REPORTING PERIOD	\$ 3,224.56				
18 AFFIDAVIT							
	ORLANDO RUIZ Notary ID # 129580 My Commission Exp October 2, 2017	true and correct and includes all info under Title 15, Election Code.	perjury, that the accompanying report is formation required to be reported by me				
AFFIX NOTARY STAM	P/SEALABOVE						
		Bullion II a	1114				
1		by the said Beatrice of Rosenbaum	, this the				
day of Youngary	, 20 <u></u> , 1	o certify which, witness my hand and seal of office.					
Macherina		Orlando Reviz	Notary Public				
Signature of officer as	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

Anterior (MATRI)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Cor	mmission Filers)					
	BEATRICE G. ROSENBAUM						
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,054.83					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$					
4.	SCHEDULE E: LOANS	\$ 322450					
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5025.46					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$					
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3,224.50					
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$					

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) BEATRICE G. ROSENBAUM 7 Amount of contribution (\$) 9/13/15 G Contributor address; City: State: Zip Code 4675 N. EXPRESSWAY BROWNSUILLE, TX 78520 \$ 1,000.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date out-of-state PAC (ID#:____ Amount of contribution (\$) RICHARD JAROSS Contributor address; City; State; Zip Code 415 PALOVERDE DR, BROWNSUILLE, T 78521 \$ 204,83 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:_ Amount of contribution (\$) ToE RIVERA Contributor address; City; State; Zip Code BROWNSUILE, TX Principal occupation / Job title (See Instructions) Amount of contribution (\$) 10/14/15 ALEX E. WERBISKI SR. Contributor address; City; State; Zip Code \$400.00 7364 BOCA CHICA BLUD, BROWNSUILLE, TX 18521 Principal occupation / Job title (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	n.	1 Total pages Schedule A1:			
2 FILER NAME	EATRICE G. ROSENBAUM		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor ut-of-state PAC (ID#:_		7 Amount of contribution (\$)			
10/14/15	REY E. ESQUIDEL. 6 Contributor address; City; State; Zi PO, BN 822, HARLINGEN, TX	\$ 1,000.00				
8 Principal occu		7851 Employer (See Instructi	ions)			
Date	Full name of contributor)	A			
Daio	JAVIER RIVERA		Amount of contribution (\$)			
10/22	Contributor address; City; State; Z		\$ 250.00			
	1126 PLANETA, BROWNSUILLE	TX 78521				
Principal occup		Employer (See Instructi	ions)			
Date	Full name of contributor		Amount of contribution (\$)			
10/22	SMMT INTER TRADING SERVICES Contributor address; City; State; Zi		\$ 50,00			
	BROWNSUL //E, TX					
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)			
10/22	Contributor address; City; State; Zig		\$100.00			
	905 E. LOS EDANOS STEB, BROWNSU	11/1/ X 1000	7,00			
Principal occup		Employer (See Instructi	ions)			
		• • • • • • • • • • • • • • • • • • • •				
	·					
	ATTACH ADDITIONAL COPIES OF THI	IO COLIEDIN E VE NE.	rnrn			
	If contributor is out-of-state PAC, please see instruction					

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:						
2 FILER NAME BEATRICE G. ROSENBAUM	3 Filer ID (Ethics Commission Filers)						
4 Date 5 Full name of contributor	7 Amount of contribution (\$)						
10/22/15 HORACIO O. GARCHA, DBA GARCIA FENCES 6 Contributor address; City; State; Zip Code	# 100.00						
7721 EL CAMPO, BROWNSVILLE, TX 78521	π						
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)							
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)						
10/22/15 PELIPE & GRACE GALINDO Contributor address; City; State; Zip Code	\$ 50.00						
3540 J. DAKOTA, BROWNSUILLE, TX 78521	φ 00 v						
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)						
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)						
10/22/15 M&M MoR, W& Co. Contributor address; City; State; Zip Code	\$200.00						
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)						
<u>'</u>							
Date Full name of contributor	Amount of contribution (\$)						
10/22/15 ANTONIO E. CANTU. Contributor address; City; State; Zip Code	\$ 200.00						
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional							

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:					
2 FILER NAME	EATRICE G. ROSENBAUM		3 Filer ID (Ethics Commission Filers)					
4 Date	5 Full name of contributor ut-of-state PAC (ID	#:)	7 Amount of contribution (\$)					
. 1	THOMAS CHEMADA							
10/22/15	TVONNE GUEVARA 6 Contributor address; City; State;	Zip Code	\$100.00					
12 ROWNSULTE, 1X								
8 Principal occu	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)							
Date	Full name of contributor	#:)	Amount of contribution (\$)					
	Λ.		Amount of contribution (4)					
10/22/15	Contributor address; City; State;	Zip Code	\$ 100.00					
	974 E MARRISON ST. BROWNS VILLE,	TX 78520						
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)					
855								
Date		#:)	Amount of contribution (\$)					
10/22/15	Contributor address; City; State;		\$ 50.00					
1 1	14 Bourse 1 Ad Barrer 11	TV 10051						
Delegated account	64 BENUNKY Ct., BROWNSUILLE	E, 1X 71826						
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)					
Date	Full name of contributorout-of-state PAC (ID	#:)	Amount of contribution (\$)					
,	Continuous address, City, State,	Zip Code						
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)					
	ATTACH ADDITIONAL CODIES OF	THE COHEDINE ACTION	EDED					
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see instruct							

