

# 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                                        | 2 Total pages filed:<br>7                     |                                                                                            |                                            |                                |
| 3 CANDIDATE / OFFICEHOLDER NAME                                                          | MS / MRS / MR                                  | FIRST<br>Carmen                                   | MI                                            | OFFICE USE ONLY<br>Date Received<br><br>JAN 15 19 9:35AM                                   |                                            |                                |
|                                                                                          | NICKNAME                                       | LAST<br>Tilton                                    | SUFFIX                                        |                                                                                            |                                            |                                |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;         |                                                   | ZIP CODE                                      |                                                                                            |                                            |                                |
|                                                                                          | 4000 Jefferson St                              |                                                   |                                               |                                                                                            |                                            |                                |
|                                                                                          | Austin, TX 78731                               |                                                   |                                               |                                                                                            |                                            |                                |
|                                                                                          |                                                |                                                   |                                               |                                                                                            |                                            |                                |
|                                                                                          |                                                | Date Hand-delivered or Date Postmarked            |                                               |                                                                                            |                                            |                                |
|                                                                                          |                                                | Receipt #                                         | Amount                                        |                                                                                            |                                            |                                |
|                                                                                          |                                                | Date Processed                                    |                                               |                                                                                            |                                            |                                |
|                                                                                          |                                                | Date Imaged                                       |                                               |                                                                                            |                                            |                                |
| 5 CAMPAIGN TREASURER NAME                                                                | MS / MRS / MR                                  | FIRST<br>Andrew                                   | MI                                            |                                                                                            |                                            |                                |
|                                                                                          | NICKNAME                                       | LAST<br>Castillo                                  | SUFFIX                                        |                                                                                            |                                            |                                |
| 6 CAMPAIGN TREASURER ADDRESS<br><small>(Residence or Business)</small>                   | STREET ADDRESS (NO PO BOX PLEASE);             |                                                   | APT / SUITE #;                                | CITY; STATE; ZIP CODE                                                                      |                                            |                                |
|                                                                                          | 11900 Stonehollow                              |                                                   | Apt #832A                                     | Austin TX 78758                                                                            |                                            |                                |
| 7 CAMPAIGN TREASURER PHONE                                                               | AREA CODE                                      | PHONE NUMBER                                      | EXTENSION                                     |                                                                                            |                                            |                                |
|                                                                                          |                                                | (512) 923-5368                                    |                                               |                                                                                            |                                            |                                |
| 8 REPORT TYPE                                                                            | <input checked="" 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 type="checkbox"/> 8th day before election  | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final Report (Attach C/OH-FR)                                     |                                            |                                |
| 9 PERIOD COVERED                                                                         | Month                                          | Day                                               | Year                                          | Month                                                                                      | Day                                        | Year                           |
|                                                                                          |                                                | 12/02/2018                                        |                                               | THROUGH                                                                                    |                                            | 12/31/2018                     |
| 10 ELECTION                                                                              | ELECTION DATE                                  |                                                   |                                               | ELECTION TYPE                                                                              |                                            |                                |
|                                                                                          | Month                                          | Day                                               | Year                                          | <input type="checkbox"/> Primary                                                           | <input checked="" type="checkbox"/> Runoff | <input type="checkbox"/> Other |
|                                                                                          |                                                | 12/11/2018                                        |                                               | <input type="checkbox"/> General                                                           | <input type="checkbox"/> Special           |                                |
| 11 OFFICE                                                                                | OFFICE HELD (if any)                           |                                                   |                                               | 12 OFFICE SOUGHT (if known)                                                                |                                            |                                |
|                                                                                          | None                                           |                                                   |                                               | Austin ISD School Board of Trustees Place 9 District<br>Austin ISD                         |                                            |                                |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**  
2 of 7

