

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: <div style="text-align: center; font-size: 24px; margin-top: 5px;">17</div>														
3 CANDIDATE / OFFICEHOLDER NAME	<table border="0" style="width: 100%;"> <tr> <td style="width: 20%;"><small>MS / MRS / MR</small> <i>Ms</i></td> <td style="width: 60%;"><small>FIRST</small> <i>Teresa</i></td> <td style="width: 20%;"><small>MI</small> <i>A</i></td> </tr> <tr> <td><small>NICKNAME</small></td> <td><small>LAST</small> <i>Rushing</i></td> <td><small>SUFFIX</small></td> </tr> </table>	<small>MS / MRS / MR</small> <i>Ms</i>	<small>FIRST</small> <i>Teresa</i>	<small>MI</small> <i>A</i>	<small>NICKNAME</small>	<small>LAST</small> <i>Rushing</i>	<small>SUFFIX</small>	OFFICE USE ONLY									
<small>MS / MRS / MR</small> <i>Ms</i>	<small>FIRST</small> <i>Teresa</i>	<small>MI</small> <i>A</i>															
<small>NICKNAME</small>	<small>LAST</small> <i>Rushing</i>	<small>SUFFIX</small>															
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		<table border="0" style="width: 100%;"> <tr> <td><small>ADDRESS / PO BOX;</small></td> <td><small>APT / SUITE #;</small></td> <td><small>CITY;</small></td> <td><small>STATE;</small></td> <td><small>ZIP CODE</small></td> </tr> <tr> <td colspan="5" style="font-size: 18px; text-align: center;"><i>4201 Worth Forest Dr Arlington TX 76016</i></td> </tr> </table>		<small>ADDRESS / PO BOX;</small>	<small>APT / SUITE #;</small>	<small>CITY;</small>	<small>STATE;</small>	<small>ZIP CODE</small>	<i>4201 Worth Forest Dr Arlington TX 76016</i>								
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<small>AREA CODE</small>	<small>PHONE NUMBER</small>	<small>EXTENSION</small>															
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7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<table border="0" style="width: 100%;"> <tr> <td><small>STREET ADDRESS (NO PO BOX PLEASE);</small></td> <td><small>APT / SUITE #;</small></td> <td><small>CITY;</small></td> <td><small>STATE;</small></td> <td><small>ZIP CODE</small></td> </tr> <tr> <td colspan="5" style="font-size: 18px; text-align: center;"><i>4201 Worth Forest Dr Arlington TX 76016</i></td> </tr> </table>			<small>STREET ADDRESS (NO PO BOX PLEASE);</small>	<small>APT / SUITE #;</small>	<small>CITY;</small>	<small>STATE;</small>	<small>ZIP CODE</small>	<i>4201 Worth Forest Dr Arlington TX 76016</i>								
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9 REPORT TYPE	<table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)						
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10 PERIOD COVERED	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><small>Month</small></td> <td style="text-align: center;"><small>Day</small></td> <td style="text-align: center;"><small>Year</small></td> <td style="width: 20%;"></td> <td style="text-align: center;"><small>Month</small></td> <td style="text-align: center;"><small>Day</small></td> <td style="text-align: center;"><small>Year</small></td> </tr> <tr> <td style="font-size: 24px;"><i>12</i></td> <td style="font-size: 24px;"><i>/10</i></td> <td style="font-size: 24px;"><i>/2018</i></td> <td style="text-align: center;"><small>THROUGH</small></td> <td style="font-size: 24px;"><i>04</i></td> <td style="font-size: 24px;"><i>/03</i></td> <td style="font-size: 24px;"><i>/2019</i></td> </tr> </table>			<small>Month</small>	<small>Day</small>	<small>Year</small>		<small>Month</small>	<small>Day</small>	<small>Year</small>	<i>12</i>	<i>/10</i>	<i>/2018</i>	<small>THROUGH</small>	<i>04</i>	<i>/03</i>	<i>/2019</i>
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<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description		<input type="checkbox"/> General <input type="checkbox"/> Special															
12 OFFICE	<small>OFFICE HELD (if any)</small> <div style="font-size: 24px; text-align: center;"><i>NA</i></div>	<small>13 OFFICE SOUGHT (if known)</small> <div style="font-size: 24px; text-align: center;"><i>Arlington City Council District 4</i></div>															

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Teresa A Rushing 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME <u>N/A</u>
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>277.21</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>532.02</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4185.46</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2843.91</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 AFFIDAVIT

AFFIX NOTARY STAMP/SEAL ABOVE

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.