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) BENTRICE G. ROSENBAUM 4 TOTAL OF UNITEMIZED LOANS \$ Date of loan Name of lender out-of-state PAC (ID#: Loan Amount (\$) Is lender a financial 36ZOS. DAKOTA, BROWNSUILLE, TX 78521 Institution? 11 Maturity date (N) 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code I not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:_ Interest rate Is lender City; Lender address: State: Zip Code a financial Institution? Maturity date Y N Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Magas/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (only a sategory not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Jages/Contract Labor Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME BEATRICE G. ROSEA	3 Filer ID (Ethics Commission Filers)			
4 Date 9/24/15	5 Payee name THE GRAFIK SPOT				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1,093.33		suille, Tx 78521			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.			
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
10/09/25	LOS MISMOS RESTAUR	ANT			
Amount (\$)	Payee address; City; State; Zip Code				
\$ 181.34	1701 E. PRICE, BROWNSUIL	E, TX 78526			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
EXPENDITURE	FOUD BEVERNGE EXACUSE				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
EXPENDITURE		Shook is readily, 1/4 officeriologic living expense			
	Condidate / Official L				
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 Committe

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solaries/Magass/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	To take the control of the control o	g Expense s/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)					
1 Total pages Schedule F1:	2 FILER NAME BEATRICE G. ROSENB	NUM	3 Filer ID (Ethics Commission Filers)					
4 Date 10 15 15	5 Payee name THE BROWNSVILLE HER							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$ 960.00	1135 E. VAN BURENST., BROWNSUILLE, TX 78520							
8	(a) Category (See Categories listed at the top of this schedule) (b) Description							
PURPOSE OF			side of Texas. Complete Schedule T. TX, officeholder living expense					
EXPENDITURE	ADVERTISING EXPENSE	Check ii Austili,	17, officertoider fiving expense					
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held					
Date	Payee name							
10/15/15	THE GRAPIL SPOT Payee address; City; State; Zip Code							
Amount (\$)								
\$ 663.57	74 S. FRICE ROND, BROWN	SVILLE, TX,	7852/					
	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE OF	1 2 0		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
EXPENDITURE	ADVERTING EXPENSE	Check ii Austin,	17, uncertained living expense					
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held					
Date	Payee name							
10/19/15	SMART MARKETING	& SOCIAL M	lé di A					
Amount (\$)	Payee address; City; State; Zip Code							
\$ 150.00	30 PROVIDENCIA CT., BRO	WNSvillE, TX	78526					
	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE OF	1. 1.		ide 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 TH	IS SCHEDULE AS NEEI	DED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Fees Food/Beverage Expense Transportation Equipment & Related Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District 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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) BEATRICE G. ROSENBAUM 4311 FM 511 BROWNS VIIIE, TX (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense FIXAT EUPENSE **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH THE GRAFIK SPOT Payee address; City; State; Zip Code 745. PRICEROAD, BROWNSUIllE, TX 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 ADUERTISING EXPENSE **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date THE BROWNS VILLE HERALD Payee address; City; State; Zip Code Amount (\$) 1BS E. VAN BURENST. BROWNSVILLE, TX 78520 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense ADUERTISING EXPENSE **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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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 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 (enter a category not listed above)

Candidate/Officeholder/Politica		Legal Services	ionais Expense	Salaries/Wa	ges/Contract Labor	Other (enter a cate	egory not listed above)	
Credit Card Payment		The Instructi	on Guide explair	ns how to co	mplete this form.			
1 Total pages Schedule F1:	2 FILER N	AME ENTRICE	G. Rosi	ENBAU	n	3 Filer ID (Eth	ics Commission Filers)	
4 Date	5 Payee na	ame				L		
12 22/15			G. Rose whsuil		RALD			
O Amount (Φ)	/ Payee at	Payee address; City; State; Zip Code						
\$ 27500	1135	E. VANB	MREN St	. BROT	would lile,	TX 783	20	
8	(a) Category	(See Categories lis	sted at the top of this s	schedule)	(b) Description	fa .		
PURPOSE					Check if travel or	utside of Texas. Complet	e Schedule T.	
OF EXPENDITURE	ADU	ERTING	EXPEN	50	Check if Austin	n, TX, officeholder livi	ng expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officehold	er name		Office sought		Office held	
Date	Payee na	e						
24.0								
Amount (\$)	Payee ac	dress:	City; State; Z	in Code				
τ (Φ)	, ayou as	iarcoo,	Oity, Oidio, 2	ip code				
	Category	(See Categories lis	sted at the top of this s	schedule)	Description			
PURPOSE					Check if travel ou	tside of Texas. Complete	Schedule T.	
OF EXPENDITURE					Check if Austin	, TX, officeholder livir	g expense	
EXPENDITORE								
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholde	er name		Office sought		Office held	
Date	Payee na	ame						
Amount (\$)	Payee ac	ldress;	City; State; Z	ip Code				
	Category	(See Categories lis	ted at the top of this s	schedule)	Description			
PURPOSE	150.					tside of Texas. Complete	Schedule T.	
OF					Check if Austin	, TX, officeholder livin	a expense	
EXPENDITURE								
Complete ONLY if direct	Candid	ate / Officehold	er name		Office sought		Office held	
expenditure to benefit C/OH								
	AT	ACH ADDITIO	ONAL COPIES	OF THIS S	CHEDULE AS NEE	DED		

