

**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: 16	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	Sandra		OFFICE USE ONLY Date Received 4/4/2019 Ch. Aldrich
	NICKNAME LAST SUFFIX	Blankenship		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE	4906 Velma Dr. Killeen, TX 76542		Date Hand-delivered or Date Postmarked
		Receipt #	Amount	
		Date Processed		
		Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Joan		
	NICKNAME LAST SUFFIX	Hlinshaw		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	287 Wayne Dr., Nolanville, TX 76559		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	(254) 681-0871		
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	THROUGH	Month Day Year	
	02/05/2019		03/25/2019	
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE		
	05/04/2019	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Uniform		
11 OFFICE	OFFICE HELD (if any) None Bell	12 OFFICE SOUGHT (if known) Killeen City Council District 3		

GO TO PAGE 2

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

**FORM C/OH
COVER SHEET PG 2**
2 of 16

13 C / OH NAME Sandra Blankenship 14 Filer ID

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

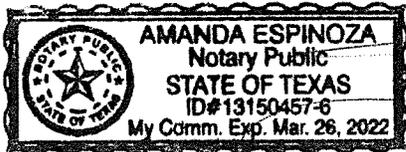
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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	\$	1,042.92
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,775.82
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	3,333.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,433.56
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

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.



Sandra Blankenship
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sandra Blankenship, this the 3rd day of April, 2019, to certify which, witness my hand and seal of office.

Amanda Espinoza Signature of officer administering
Amanda Espinoza Printed name of officer administering
Notary Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME <i>Sandra Blankenship</i>	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	\$ 3,711.79
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 64.03
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,333.23
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
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: 1/6 Rpt: 4/16
2 FILER NAME <i>Sandra Blankenship</i>		3 Filer ID
4 Date 02/23/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broussard, Randy (Mr.)	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 5251 Oak Haven Ln. Belton, TX 76513		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 03/18/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caraway, Melanie (Ms.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1402 FM 2484 Salado, TX 76571		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/18/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Mike (Mr.)	Amount of Contribution (\$) \$105.58
Contributor address; City; State; Zip Code 501 Ridge View Dr. Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) Consulting		Employer (See Instructions) Self
Date 02/28/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Terry (Mr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1012 Tumbleweed Dr. Killeen, TX 76542		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Killeen ISD
Date 03/03/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Criss, Susan (Ms.)	Amount of Contribution (\$) \$105.58
Contributor address; City; State; Zip Code PO Box 17046 Galveston, TX 77552		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Criss & Rousseau Law Firm LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/16
2 FILER NAME <i>Sandra Blankenship</i>		3 Filer ID
4 Date 02/25/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernandez, David (Mr.) 6 Contributor address; City; State; Zip Code 1508 S.W. H.K. Dodgen Lp. Temple, TX 76504	7 Amount of Contribution (\$) \$105.58
8 Principal occupation / Job title (See Instructions) Attorney at Law		9 Employer (See Instructions) Self
Date 02/23/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Barbara (Ms.) Contributor address; City; State; Zip Code 1705 Mona Dr. Killeen, TX 76549	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/01/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Barbara (Ms.) Contributor address; City; State; Zip Code 1705 Mona Dr. Killeen, TX 76549	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geer, Mary (Ms.) Contributor address; City; State; Zip Code 5280 Shay Lake Rd. Kingston, MI 48741	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/19/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halliday, John (Mr.) Contributor address; City; State; Zip Code 153 Great Frontier Dr. Georgetown, TX 78633	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/16
2 FILER NAME <i>Sandra Blankenship</i>		3 Filer ID
4 Date 03/03/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinshaw, Joan (Ms.)	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 287 Wayne Dr. Nolanville, TX 76559-4518		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 03/21/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooper, Hanna (Ms.)	Amount of Contribution (\$) \$52.95
Contributor address; City; State; Zip Code 109 Trinity Georgetown, TX 78633		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Konkel, Theodore (Mr.)	Amount of Contribution (\$) \$105.58
Contributor address; City; State; Zip Code 5280 Shay Lake Rd Kingston, MI 48741		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/16/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Konkel, Theodore (Mr.)	Amount of Contribution (\$) \$105.58
Contributor address; City; State; Zip Code 5280 Shay Lake Rd. Kingston, MI 48741		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/27/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Christine (Dr.)	Amount of Contribution (\$) \$52.95
Contributor address; City; State; Zip Code 160 Mercury Cv. Leander, TX 76541		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Northwest Diagnostic Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/16
2 FILER NAME <i>Sandra Blankenship</i>		3 Filer ID
4 Date 02/15/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minor Jr., Louie (Mr.) 6 Contributor address; City; State; Zip Code 2118 W. US Hwy. 190 Belton, TX 76513	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) General Contractor		9 Employer (See Instructions) Louis Minor Construction LLC
Date 02/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal, Pam (Ms.) Contributor address; City; State; Zip Code 3309 Red Cliff Cir. Temple, TX 76502	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) SMART - Transportation Division
Date 03/14/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitts, Robert (Mr.) Contributor address; City; State; Zip Code 1327 Mesquite Rd. Cedar Park, TX 78613	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) City of Austin
Date 03/01/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raein, Dean (Mr.) Contributor address; City; State; Zip Code 2113 Madison Ct. Belton, TX 76513	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Baylor Scott & White
Date 03/10/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudder, Kendall (Mr.) Contributor address; City; State; Zip Code 2158 Montalba Ave. Dallas, TX 75228	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) CoStar Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/16
2 FILER NAME <i>Sandra Blankenship</i>		3 Filer ID
4 Date 03/01/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shank, Erin (Ms.)	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 1711 E. Central Texas Expy., Ste. 107 Killeen, TX 76502		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Erin B. Shank, P.C.
Date 02/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharkey, Emily (Ms.)	Amount of Contribution (\$) \$52.95
Contributor address; City; State; Zip Code 4617 Willowood Ln. Temple, TX 76502		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharkey, Emily (Ms.)	Amount of Contribution (\$) \$52.95
Contributor address; City; State; Zip Code 4617 Willowood Ln. Temple, TX 76502		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/14/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Norma K. (Ms.)	Amount of Contribution (\$) \$52.95
Contributor address; City; State; Zip Code 3601 Turtle Creek Blvd., #404 Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions)
Date 02/23/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tollerton, Deana (Ms.)	Amount of Contribution (\$) \$26.63
Contributor address; City; State; Zip Code 13224 Marrero Dr. Austin, TX 78729		
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/16
2 FILER NAME Sandra Blankenship		3 Filer ID
4 Date 02/23/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tollerton, Deana (Ms.) 6 Contributor address; City; State; Zip Code 13224 Marrero Dr. Austin, TX 78729	7 Amount of Contribution (\$) \$26.63
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions) Unemployed
Date 02/18/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Margaret (Ms.) Contributor address; City; State; Zip Code 17531 Klamath Falls Dr. Round Rock, TX 78681	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Contract Manager		Employer (See Instructions) Magnitude