Teresa Rushing
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Teresa Rushing, this the 4th day of April, 20 19, to certify which, witness my hand and seal of office.

J Hood
Signature of officer administering oath

Jillian Cloud
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME <i>Teresa A Rushing</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>4892.02</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>420.00</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>2799.57</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 checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>1110.89</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>275.00</i>
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 4**

2 FILER NAME

Teresa A Rushing

3 Filer ID (Ethics Commission Filers)

4 Date

1/18/2019

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

Laura Rea

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

2000 W Arkansas Ln Arlington TX 76013

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/10/2018

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

William Greene

Amount of contribution (\$)

22.72

Contributor address; City; State; Zip Code

612 W 16th St Weslaco TX 78596

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

South Texas College

Date

1/28/2019

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

Plaza Pub

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

1605 New York Ave Arlington TX 76010

Principal occupation / Job title (See Instructions)

owner

Employer (See Instructions)

Plaza Pub

Date

1/29/2019

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

Kevin Carney

Amount of contribution (\$)

252.00

Contributor address; City; State; Zip Code

4201 Worth Forest Dr Arlington TX 76016

Principal occupation / Job title (See Instructions)

Technical Lead

Employer (See Instructions)

American Airlines

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 4

2 FILER NAME
Teresa A Rushing

3 Filer ID (Ethics Commission Filers)

4 Date
1/29/2019

5 Full name of contributor out-of-state PAC (ID#: _____)
Kevin Carney

7 Amount of contribution (\$)
66.30

6 Contributor address; City; State; Zip Code
4201 Worth Forest Dr Arlington TX

8 Principal occupation / Job title (See Instructions)
Technical Lead

9 Employer (See Instructions)
American Airlines

Date
2/4/2019

Full name of contributor out-of-state PAC (ID#: _____)
Kevin Carney

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
4201 Worth Forest Dr Arlington TX

