# 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:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST  YASMIN   NICKNAME LAST  WAGNER	MI S SUFFIX	OFFICE USE ONLY  Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CO	CITY; STATE; ZIP CODE  EXTENSION			
OFFICEHOLDER PHONE  6 CAMPAIGN TREASURER NAME	( 512 ) 923-2138  MS / MRS / MR FIRST  WILLIAM	MI J	Date Hand-delivered or Date Postman  Receipt # Amount \$  Date Processed	rked	
	NICKNAME LAST WAGNER	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 11213 S BAY LN AUSTIN TX 78739	UITE #; CITY; STATE;	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  ( 512 ) 529-8400	EXTENSION			
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FF	₹)	
10 PERIOD COVERED	Month Day Year  1 1 2020	Month 6	Day Year 30 2020		
11 ELECTION	ELECTION DATE  Month Day Year Primary  General	ELECTION TYPE  Runoff Other Description  Special			
12 OFFICE	OFFICE HELD (if any)  AUSTIN ISD TRUSTEE, DISTRICT 7	13 OFFICE SOUGHT (if known	)		
GO TO PAGE 2					

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME YAS	MIN WAGNER			15 Filer ID (E	thics 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			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TR	EASURER NAME		
Additional Pages					
		COMMITTEE CAMPAIGN TI	REASURER ADDRESS		
17 CONTRIBUTION TOTALS			NS OF \$50 OR LESS (OTHER TH		
	_	POLITICAL CONTRIBU THAN PLEDGES, LOANS	TIONS , OR GUARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$			
	4. TOTAL	POLITICAL EXPENDIT	JRES	\$	58.86
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIO PORTING PERIOD	NS MAINTAINED AS OF THE LAST	TDAY \$	3730.36
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF A AY OF THE REPORTING F	LL OUTSTANDING LOANS AS OF PERIOD	THE \$	
18 AFFIDAVIT	1			'	
			I swear, or affirm, under penalty of true and correct and includes all infunder Title 15, Election Code.		
			Signature of Car	ndidate or Offi	ceholder
AFFIX NOTARY STAM	IP/SEALABOVE				
					the
day of	, 20,	to certify which, witnes	ss my hand and seal of office		
Signature of officer a	administering oath	Printed name of o	officer administering oath	Title of o	fficer administering oath

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19	FILER NAME 2	Filer ID (Ethics Commission Filers)	
	YASMIN S WAGNER		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	TRIBUTIONS \$ 58.86	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		
		<u> </u>	

## 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

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: 3 (1 of 3)	2 FILER NAME YASMIN S WAGNER		3 Filer ID (Ethics Commission Filers)	
<b>4</b> Date 5/15/2020	5 Payee name ZOOM.US			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
15.98	55 ALMADEN BLVD. SAN JOSE, CA 95113			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  EVENT EXPENSE		outside of Texas. Complete Schedule T. in, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
6/1/2020	WIX.COM			
Amount (\$)	Payee address; City; State; Zip Code			
26.90	500 TERRY A FRANCOIS BLVD SAN FRANCIS	SO CA 94158		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ADVERTSING EXPENSE	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
6/15/20	ZOOM.US			
Amount (\$)	Payee address; City; State; Zip Code			
15.98	55 ALMADEN BLVD. SAN JOSE, CA 95113			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description  Check if travel or	utside of Texas. Complete Schedule T.	
OF EXPENDITURE	EVENT EXPENSE	Check if Austir	n, TX, officeholder living expense	
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 NE	EDED	