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: 10/16	
2 FILER NAME <i>Sandra Blankenship</i>		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/28/2019	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Sandra (Mrs.) 7 Contributor address; City; State; Zip Code 5002 Velma Dr. Killeen, TX 76542	8 Amount of contribution (\$) \$9.74	9 In-kind contribution description Event supplies
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		11 Employer (FOR NON-JUDICIAL) (See instructions) Retired	
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 02/12/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Kenith (Mr.) Contributor address; City; State; Zip Code 9201 Oak Hills Dr. Temple, TX 76502	Amount of contribution (\$) \$0.25	In-kind contribution description Copy fee
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Campaign Manager		Employer (FOR NON-JUDICIAL) (See instructions) Independent Contractor	
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)			
Date 03/01/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shank, Erin (Mrs.) Contributor address; City; State; Zip Code 1711 E. Centex Epwy, #107 Killeen, TX 76502	Amount of contribution (\$) \$54.04	In-kind contribution description Refreshments for Campaign Kick-Off Event
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Attorney		Employer (FOR NON-JUDICIAL) (See instructions) Self	
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)			

LOANS

SCHEDULE E

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule E: Sch: 1/1 Rpt: 11/16</p>	
<p>2 FILER NAME <i>Sandra Blankenship</i></p>		<p>3 Filer ID</p>	
<p>4 TOTAL OF UNITEMIZED LOANS</p>			<p>\$</p>
<p>5 Date of loan 02/05/2019</p>	<p>7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Sandra (Mrs.)</p>		<p>9 Loan Amount (\$) \$1,000.00</p>
<p>6 Is lender a financial institution? No</p>	<p>8 Lender address; City; State; Zip Code <i>4906 Kelma Dr.</i> Killeen, TX 76542</p>		<p>10 Interest Rate 0</p>
			<p>11 Maturity Date 06/01/2019</p>
<p>12 Principal occupation / Job title (See Instructions) Retired</p>		<p>13 Employer (See Instructions) Retired</p>	
<p>14 Description of Collateral <input checked="" type="checkbox"/> None</p>		<p>15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/></p>	
<p>16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable</p>	<p>17 Name of guarantor</p>		<p>19 Amount Guaranteed (\$)</p>
	<p>18 Guarantor address; City; State; Zip Code</p>		
<p>20 Principal occupation</p>		<p>21 Employer (See Instructions)</p>	

