

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b> 10
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: _____ FIRST: _____ MI: _____ NICKNAME: _____ LAST: _____ SUFFIX: _____ LINDA KAYE ROGERS	<b>OFFICE USE ONLY</b> Date Received RECEIVED OCT 28 2013 3:00 Date Hand-delivered or Postmarked Receipt # _____ Amount _____ Date Imaged RECEIVED OCT 28 2013	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ PO BOX 721 WIMBERLEY TX 78674		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: _____ PHONE NUMBER: _____ EXTENSION: _____ (512) 560-4759		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: _____ FIRST: _____ MI: _____ NICKNAME: _____ LAST: _____ SUFFIX: _____ EDWARD G. POPE		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ 2259 SANDY PT RD WIMBERLEY TX 78674		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: _____ PHONE NUMBER: _____ EXTENSION: _____ (512) 468-8191		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year 9 / 27 / 2013    10 / 24 / 2013		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year 11 / 05 / 2013	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b> OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> HAYS TRINITY GROUNDWATER CONSERVATION DISTRICT - 4		
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME LINDA KAYE ROGERS 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 40.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1600.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3194.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6976.44
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

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

Linda Kaye Rogers  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Linda Kaye Rogers, this the 28<sup>th</sup> day of October, 20 13, to certify which, witness my hand and seal of office.

Amber J Gerdes  
Signature of officer administering oath

Amber J Gerdes  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1 of 2

2 FILER NAME

LINDA KAYE ROGERS

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/16/13

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

BERT RAY

6 Contributor address; City; State; Zip Code

115 SKY RANCH CIR  
WIMBERLEY TX 78676

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Date

10/18/13

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

PETER WAY

Contributor address; City; State; Zip Code

PO BOX 36530  
HOUSTON TX 77236

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Investor

Employer (See Instructions)

Date

10/24/13

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

MITCHELL PUTMAN

Contributor address; City; State; Zip Code

1401 DAYS END RD  
WIMBERLEY TX 78676

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Rancher

Employer (See Instructions)

Self

Date

10/20/13

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

LINDA LANG

Contributor address; City; State; Zip Code

35 Brookhollow  
WOODCREEK TX 78676

Amount of contribution (\$)

75.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired teacher

Employer (See Instructions)

Date

10/23/13

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

SUSAN COOK

Contributor address; City; State; Zip Code

E GATLIN RD  
Suffwood TX 78619

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Landscape Designer

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The instruction Guide explains how to complete this form. 1 Total pages Schedule A:  
*2 of 2*

2 FILER NAME *LINDA KAYE ROGERS* 3 ACCOUNT # (Ethics Commission Filers)

4 Date <i>10/25/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JANET ALORD</i> 6 Contributor address; City; State; Zip Code <i>PO Box 408 Wimberley TX 78676</i>	7 Amount of contribution (\$) <i>60.00</i> <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
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9 Principal occupation / Job title (See Instructions) *RETIRED* 10 Employer (See Instructions)

Date <i>10/25/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>HERB SMITH</i> Contributor address; City; State; Zip Code <i>312 Canyon Oaks Dr Wimberley TX 78676</i>	Amount of contribution (\$) <i>75.00</i> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) *ARTIST* Employer (See Instructions)

Date <i>10/10/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JIM McMEANS</i> Contributor address; City; State; Zip Code <i>2000 FISCHER STORE RD WIMBERLEY TX 78676</i>	Amount of contribution (\$) <i>200.00</i> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) *RETIRED* Employer (See Instructions)

Date <i>9/30/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>EDWARD POPE</i> Contributor address; City; State; Zip Code <i>2259 SANDY PT RD WIMBERLEY TX 78676</i>	Amount of contribution (\$) <i>300.00</i> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) *Retired* Employer (See Instructions)

