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:	
OFFICEHOLDER	MS / MRS / MR FIRST	MI MI	OFFICE USE ONLY	
NAME	Amber NICKNAME LAST	SUFFIX	Date Received	
	Elenz			
CANDIDATE / OFFICEHOLDER MAILING ADDRESS		CITY; STATE; ZIP CODE	'	J HM15 1 1
Change of Address				
CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 632-9249	EXTENSION	Date Hand-delivered or Date Postmarked	
CAMPAIGN	MS / MRS / MR FIRST	A Mil ()	Receipt #	Amount \$
TREASURER NAME	Arati		Date Processed	
	NICKNAME LAST Singh	SUFFIX	Date Imaged	20
CAMPAIGN TREASURER ADDRESS	STREET ADDRESS_(NO PO BOX PLEASE); APT / S 8101 Cobblestone Dr.	uite #; city; state; Austin TX 78735	ZIP CODE	
Residence or Business)		And the second s		
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 586-5702	EXTENSION		
	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			or the two
REPORT TYPE	X January 15 30th day before 6	election Runoff	15th day af treasurer a (Officeholde	
	July 15 Sth day before ele	ection Exceeded \$500 limit		t (Attach C/OH - FR)
PERIOD COVERED	Month Day Year 07 / 01 / 2018	Month THROUGH 12	Day Yea 31 /2018	Andrew Control of the
1 ELECTION	Month Day Year Primary 11 8 16 X General	ELECTION TYPE Grant Other Description Special	€	4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	<u></u>	13 OFFICE SOUGHT (if known)	
2 OFFICE	OFFICE HELD (If any) Austin ISD Trustee District 5	Austin ISD Trustee District 5		The Control of the Co

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Amber Elenz	15	Filer ID (Ethics Commis	sion 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 TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS		•		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED				
€	2. TOTAL (OTHER	\$ o				
EXPENDITURE TOTALS	3. TOTAL I UNLESS	\$ ⁰	`			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,379	.19		
CONTRIBUTION BALANCE	5. TOTAL I	\$ 6,472	.84			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$					
18 AFFIDAVIT						
I swear, or affirm, under penalty of perjury, that the accompanying report is WARIET REVES KITCH NOTARY PUBLIC TO WARIET REVES KITCH NOTARY PUBLIC TO WARIET REVES KITCH NOTARY PUBLIC THE DIT BOND 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. Comm. Exp. 02-28-2022 COMM. Exp. 02-28-2022 NOTARY WITHOUT BOND						
	•	Signature of Candid	ate or Officeholder			
AFFIX NOTARY STAM	P/SEALABOVE	A mi				
Sworn to and subscribed before me, by the said Amber Elen? , this the day of January, 20 19, to certify which, witness my hand and seal of office.						
Manue Reyer Wife Marie T-Reyer Kitch Eyer Asrt - Board Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

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
Gitt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Other (enter a extensiv not listed above)

Other (enter a category not listed above) Legal Services Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Amber Elenz 4 Date 5 Payee name 9-25-18 **Texas Parent PAC** 6 Amount (\$) 7 Payee address; City; State; Zip Code \$500.00 P.O. Box 303010 Austin, Texas 78703-0051 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Donation by officeholder Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description ___ Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 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 Event Expense Food/Beverage Expense Glft/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 Expens Travel In District Travel Out Of District

Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Amber Elenz 5 Payee name 4 Date 7-30-18 League of Women Voters 6 Amount (\$) 7 Payee address; City; State; Zip Code \$102.56 1609 Shoal Creek Blvd #202, Austin, TX 78701 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) ___ Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check If Austin, TX, officeholder living expense Donation made by officeholder EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 8-17-18 Gina Hinojosa Campaign Amount (\$) Payee address; City: State: Zip Code \$526.63 P.O. Box 300095 Austin, TX 78703 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Donation made by officeholder Check if Austin, TX, afficeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 9-25-18 Austin Community Foundation - Austin Ed Fund Campaign Amount (\$) Payee address; City; State; Zip Code \$250.00 4315 Guadalupe Street, Suite 300 Austin, TX 78751 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Donation made by officeholder Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Amber Elenz 20 Filer ID (Ethics C	ommission Filers)
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 CONTRIBUTIONS	\$ 1,379.19
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$