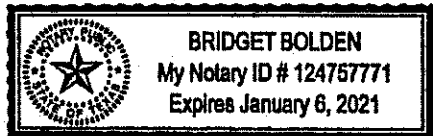
|                                    |                    |
|------------------------------------|--------------------|
| <b>13 C/OH NAME</b> Tilton, Carmen | <b>14 Filer ID</b> |
|------------------------------------|--------------------|

|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                |                                             |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |                                             |
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC                     | <b>COMMITTEE TYPE</b>                                                                                                                                                                                                                                                                                                                                                                          | <b>COMMITTEE NAME</b>                       |
|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                | <b>COMMITTEE ADDRESS</b>                    |
|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                | <b>COMMITTEE CAMPAIGN TREASURER NAME</b>    |
|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> |

|                                |                                                                                                                       |             |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------|
| <b>16 CONTRIBUTION TOTALS</b>  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0.00     |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 500.00   |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED                                                     | \$ 0.00     |
|                                | 4. TOTAL POLITICAL EXPENDITURES                                                                                       | \$ 1,795.49 |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                | \$ 2,657.74 |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 2,200.00 |

**17 AFFADAVIT**

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.



*Carmen Tilton*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carmen Tilton, this the 15<sup>th</sup> day of January, 2019, to certify which, witness my hand and seal of office.

*Bridget Bolden*  
Signature of officer administering

Bridget Bolden  
Printed name of officer administering

Notary Public  
Title of officer administering oath

**SUBTOTALS - C/OH**

|                                        |                                                                                                             |                        |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------|
| <b>18 FILER NAME</b><br>Tilton, Carmen |                                                                                                             | <b>19 Filer ID</b>     |
| <b>20 SCHEDULE SUBTOTALS</b>           |                                                                                                             | <b>SUBTOTAL AMOUNT</b> |
| <b>NAME OF SCHEDULE</b>                |                                                                                                             |                        |
| 1.                                     | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 500.00              |
| 2.                                     | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                     |
| 3.                                     | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$                     |
| 4.                                     | <input type="checkbox"/> SCHEDULE E: LOANS                                                                  | \$                     |
| 5.                                     | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$ 1,795.49            |
| 6.                                     | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$                     |
| 7.                                     | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$                     |
| 8.                                     | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                     |
| 9.                                     | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$                     |
| 10.                                    | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$                     |
| 11.                                    | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$                     |
| 12.                                    | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                     |

# POLITICAL EXPENDITURES 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  
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.

|                                                                     |  |                                                                                                      |  |                                                                                                                                                                                                                 |  |
|---------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/3 Rpt: 7/7              |  | <b>2</b> FILER NAME<br>Tilton, Carmen                                                                |  | <b>3</b> Filer ID                                                                                                                                                                                               |  |
| <b>4</b> Date<br>12/04/2018                                         |  | <b>5</b> Payee name<br>Ruggieri, Michael                                                             |  |                                                                                                                                                                                                                 |  |
| <b>6</b> Amount (\$)<br>\$66.46                                     |  | <b>7</b> Payee address; City; State; Zip Code<br>1741 Spyglass Dr., Apt #104<br><br>Austin, TX 78746 |  |                                                                                                                                                                                                                 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking        |  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Automated phone calls |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate/Officeholder name                                                                          |  | Office sought                                                                                                                                                                                                   |  |
| Date<br>12/10/2018                                                  |  | Payee name<br>SquareSpace, Inc                                                                       |  |                                                                                                                                                                                                                 |  |
| Amount (\$)<br>\$28.15                                              |  | Payee address; City; State; Zip Code<br>225 Varick St, 12th Floor<br><br>New York, NY 10014          |  |                                                                                                                                                                                                                 |  |
| PURPOSE OF EXPENDITURE                                              |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense       |  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website               |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  | Candidate/Officeholder name                                                                          |  | Office sought                                                                                                                                                                                                   |  |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