Date <i>9/30/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>MARILYN ENDRES</i> Contributor address; City; State; Zip Code <i>351 COWPOKE CANYON DRIFTWOOD TX 78619</i>	Amount of contribution (\$) <i>9100.00</i> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) *SELF EMPLOYED* 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.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <b>LINDA KAYE ROGERS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10-5-13</b>		5 Payee name <b>BLUE HOLE PARK</b>			
6 Amount (\$) <b>45.00</b>		7 Payee address; City; State; Zip Code <b>PO BOX 1601 WIMBERLEY TX 78676</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>SOLICITATION</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>CAMPAINING</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>LKR</b>		Office sought <b>HTGCD DIR4</b>	
Date <b>10-10-13</b>		Payee name <b>CYPRESS CREEK CAFE</b>			
Amount (\$) <b>50.00</b>		Payee address; City; State; Zip Code <b>320 WIMBERLEY SQ. WIMBERLEY TX 78676</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>EVENT EXP</b>		Description (If travel outside of Texas, complete Schedule T) <b>RENTAL</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Linda Kaye Rogers</b>		Office sought <b>HTGCD4</b>	
Date <b>10-8-13</b>		Payee name <b>A STUDIO 2</b>			
Amount (\$) <b>741.73</b>		Payee address; City; State; Zip Code <b>103 FM 2325 WIMBERLEY TX 78676</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>PRINTING</b>		Description (If travel outside of Texas, complete Schedule T) <b>MAIL CARDS</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>LKR</b>		Office sought <b>HTGCD DIR4</b>	
Date <b>10-11-13</b>		Payee name <b>WIMBERLEY 1010 LUB COMM CTR</b>			
Amount (\$) <b>12.00</b>		Payee address; City; State; Zip Code <b>PO BOX 416 WIMBERLEY TX 78676</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>SOLICITATION</b>		Description (If travel outside of Texas, complete Schedule T) <b>MTG</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Linda Kaye Rogers</b>		Office sought <b>HTGCD4</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <b>LINDA KAYE ROGERS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>9/30/13</b>		5 Payee name <b>OZONA NAIL BANK</b>			
6 Amount (\$) <b>5.00</b>		7 Payee address; City; State; Zip Code <b>PO BOX 528 WIMBERLEY TX 78670</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>FEE</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>SRV CHG</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>L</b>		Office sought <b>HTGLD DIR 4</b>	
Date <b>10-16-13</b>		Payee name <b>USPS</b>			
Amount (\$) <b>379.52</b>		Payee address; City; State; Zip Code <b>WIMBERLEY TX 78670</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>SOLICITATION</b>		Description (If travel outside of Texas, complete Schedule T) <b>MAILERS</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>LKR</b>		Office sought <b>HTGLD DIR 4</b>	
Date <b>10-22-13</b>		Payee name <b>ENGLEHART PRINTING</b>			
Amount (\$) <b>305.51</b>		Payee address; City; State; Zip Code <b>100 LANGE RD WIMBERLEY TX 78670</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>PRINTING</b>		Description (If travel outside of Texas, complete Schedule T) <b>MAILERS</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>LKR</b>		Office sought <b>HTGLD DIR 4</b>	
Date <b>10-22-13</b>		Payee name <b>USPS</b>			
Amount (\$) <b>92.00</b>		Payee address; City; State; Zip Code <b>WIMBERLEY TX 78670</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>SOLICITATION</b>		Description (If travel outside of Texas, complete Schedule T) <b>STAMPS</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>LKR</b>		Office sought <b>HTGLD DIR 4</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## POLITICAL EXPENDITURES

## SCHEDULE F

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME LINDA KAYE ROGERS	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-3-13	5 Payee name ENGLEHART PRINTING	
6 Amount (\$) 7.00	7 Payee address; City; State; Zip Code 100 LANGE RD WIMBERLEY TX 78076	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING	(b) Description (If travel outside of Texas, complete Schedule T) BUS. CARDS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name LKR	Office sought HTGCD DIR 4
Date 10-15-13	Payee name W. A. G.	
Amount (\$) 85.00	Payee address; City; State; Zip Code PO BOX 2603 WIMBERLEY TX 78076	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES EVENT EXP	Description (If travel outside of Texas, complete Schedule T) ENTRY FEE CAMPAIGNING
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name LKR	Office sought HTGCD DIR 4
Date 10-15-13	Payee name WIMBERLEY INSTITUTE OF CULTURE	
Amount (\$) 20.00	Payee address; City; State; Zip Code PO BOX 167 WIMBERLEY TX 78076	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXP	Description (If travel outside of Texas, complete Schedule T) ENTRY FEE CAMPAIGNING
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name LKR	Office sought HTGCD DIR 4
Date 10-26-13	Payee name USPS	
Amount (\$) 389.12	Payee address; City; State; Zip Code WIMBERLEY TX 78076	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SOLICITATION	Description (If travel outside of Texas, complete Schedule T) MAILERS
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name LKR	Office sought HTGCD DIR 4

