CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

					\$	
The C/OH Instruction (Guide explains how to complete this form.	1 Filter ID (Ethics Commission Filers)	2 Total pages 1	illed: 4		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Amber	MI	OFFICE USE ONLY			
NAME	NICKNAME LAST		Date Received			
	Elenz					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 1900 Elton Ln. Austin,	city; state; zip code TX 78703		JHNI	17 Z:31PN	
X Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 632-9249	EXTENSION	Date Hand-delivere	d or Date Postmarked		
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Arati	MI	Receipt #	Amount \$	1	
NAME	NICCHAME LAST	SUFFIX	Date Processed		- -	
	Singh		Date Imaged		-	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / S 8101 Cobblestone Dr.		ZIP CODE			
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512)586-5702	EXTENSION				
9 REPORT TYPE	X January 15 30th day before e	election Runoff		fter campaign ppointment er Only)	-	
	July 15 Bth day before etc	ection Exceeded \$500 limit	Final Repo	rt (Attach C/OH - FR)		
10 PERIOD	Month Day Year	Month	Day Yea	ır		
COVERED	10 / 30 / 16	THROUGH 12 /	31 /16			
11 ELECTION	ELECTION DATE	ELECTION TYPE				
	Month Day Year Primary	Runoff Other Description				
	11 8 16 X General	Special				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known))			
	Austin ISD Trustee	Austin ISD T	rustee			
	District 5	District 5				
	GO TO	PAGE 2				
					J	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME Amber Ele	enz		15 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	AOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPEND DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W DINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH URES.	VITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME COMMITTEE ADDRESS			
Additional Pages	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	DN 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$				
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0		
	3. TOTAL I UNLESS	\$ 0			
	4. TOTAL POLITICAL EXPENDITURES		\$ 216.50		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 15,766.7				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		THE \$ 5,000.00		
18 AFFIDAVIT	ARGERY ELAINE HO My Commission Exp July 9, 2018	true and correct and includes all info under Title 15, Election Code.	perjury, that the accompanying report is ormation required to be reported by me		

AFFIX NOTARY STAMP/SEALABOVE

Signature of Candidate or Officeholder

712 Sworn to and subscribed before me, by the said AnberElenz , this the AC1.20 17 , to certify which, witness my hand and seal of office. day of Exec. As orger, Elaine Huplin, Title of officer administering oath Printed name of officer administering oath Signature of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Commission Filers) Amber Elenz 20 Filer ID (Ethics Commission Filers)				
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	1		SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0	
4. SCHEDULE E: LOANS		\$	0	
5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CC	NTRIBUTIONS	\$	216.50	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	0	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$	0	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		0	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	DNTRIBUTIONS	\$	0	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$	0	
- -				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic: Credit Card Payment	By Gift/Awar	/erage Expense ds/Memorials Expense	Office Over Polling Exp Printing Exp		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Great Caro Payment	The in	struction Guide explain	s how to co	mplete this form.	
1 Total pages Schedule F1: 1	2 FILER NAME	Amber Elen:	Z,		3 Filer ID (Ethics Commission Filers)
4 Date 12/6/16	5 Payee name Evergr	een Studios			
6 Amount (\$)	7 Payee address;	City; State; Zi	p Code		
\$216.50	5416	Parkcrest D	rive,	Suite 600	Austin, TX 78731
8 PURPOSE OF	(a) Category (See Cate	gories listed at the top of this so	chedule)		iside of Texas. Complete Schedule T. , TX, officeholder tiving expense
EXPENDITURE	Advert	ising Expens	e		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Offic	eholder name	I	Office sought	Office held
Date	Payee name				
Amount (\$)	Payee address;	City; State; Zi	p Code		
PURPOSE OF EXPENDITURE	Category (See Caleg	pories listed at the top of this so	hedule)		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Offic	eholder name	I	Office sought	Office held
Date	Payee name	· · · · · · · · · · · · · · · · · · ·			
Amount (\$)	Payee address;	City; State; Zlp	o Code		
PURPOSE OF EXPENDITURE	Category (See Categ	ories listed at the top of this sc	hedule)		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Offic	eholder name	•	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

Forms provided by Texas Ethics Commission

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