P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

	TE / OFFICEHOLDER	FORM C/OH COVER SHEET PG 1
The C/OH Instruction (	Guide explains how to complete this form.	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MI Amber	OFFICE USE ONLY
NAME	NICKNAME LAST SUFFIX ELEMZ	'12 OCT 9 AM9:51:28
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE P.O'. BOX 5985 Austin TX 7876	Date Hand-delivered or Postmarked
change of address		Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 708-1231	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI Staley NICKNAME LAST SUFFIX Gray	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; 3212 Gilbert St. Austin T	zip code X 78703
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 423.1903	
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	<ul> <li>15th day after campaign treasurer appointment (officeholder only)</li> <li>Final report (Attach C/OH - FR)</li> </ul>
10 PERIOD COVERED	Month Day Year THROUGH 9/27	Year 2012
11 ELECTION	ELECTION DATE     ELECTION TYPE       Month     Day     Year       II     /06     /2012	General Special
12 OFFICE	OFFICE HELD (If any) 13 OFFICE SOUGHT (If know 1450 True	n) Estee, District 5
	GO TO PAGE 2	

Revised 09/28/2011

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

CANDIDAT SUPPORT	E / OFFICEHOLDER REPORT: & TOTALS	FORM C/OH COVER SHEET PG 2
14 C/OH NAME	Amber Elenz	15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITU CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT TO CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION	HE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR

	COMMITTEE TYPE	COMMITTEE NAME	
5	SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,240.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,569,98
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 50.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2,082,44
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$9,391.00
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$

**18** AFFIDAVIT



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.

Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE AMBER ELENZ, this the Sworn to and subscribed before me, by the said \_\_\_\_ ath Deliber, 20 12, to certify which, witness my hand and seal of office. of C day MANCIAS helle ancial 212 Printed name of officer administering oath Signature of officer administering oath Title of officer administering oath

www.ethics.state.tx.us

(TDD 1-800-735-2989)

The	Instruction Guide explains how to complete this	is form.	1 Total pages Sch	edule A:
FILER NAME	nber Elenz		3 ACCOUNT # (E	thics Commission Filers)
Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
	Michelle BonillA		contribution (\$)	description (if applicable
1124/2012	6 Contributor address; City; State; Zip Code		00.00	
	1905 W. 37 St. A.	ushin TX.7873		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	10 Employer (See	1	i lexas, complete Schedule 1)
	Homemaker			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable
	Enka Braun			
126/2012	Contributor address; City; State; Zip Code	9	100 000	
	4298 Shortwood he, Aush	N.TX 78756	100.00	
		./	(If travel outside c	f Texas, complete Schedule T)
	SMALL BUSINESS OWNER	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#.,	1	Amount of	In kind contribution
Date	LAWA Burnett	)	contribution (\$)	In-kind contribution description (if applicable
inni.	Contributor address: City: State: Zin Code			
112 +/2012	Contributor address; City; State; Zip Code 3804 LAWEL Ledge LM, AUS	bi TV 78731	100.00	
	BOUT LAWIER LEAGE LA, ANS			
Principal acou	pation / Job title (See Instructions)	<b>E</b> (0)	La contra de la co	of Texas, complete Schedule T)
	Marker	Employer (See	instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of	In-kind contribution
	Leslie Cedar		contribution (\$)	description (if applicable
127/2012		· · · · · · · · · · · · · · · · · · ·		
	2503 Spring Lane, Austri	TR 78702	100.00	
Principal occu	pation / Job title (See Instructions)	Employer (See		f Texas, complete Schedule T)
	CEO		CKES EXCS	5
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
	LAWFA and Dru Dunwort	h	contribution (\$)	description (if applicable
122/2012	Contributor address; City; State; Zip Code			
			125.00	
	3909 Bonnell Dr. Austin, TR	TOTSI		
Principal occu	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
- 1				
	ATTACH ADDITIONAL COPIES (		ACHEEDED	

5'

. 3

SCHEDULE A

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Quide evolution how to complete this for