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: 1/5 Rpt: 12/16		2 FILER NAME <i>Sandra Blankenship</i>		3 Filer ID
4 Date 02/07/2019		5 Payee name Copper Mountain USPS		
6 Amount (\$) \$46.00		7 Payee address; City; State; Zip Code 3100 S. WS Young Dr. <i>3100 S. WS Young Dr.</i> Killeen, TX 76542		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Post Office Box Rental
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 03/02/2019		Payee name DemSign		
Amount (\$) \$852.47		Payee address; City; State; Zip Code 1401 Harvest Glen Dr. Plano, TX 75074		
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 Campaign Yard Signs
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 03/25/2019		Payee name DonateWay		
Amount (\$) \$111.76		Payee address; City; State; Zip Code POB 301267 Austin, TX 78703		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee for online donation collection
Complete ONLY 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: 2/5 Rpt: 13/16		2 FILER NAME <i>Sandra Blankenship</i>		3 Filer ID	
4 Date 02/19/2019		5 Payee name Emmert, Gary (Mr.)			
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code 3003 Deer Flat Drive Copperas Cove, TX 76522			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Video		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Video Production	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/06/2019		Payee name Gonzalez, Kenith (Mr.)			
Amount (\$) \$150.00		Payee address; City; State; Zip Code 9301 Oak Hills Dr. Temple, TX 76502			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting 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 Campaign Management	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/16/2019		Payee name Gonzalez, Kenith (Mr.)			
Amount (\$) \$200.00		Payee address; City; State; Zip Code 9301 Oak Hills Dr. Temple, TX 76502			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting 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 Campaign Management	
Complete ONLY 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: 3/5 Rpt: 14/16		2 FILER NAME <i>Sandra Blankenship</i>		3 Filer ID
4 Date 03/04/2019		5 Payee name Killeen Branch NAACP		
6 Amount (\$) \$85.00		7 Payee address; City; State; Zip Code POB 1522 Killeen, TX 76540		
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 Purchase ad in Freedom Fund Banquet Program	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 03/23/2019		Payee name Office Depot/Office Max		
Amount (\$) \$14.29		Payee address; City; State; Zip Code 1800 Lowes Blvd. Killeen, TX 76542		
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 02/11/2019		Payee name Squarespace Inc.		
Amount (\$) \$230.58		Payee address; City; State; Zip Code 225 Varick St. New York, NY 10014		
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	
Complete ONLY 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: 4/5 Rpt: 15/16		2 FILER NAME <i>Sandra Blankenship</i>		3 Filer ID
4 Date 02/27/2019		5 Payee name Texas Democratic Party		
6 Amount (\$) \$325.00		7 Payee address; City; State; Zip Code 1106 Lavaca St., #100 Austin, TX 78701		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Polling 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 VAN (Voter Activation Network) Access	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 03/25/2019		Payee name Texas Democratic Party		
Amount (\$) \$160.00		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) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to Vote-By-Mail Campaign	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 02/25/2019		Payee name Zippity Print, LLC		
Amount (\$) \$464.73		Payee address; City; State; Zip Code 1600 East 23rd St. Cleveland, OH 44114		
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 Palm Rack Cards	
Complete ONLY 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: 5/5 Rpt: 16/16	2 FILER NAME <i>Sandra Blankenship</i>	3 Filer ID
4 Date 02/14/2019	5 Payee name Zippity Print, LLC	
6 Amount (\$) \$259.45	7 Payee address; City; State; Zip Code 1600 East 23rd St. Cleveland, OH 44114	
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 Envelopes & Business Cards
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/21/2019	Payee name shirtzz.com T-Shirt Shop	
Amount (\$) \$333.95	Payee address; City; State; Zip Code 3301 E. Rancier, Ste. D104 Killeen, TX 76543	
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 Campaign T-Shirts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held