|                                                                                                  |                                                                                                              |                                                        |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                                 |                                                                                                              | <b>1</b> Total pages Schedule A1:<br>Sch: 1/1 Rpt: 4/7 |
| <b>2</b> FILER NAME<br>Tilton, Carmen                                                            |                                                                                                              | <b>3</b> Filer ID                                      |
| <b>4</b> Date<br>12/02/2018                                                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Castillo, Andrew | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00   |
| <b>6</b> Contributor address; City; State; Zip Code<br>11900 Stonehollow<br><br>Austin, TX 78758 |                                                                                                              |                                                        |
| <b>8</b> Principal occupation / Job title (See Instructions)                                     |                                                                                                              | <b>9</b> Employer (See Instructions)                   |
| Date<br>12/11/2018                                                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Duggan, Richard           | Amount of Contribution (\$)<br><br>\$250.00            |
| Contributor address; City; State; Zip Code<br>300 Canyon Oaks Dr.<br><br>Wimberley, TX 78676     |                                                                                                              |                                                        |
| Principal occupation / Job title (See Instructions)                                              |                                                                                                              | Employer (See Instructions)                            |
| Date<br>12/03/2018                                                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Johnson, Nathan           | Amount of Contribution (\$)<br><br>\$100.00            |
| Contributor address; City; State; Zip Code<br>1804 Kingwood Cove<br><br>Austin, TX 78757         |                                                                                                              |                                                        |
| Principal occupation / Job title (See Instructions)                                              |                                                                                                              | Employer (See Instructions)                            |
| Date<br>12/06/2018                                                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rodriguez, Micah          | Amount of Contribution (\$)<br><br>\$50.00             |
| Contributor address; City; State; Zip Code<br>1601 Miriam Ave., Unit 203<br><br>Austin, TX 78702 |                                                                                                              |                                                        |
| Principal occupation / Job title (See Instructions)                                              |                                                                                                              | Employer (See Instructions)                            |

# POLITICAL EXPENDITURES 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  
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:<br>Sch: 1/3 Rpt: 5/7       |  | 2 FILER NAME<br>Tilton, Carmen                                                            |  | 3 Filer ID                                                                                                                                                                                                          |
| 4 Date<br>12/06/2018                                  |  | 5 Payee name<br>Austin Chronicle                                                          |  |                                                                                                                                                                                                                     |
| 6 Amount (\$)<br>\$511.00                             |  | 7 Payee address; City; State; Zip Code<br>4000 N I H 35<br><br>Austin, TX 78751           |  |                                                                                                                                                                                                                     |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense   |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newspaper advertising |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name Office sought Office held                                     |  |                                                                                                                                                                                                                     |
| Date<br>12/03/2018                                    |  | Payee name<br>Facebook                                                                    |  |                                                                                                                                                                                                                     |
| Amount (\$)<br>\$250.00                               |  | Payee address; City; State; Zip Code<br>1601 Willow Rd<br><br>Menlo Park, CA 94025        |  |                                                                                                                                                                                                                     |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense   |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital advertising              |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name Office sought Office held                                     |  |                                                                                                                                                                                                                     |
| Date<br>12/31/2018                                    |  | Payee name<br>Paypal                                                                      |  |                                                                                                                                                                                                                     |
| Amount (\$)<br>\$15.70                                |  | Payee address; City; State; Zip Code<br>2211 North First Street<br><br>San Jose, CA 95131 |  |                                                                                                                                                                                                                     |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                  |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Processing fees                  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name Office sought Office held                                     |  |                                                                                                                                                                                                                     |

# POLITICAL EXPENDITURES 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  
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.

|                                                              |                                                                                                |                                                                                                                                                                                                                 |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/3 Rpt: 6/7       | <b>2</b> FILER NAME<br>Tilton, Carmen                                                          | <b>3</b> Filer ID                                                                                                                                                                                               |
| <b>4</b> Date<br>12/06/2018                                  | <b>5</b> Payee name<br>Predictive Voter Science                                                |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$500.00                             | <b>7</b> Payee address; City; State; Zip Code<br>711 Scarlet Ibis<br><br>San Antonio, TX 78245 |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Data consultation     |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                    | Office sought Office held                                                                                                                                                                                       |
| Date<br>12/03/2018                                           | Payee name<br>Print Sign Co.                                                                   |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$270.60                                      | Payee address; City; State; Zip Code<br>12111 Manchaca Road, Unit C<br><br>Austin, TX 78748    |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Signs                 |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                    | Office sought Office held                                                                                                                                                                                       |
| Date<br>12/04/2018                                           | Payee name<br>Ruggieri, Michael                                                                |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$153.58                                      | Payee address; City; State; Zip Code<br>1741 Spyglass Dr., Apt #104<br><br>Austin, TX 78746    |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Automated phone calls |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                    | Office sought Office held                                                                                                                                                                                       |