CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 1

| 0/0/// | | 1 ACCOUNT# | 2 PAGE# | | | |
|--|---|------------------------------------|---|--|--|--|
| The C/OH INSTRUCTION GUIDE explains how to complete this form. (Ethics | | (Ethics Commission filers) 0000042 | 1 of 3 | | | |
| 3 CANDIDATE / OFFICEHOLDER | MS/MRS/MR FIRST Annette | MI | OFFICE USE ONLY | | | |
| NAME | NICKNAME LAST LOVoi | SUFFIX | Date Received | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE '12 JUL 16 PM1:29 | | | | | |
| Change of Address | Austin, TX 78703 | | Date Hand-delivered or Date Postmarked | | | |
| | | | Receipt # Amount | | | |
| 5 CAMPAIGN TREASURER | MS/MRS/MR FIRST Gary | MI | Date Processed | | | |
| NAME | NICKNAME LAST | | Date Imaged | | | |
| | Valdez | | | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT/S 515 Congress Avenue, Suite 1612 Austin, TX 78701 | UITE#; CITY; STATE; | ZIP CODE | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (512) 477-3280 | EXTENSION | | | | |
| 8 REPORT TYPE | January 15 30th day before ele | ection Runoff | 15th day after campaign treasurer appointment (officeholder only) | | | |
| | X July 15 8th day before elec | ction Exceeded \$500 limit | Final report (Attach C/OH - FR) | | | |
| 9 PERIOD COVERED | Month Day Year | Month Day | Year | | | |
| | 01/01/2012 | 06/30/20 | 012 | | | |
| 10 ELECTION | Month Day Year ELECTION Prim | | General Special | | | |
| 11 OFFICE | OFFICE HELD (if any) AISD Trustee | 12 OFFICE SOUGHT (if known | n) | | | |
| GO TO PAGE 2 | | | | | | |

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH COVER SHEET PG 2

| | | | 14 ACCOUNT # (Ett 00000042 | nics Commission filers) |
|----------------------------|---|---|-------------------------------|-------------------------|
| 15 NOTICE FROM | This box is for notice of political expenditures 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 | | | |
| POLITICAL COMMITTEE(S) | COMMITTEE TYPE COMMITTEE NAME | | | <i>y</i> • 1 |
| | GENERAL | COMMITTEE ADDRESS | | |
| | SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | <u> </u> | |
| additional pages | 3 | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| 16 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ | 0.00 |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | | \$ | 61.93 |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ | 311.93 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 10,123. | | | 10,123.83 |
| OUTSTANDING LOAN TOTALS | | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD | \$ | 0.00 |
| 17 AFFIDAVIT | | I swear, or affirm, under penalty is true and correct and includes | all information required | |
| Nota of M | SUSAN C. HARRY ary Public, State of T ly Commission Expir May 16, 2015 | | Candidate or Officeholde | er |
| | STAMP / SEAL ABO\ | /E | | vd |
| Sworn to and subscri | | rtify which, witness my hand and seal of office. | , this the | day |
| Soul | Dans | Susan C. Harry | Notar | |

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

| The Instruction Guide explains now to complete this form. | | | | |
|---|--|---|--|--|
| 1 PAGE# Schedule: 1/1 Re | port: 3/3 FILER NAME LoVoi, Annette | 3 ACCOUNT # (TEC filers) 00000042 | | |
| 4 Date 06/27/2012 | 5 Payee name Harry, Susan | | | |
| 6 Amount (\$) \$250.00 | 7 Payee address City; State; Zip Code P.O. Box 301075 Austin, TX 78703 | 6 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description (If travel outside of Texas, complete Schedule T) Consutting and compliance | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought: Office held: | | |
| | | | | |