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <b>LINDA KAYE ROGERS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/22/13</b>		5 Payee name <b>USPS</b>			
6 Amount (\$) <b>92.00</b>		7 Payee address; City; State; Zip Code <b>WIMBERLEY TX 78676</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>SOLICITATION</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>MAIL</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>LKR</b>		Office sought <b>HTGCD DIR 4</b>	
Date <b>10/20/13</b>		Payee name <b>PIZZA HUT</b>			
Amount (\$) <b>15.16</b>		Payee address; City; State; Zip Code <b>101 FM 2325 WIMBERLEY TX 78676</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>SOLICITATION</b>		Description (If travel outside of Texas, complete Schedule T) <b>FOOD EXP</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>LKR</b>		Office sought <b>HTGCD DIR 4</b>	
Date <b>10/22/13</b>		Payee name <b>USPS</b>			
Amount (\$) <b>94.24</b>		Payee address; City; State; Zip Code <b>WIMBERLEY TX 78676</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>SOLICITATION</b>		Description (If travel outside of Texas, complete Schedule T) <b>MAIL</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>LKR</b>		Office sought <b>HTGCD DIR 4</b>	
Date <b>10/8/13</b>		Payee name <b>LEANING PEAR</b>			
Amount (\$) <b>75.08</b>		Payee address; City; State; Zip Code <b>111 RIVER RD WIMBERLEY TX 78676</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>CONSULTING</b>		Description (If travel outside of Texas, complete Schedule T) <b>EVENT PLANNING</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>LKR</b>		Office sought <b>HTGCD DIR 4</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:		<b>2</b> FILER NAME <i>LINDA KAYE ROGERS</i>		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date <i>10/22/13</i>		<b>5</b> Payee name <i>ENGLEHART PRINTING</i>			
<b>6</b> Amount (\$) <i>305.51</i>		<b>7</b> Payee address; City; State; Zip Code <i>100 LANGE RD WIMBERLY TX 78674</i>			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) <i>PRINTING EXP</i>		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>MAILERS</i>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Linda Kaye Rogers</i>		Office sought <i>HTGCD4</i>	
Date <i>10-15-13</i>		Payee name <i>WIMBERLEY LIBRARY</i>			
Amount (\$) <i>18.50</i>		Payee address; City; State; Zip Code <i>HOD FM 2329 Wimberly TX 78674</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <i>PRINTING EXP</i>		Description (If travel outside of Texas, complete Schedule T) <i>COPY</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Linda Kaye Rogers</i>		Office sought <i>HTGCD4</i>	
Date <i>10-16-13</i>		Payee name <i>USPS</i>			
Amount (\$) <i>379.52</i>		Payee address; City; State; Zip Code <i>WIMBERLEY TX 78676</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <i>SOLICITATION</i>		Description (If travel outside of Texas, complete Schedule T) <i>MAIL</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Linda Kaye Rogers</i>		Office sought <i>HTGCD4</i>	
Date <i>10-18-13</i>		Payee name <del>NANCY BRITNER</del> <i>WIMBERLEY CAFE</i>			
Amount (\$) <i>8.85</i>		Payee address; City; State; Zip Code <i>101 WIMBERLEY SQ WIMBERLEY TX 78674</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <i>SOLICITATION/FUNDRAISING</i>		Description (If travel outside of Texas, complete Schedule T) <i>FOOD</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Linda Kaye Rogers</i>		Office sought <i>HTGCD4</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <b>LINDA KAYE ROGERS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/2/13</b>		5 Payee name <b>WIMBERLEY PLAYERS</b>			
6 Amount (\$) <b>\$76.00</b>		7 Payee address; City; State; Zip Code <b>450 OLD KYLE RD WIMBERLEY TX 78674</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>EVENT EXP</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>SOLICITATION / CAMPAIGNING</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Linda Kaye Rogers</b>		Office sought <b>HTGCD 4</b>	
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)		
Complete ONLY 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 (If travel outside of Texas, complete Schedule T)		
Complete ONLY 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 (If travel outside of Texas, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED