## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

			6 m l
The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 4
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST Amber	MI	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	Elenz		
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 1900 Elton Lane, Austin, Texas	nty; state; zip code 78703	
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Lauren	MI	Receipt # Amount \$ Date Processed
	NICKNAME LAST Whelan	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UTTE #; CITY; STATE;	ZIP CODE
ADDRESS (Residence or Business)	1805 Elton Lane, Austin, Tex	as 78703	
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER	( 512 )497-2967		
9 REPORT TYPE	January 15 30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Cnly)
	X July 15 8th day before ele	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 1 / 01 / 2019	Month THROUGH 6	Day Yéar 30 / 2019
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Printary 11/08/2016 X Generat	Special Description	
12 OFFICE	OFFICE HELD (If any) Austin ISD Trustee District 5	13 OFFICE SOUGHT (# known Austin ISD Trus District 5	
	Барана Сарана Серектана С	PAGE 2	
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### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)			
Amber Elenz						
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						
	2. TOTAL (OTHER	\$ 0				
EXPENDITURE TOTALS	3. TOTAL UNLES	<b>\$</b> 0				
	4. TOTAL	\$102.56				
CONTRIBUTION BALANCE	5. TOTAL OF REF	<sup>4</sup> \$ 6.370.28				
OUTSTANDING LOAN TOTALS	6. TOTAL LAST D	\$ 0				
18 AFFIDAVIT						



AFFIX NOTARY STAMP / SEALABOVE

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.

lubu Cl

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Amber Elenz this the to certify which, witness my hand and seal of office. day of

Signature of officer administering oath

Printed name of officer administering oath

alacios

EA to Supt. Title of officer administering oath

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# SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co Amber Elenz	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
з,	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<sup>\$</sup> 102.56
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	\$

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

		······			
**************************************	EXPENDITURE CATEGO	RIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Of Food/Beverage Expense Po y Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense lling Expense nting Expense laries/Wages/Contract Labor w to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1: 1	2 FILER NAME Amber Elenz		3 Filer ID (Ethics Commission Filers)		
4 Date 3/27/2019	5 Payee name League of Women Voters				
6 Amount (\$)	7 Payee address; City; State; Zip C	ode			
\$102.56	1609 Shoal Creek Blvd. #2	202, Austin, Texas 7	78701		
8	(a) Category (See Categories listed at the top of this sched	ule) (b) Description	e s'		
PURPOSE OF EXPENDITURE	Donation made by officeholde		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
EXPENDITORE			i i		
	Candidate / Officeholder name	Office sought	Office held		
9 Complete ONLY if direct expenditure to benefit C/OF					
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip C	ode .			
· · · ·	-				
PURPOSE	Category (See Categories listed at the top of this sched	Check if travel ou	uside of Texas. Complete Schedule T. n, TX, officeholder living expense		
EXPENDITURE			, TA, UNCONCIONINAL NAME Expense		
		*			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip C	ode			
4.					
a d	Category (See Categories listed at the top of this sched	ule) Description			
PURPOSE			iside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense		
			· · · · · · · · · · · · · · · · · · ·		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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