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 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 (enter a category not listed above)

Candidate/Officeholder/Political Committee			Legal Services		aries/Wages/Contract Labor	Other (enter a category not listed above)	
`	Credit Card Payment		The Instruction G	uide explains hov	w to complete this form.		
1	Total pages Schedule G:			- 0		3 Filer ID (Ethics Commission Filers)	_
	1-2		BEATRICE	G. Kosé	NBAUM		
4	Date	5 Payee na	ame				
	8/18/15	71	HE GRAFIK	SPOT			
6	Amount (\$)	7 Payee ac		State; Zip Cod	de		
	Reimbursement from political contributions intended	745	.PRICZROND	BROWNS	ruillé, TX 785	21	
8	PURPOSE	(a) Category	(See Categories listed at th	ne top of this schedule)	(b) Description		
	OF	10.1	- A 1 F	/	Check if travel outs	side of Texas. Complete Schedule T.	
	EXPENDITURE	MBU	ERTIBNG E	atense.	Check if Austin,	TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/C		date / Officeholder n	ame	Office sought	Office held	
	Date	Payee na					=
	8/28/15		E GRAFIK	SPOT			
	Amount (\$)	Payee ac	ddress; City;	State; Zip Cod	de		
	Reimbursement from political contributions intended	745.	PRICEROAL	BROW!	Nsulle, IX -	78521	
	PURPOSE	Category	(See Categories listed at th	ne top of this schedule)	(b) Description		_
	OF	ANI	EDT - ME	F. 10- 1	Check if travel outs	side of Texas. Complete Schedule T.	
	EXPENDITURE	TIDI	ERTISING	EXTENSE	Check if Austin,	TX, officeholder living expense	
_	Complete ONLY if direct expenditure to benefit C/C		date / Officeholder n	ame	Office sought	Office held	
	Date ,	Payee na	ıme				
L	9/11/15	THI	EGRAFIK ddress; City;	SPOT			
	Amount (\$)	Payee ac	Idress; City;	State; Zip Cod	le		
,	\$546.66		n. D.	<u> </u>	110		
	Reimbursement from political contributions intended	745.	PRICE NOAD	, ISROWN	Isville, TX 78.	52/	
	PURPOSE	Category	(See Categories listed at th	e top of this schedule)	(b) Description		
	OF	A			Check if travel outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE	ADVE	RTISING E	KPENSE	Check if Austin,	TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/C		date / Officeholder na	ame	Office sought	Office held	
		ATTA	ACH ADDITIONAL (COPIES OF THI	IS SCHEDULE AS NEEI	DED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.									
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
	2-2	BEATRICE GROSEN	BAUM						
4	Date	5 Payee name							
L	10/14/15	BEATRICE GROSEN 5 Payee name THE GRAFIK SPOT 7 Payee address: City: State: 7 Fords	·						
6	Amount (\$)	rayee address, City, State, Zip Code							
	\$ 51.42	-11 - DOLLE ROMA I BROWN	74 S. PRICE ROMO, I BROWNSVIllE, TX 78521						
L	Reimbursement from political contributions intended	74 5. PRIZE POND, 1 PROBLEMS 11110 / 1X 1852/							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) Description							
	OF	ANGERT - 10 EXPLAISE		le of Texas. Complete Schedule T.					
_	EXPENDITURE	ADVERTISING EXPENSE	Check if Austin, TX	X, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held					
	Date	Payee name							
	Amount (\$)	Payee address; City; State; Zip Code							
	Reimbursement from political contributions intended								
		Category (See Categories listed at the top of this schedule) (b) Description							
	PURPOSE OF	PURPOSE OF Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held					
F	Date	Payee name							
	Amount (\$)	Payee address; City; State; Zip Code							
	!								
	Reimbursement from								
	political contributions intended	-							
	BUBBOOK	Category (See Categories listed at the top of this schedule)	(b) Description						
PURPOSE OF			Check if travel outside	e of Texas. Complete Schedule T.					
	EXPENDITURE		Check if Austin, TX	K, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									