Principal occupation / Job title (See Instructions)
Technical Lead

Employer (See Instructions)
American Airlines

Date
2/11/2019

Full name of contributor out-of-state PAC (ID#: _____)
Teresa Rushing

Amount of contribution (\$)
2000.00

Contributor address; City; State; Zip Code
4201 Worth Forest Dr Arlington TX

Principal occupation / Job title (See Instructions)
Crew tracking Analyst

Employer (See Instructions)
American Airlines

Date
2/11/2019

Full name of contributor out-of-state PAC (ID#: _____)
Kevin Carney

Amount of contribution (\$)
219.00

Contributor address; City; State; Zip Code
4201 Worth Forest Dr Arlington TX

Principal occupation / Job title (See Instructions)
Technical Lead

Employer (See Instructions)
American Airlines

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 4**

2 FILER NAME **Teresa A Rushing**

3 Filer ID (Ethics Commission Filers)

4 Date **2/20/2019**

5 Full name of contributor out-of-state PAC (ID#: _____)
Kelly Canon

7 Amount of contribution (\$) **100.00**

6 Contributor address; City; State; Zip Code
901 Kristin Ct Arlington TX 76012

8 Principal occupation / Job title (See Instructions)
Facilities Planning Principle

9 Employer (See Instructions)
L3 Technologies

Date **2/21/2019**

Full name of contributor out-of-state PAC (ID#: _____)
Kevin Carney

Amount of contribution (\$) **500.00**

Contributor address; City; State; Zip Code
4201 Worth Forest Dr Arlington TX

Principal occupation / Job title (See Instructions)
Technical Lead

Employer (See Instructions)
American Airlines

Date **2/27/2019**

Full name of contributor out-of-state PAC (ID#: _____)
Kevin Carney

Amount of contribution (\$) **97.00**

Contributor address; City; State; Zip Code
4201 Worth Forest Dr Arlington TX

Principal occupation / Job title (See Instructions)
Technical Lead

Employer (See Instructions)
American Airlines

Date **3/5/2019**

Full name of contributor out-of-state PAC (ID#: _____)
Kevin Carney

Amount of contribution (\$) **220.00**

Contributor address; City; State; Zip Code
4201 Worth Forest Dr Arlington TX

Principal occupation / Job title (See Instructions)
Technical Lead

Employer (See Instructions)
American Airlines

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4 of 4**

2 FILER NAME **Teresa A Rushing**

3 Filer ID (Ethics Commission Filers)

4 Date **3/18/2009**

5 Full name of contributor out-of-state PAC (ID#: _____)
Teresa Rushing

7 Amount of contribution (\$) **820.00**

6 Contributor address; City; State; Zip Code
4201 Worth Forest Dr Arlington TX

8 Principal occupation / Job title (See Instructions)
Crew Tracking Analyst

9 Employer (See Instructions)
American Airlines

Date **3/19/2009**

Full name of contributor out-of-state PAC (ID#: _____)
Michelle Licater

Amount of contribution (\$) **100.00**

Contributor address; City; State; Zip Code
1861 Brown Blvd Arlington TX 76006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **3/28/2009**

Full name of contributor out-of-state PAC (ID#: _____)
Kevin Carney

Amount of contribution (\$) **145.00**

Contributor address; City; State; Zip Code
4201 Worth Forest Dr Arlington TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Technical Lead

American Airlines

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
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: <u>1</u>	
2 FILER NAME <u>Teresa A Rushing</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>0</u>	
5 Date <u>3/7/2019</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Hai Ding</u>	8 Amount of Contribution \$ <u>420.00</u>	9 In-kind contribution description <u>fiber distribution</u>
7 Contributor address; City; State; Zip Code <u>2410 W Abram St Ste 116 Arlington TX</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>owner</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>New Panda House Bistro</u>	
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#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<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)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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): 1 of 3		2 FILER NAME Teresa A Rushing		3 Filer ID (Ethics Commission Filers)	
4 Date 2/9/2019		5 Payee name iPage.com			
6 Amount (\$) 16.99		7 Payee address; City; State; Zip Code 10 Corporate Dr Ste 300 Burlington MA 01803			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense domain renewal		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 2/9/2019		Payee name iPage.com			
Amount (\$) 71.88		Payee address; City; State; Zip Code 10 Corporate Dr Ste 300 Burlington MA 01803			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense web hosting service		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date 2/20/2019		Payee name MJ Hayes Inc dba Tarrant Campaign Services			
Amount (\$) 600.00		Payee address; City; State; Zip Code 1510 Valleywood Trl Mansfield TX 76063			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense planting signs		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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: <i>2 of 3</i>		2 FILER NAME <i>Teresa A Rushing</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>2/28/2019</i>		5 Payee name <i>Print Place</i>			
6 Amount (\$) <i>24.84</i>		7 Payee address; City; State; Zip Code <i>1130 Avenue H E Arlington TX 76011</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising expense business cards</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date <i>2/24/2019</i>		Payee name <i>Print Place</i>			
Amount (\$) <i>194.94</i>		Payee address; City; State; Zip Code <i>1130 Avenue HE Arlington TX 76011</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising expense push cards</i>		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
Date <i>3/19/2019</i>		Payee name <i>Print Place</i>			
Amount (\$) <i>161.42</i>		Payee address; City; State; Zip Code <i>1130 Avenue H E Arlington TX 76011</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising expense car magnets</i>		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

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.

1 Total pages Schedule F1: <u>3 of 3</u>	2 FILER NAME: <u>Teresa A Rushing</u>	3 Filer ID (Ethics Commission Filers)			
4 Date: <u>3/26/2019</u>	5 Payee name: <u>AGE Graphics</u>				
6 Amount (\$): <u>1577.50</u>	7 Payee address; City; State; Zip Code: <u>52231 State Route 248 Long Bottom OH 45743</u>				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising expense</u> <u>Yard signs & stakes</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date: <u>4/3/2019</u>	Payee name: <u>AGE Graphics</u>				
Amount (\$): <u>152.00</u>	Payee address; City; State; Zip Code: <u>52231 State Route 248 Long Bottom OH 45743</u>				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising expense</u> <u>Addtl shipping cost</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 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				
PURPOSE OF EXPENDITURE	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			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>1 of 5</i>	2 FILER NAME <i>Teresa A Rushing</i>	3 Filer ID (Ethics Commission Filers)												
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$												
5 Date <i>1/17/2019</i>	6 Payee name <i>Arlington Police Foundation</i>													
7 Amount (\$) <i>500.00</i>	8 Payee address; City; State; Zip Code <i>P.O. Box 2318 Arlington TX 76004</i>													
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political													
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fee for table</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense												
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Date <i>1/19/2019</i></td> <td style="width:50%;">Payee name <i>Facebook Marketing</i></td> <td style="width:25%;"></td> </tr> <tr> <td>Amount (\$) <i>25.00</i></td> <td>Payee address; City; State; Zip Code <i>1 Hacker Way Menlo Park CA 94025</i></td> <td></td> </tr> <tr> <td>TYPE OF EXPENDITURE</td> <td colspan="2"> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political </td> </tr> <tr> <td>PURPOSE OF EXPENDITURE</td> <td>Category (See Categories listed at the top of this schedule) <i>advertising</i></td> <td>Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>			Date <i>1/19/2019</i>	Payee name <i>Facebook Marketing</i>		Amount (\$) <i>25.00</i>	Payee address; City; State; Zip Code <i>1 Hacker Way Menlo Park CA 94025</i>		TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date <i>1/19/2019</i>	Payee name <i>Facebook Marketing</i>													
Amount (\$) <i>25.00</i>	Payee address; City; State; Zip Code <i>1 Hacker Way Menlo Park CA 94025</i>													
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political													
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense												
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought												

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE F AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>2 of 5</i>	2 FILER NAME <i>Teresa A Rushing</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>1/21/2019</i>	6 Payee name <i>Facebook Marketing</i>	
7 Amount (\$) <i>50.00</i>	8 Payee address; City; State; Zip Code <i>1 Hacker Way Menlo Park CA 94025</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date <i>1/25/2019</i>	Payee name <i>Facebook Marketing</i>	
Amount (\$) <i>50.00</i>	Payee address; City; State; Zip Code <i>1 Hacker Way Menlo Park CA 94025</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F4: <i>3 of 5</i>		2 FILER NAME <i>Teresa A Rushing</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date <i>1/31/2019</i>		6 Payee name <i>Facebook Marketing</i>			
7 Amount (\$) <i>25.00</i>		8 Payee address; City; State; Zip Code <i>1 Hacker Way Menlo Park CA 94025</i>			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>advertising</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	

Date <i>3/22/2019</i>		Payee name <i>Facebook Marketing</i>			
Amount (\$) <i>50.00</i>		Payee address; City; State; Zip Code <i>1 Hacker Way Menlo Park CA 94025</i>			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>advertising</i>		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	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>4 of 5</i>	2 FILER NAME <i>Teresa A Rushing</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>3/24/2019</i>	6 Payee name <i>Facebook Marketing</i>	
7 Amount (\$) <i>50.00</i>	8 Payee address; City; State; Zip Code <i>1 Hacker Way Menlo Park CA 94029</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date <i>3/25/2019</i>	Payee name <i>Facebook Marketing</i>	
Amount (\$) <i>75.00</i>	Payee address; City; State; Zip Code <i>1 Hacker Way Menlo Park CA 94029</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 F AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>5 of 5</i>	2 FILER NAME <i>Teresa A Rushing</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>3/30/2019</i>	6 Payee name <i>Arlington Police Foundation</i>	
7 Amount (\$) <i>250.00</i>	8 Payee address; City; State; Zip Code <i>P.O. Box 2318 Arlington TX 76004</i>	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Silent Auction</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date <i>3/31/2019</i>	Payee name <i>Facebook Marketing</i>	
Amount (\$) <i>35.89</i>	Payee address; City; State; Zip Code <i>1 Hacker Way Menlo Park CA 94025</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

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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
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: <u>1</u>	2 FILER NAME <u>Teresa A Rushing</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>1/21/2019</u>	5 Payee name <u>Shawn McAister</u>	
6 Amount (\$) <u>150.00</u> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>1308 Kiowa Dr Arlington TX 76012</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Photography & graphic design</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <u>1/26/2019</u>	Payee name <u>Panda House</u>	
Amount (\$) <u>100.00</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>2410 W Abram St Ste 116 Arlington TX 76013</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food expense event catering</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>3/17/2019</u>	Payee name <u>360 Corridor Democratic Action</u>	
Amount (\$) <u>15.00</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>1670 W Interstate 20 Arlington TX 76017</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fee for table rental</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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