	instruction Guide explains how to complete the	is form.		
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#	)	7 Amount of	8 In-kind contribution
	Will Eckert		contribution (\$)	description (if applicable)
9/25/2012	Will Eckert 6 Contributor address; City; State; Zip Code	· · · · · · · · · · ·	100.00	
	P.O. Box 2087, Austin, TR.		10000	
	HOUDOR LOOJ HUSINITA			
9 Principal occur	pation / Job title (See Instructions)			of Texas, complete Schedule T)
	unance Executive	10 Employer (See	Instructions)	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of	In-kind contribution
	Mark Franklin		contribution (\$)	description (if applicable)
912512012	Contributor address; City; State; Zip Code 2413 Indian Trail, Austin, T		100,00	
.1	2413 Indian Trail, Lushin TI	1. 78703		
Principal occur	pation / Job title (See Instructions)			of Texas, complete Schedule T)
Real	SHIC Broker	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
	Edward Fowler		contribution (\$)	description (if applicable)
9125/2012	Contributor address; City; State; Zip Code		1-0	
	3409 Timberwood Ctr, Austin,		100.00	
	o to f thick wood on, Austria	1 10103		
Principal occur	ation / Job title (See Instructions)	Employee (Dec.		of Texas, complete Schedule T)
	ation / Job title (See Instructions)	Employer (See	Atim Ser	nices
and the second	rvesiden			
Date	Full name of contributor		Amount of	
1	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Full name of contributor out-of-state PAC (ID#_		contribution (\$)	In-kind contribution
1	Full name of contributor 🛛 out-of-state PAC (ID#_ Enc HArslem Contributor address; City; State; Zip Code			In-kind contribution
Date	Full name of contributor out-of-state PAC (ID#_		contribution (\$)	In-kind contribution
Date 9 24 2012	Full name of contributor out-of-state PAC (ID#_ Enc HArslem Contributor address; City; State; Zip Code 911 Old Stonehulge St, Austin	172 78746	Contribution (\$)	In-kind contribution
Date 9 24 2012	Full name of contributor $\Box$ out-of-state PAC (ID#_ LENC HARSlem Contributor address; City; State; Zip Code 911 Old Stonehulge St, Austin ation / Job title (See Instructions)		Contribution (\$)	In-kind contribution description (if applicable)
Date	Full name of contributor out-of-state PAC (ID#_ Enc HArslem Contributor address; City; State; Zip Code 911 Old Stonehulge St, Austin ation / Job title (See Instructions) Mr APS - NMS, TX.	172 78746	contribution (\$)	In-kind contribution description (if applicable) f Texas, complete Schedule T)
Date 91262012 Principal occup Bo Ard Ch R	Full name of contributor out-of-state PAC (ID#_ Enc HArslern Contributor address; City; State; Zip Code 911 Old Stonehudge St, Austin ation / Job title (See Instructions) Ar APS - NMS, TX. Full name of contributor out-of-state PAC (ID#_	TZ. 78746 Employer (See I	Contribution (\$)	In-kind contribution description (if applicable)
Date 91262002 Principal occup Bo Ard Ch R Date	Full name of contributor out-of-state PAC (ID#_ Enc HArslern Contributor address; City; State; Zip Code 911 Old Stonehudge St, Austin ation / Job title (See Instructions) Ar APS - NMS, TX. Full name of contributor out-of-state PAC (ID#_	TZ. 78746 Employer (See I	Contribution (\$)	In-kind contribution description (if applicable) f Texas, complete Schedule T) In-kind contribution
Date 91262012 Principal occup Bo Ard Ch R	Full name of contributor out-of-state PAC (ID#_ Enc HArslern Contributor address; City; State; Zip Code 911 Old Stonehudge St, Austin ation / Job title (See Instructions) Ar APS - NMS, TX. Full name of contributor out-of-state PAC (ID#_	TZ. 78746 Employer (See I	contribution (\$)	In-kind contribution description (if applicable) f Texas, complete Schedule T) In-kind contribution
Date 91262002 Principal occup Bo Ard Ch R Date	Full name of contributor out-of-state PAC (ID#_ Enc HArslem Contributor address; City; State; Zip Code 911 Old Stonehulge St, Austin ation / Job title (See Instructions) Mr APS - NMS, TX.	TZ. 78746 Employer (See I	Contribution (\$)	In-kind contribution description (if applicable) f Texas, complete Schedule T) In-kind contribution
Date 91262012 Principal occup Bo Ard Ch R Date 9/18/2012	Full name of contributor $\Box$ out-of-state PAC (ID#_ Enc HArsleyn Contributor address; City; State; Zip Code 911 Old Stonehudge St, Austin ation / Job title (See Instructions) in APS - NMS, TX. Full name of contributor $\Box$ out-of-state PAC (ID#:_ Shelly Grabe Contributor address; City; State; Zip Code 7512 LAdle La., Austin, JX.	JTZ 78746 Employer (See I	contribution (\$) 500,00	In-kind contribution description (if applicable) f Texas, complete Schedule T) In-kind contribution
Date 91262002 Principal occup Bo Ard Ch R Date 9/18/2012	Full name of contributor out-of-state PAC (ID#_ Enc HArslern Contributor address; City; State; Zip Code 911 Old Stonehudge St, Austin ation / Job title (See Instructions) Ar APS - NMS, TX. Full name of contributor out-of-state PAC (ID#_	TZ. 78746 Employer (See I	contribution (\$) 500,00	In-kind contribution description (if applicable) f Texas, complete Schedule T) In-kind contribution description (if applicable)
Date 91262012 Principal occup Bo Ard Ch R Date 9/18/2012	Full name of contributor $\Box$ out-of-state PAC (ID#_ Enc HArslem Contributor address; City; State; Zip Code 911 Old Stonehulge St, Austin ation / Job title (See Instructions) MAPS - NMS, TX. Full name of contributor $\Box$ out-of-state PAC (ID#_ Shelly Grabe Contributor address; City; State; Zip Code 7512 LAddle W., Austin, JR. ation / Job title (See Instructions)	JTZ 78746 Employer (See I	contribution (\$) 500,00	In-kind contribution description (if applicable) f Texas, complete Schedule T) In-kind contribution description (if applicable)
Date 91262012 Principal occup Bo Ard Ch R Date 9/18/2012	Full name of contributor $\Box$ out-of-state PAC (ID#_ Enc HArslem Contributor address; City; State; Zip Code 911 Old Stonehulge St, Austin ation / Job title (See Instructions) MAPS - NMS, TX. Full name of contributor $\Box$ out-of-state PAC (ID#_ Shelly Grabe Contributor address; City; State; Zip Code 7512 LAdle W., Austin, TR ation / Job title (See Instructions) Reditor	TV. 78746 Employer (See I	contribution (\$) 500,00	In-kind contribution description (if applicable) f Texas, complete Schedule T) In-kind contribution description (if applicable)
Date 91242012 Principal occup Bo Ard Ch R Date 9/18/2012 Principal occup	Full name of contributor $\Box$ out-of-state PAC (ID#_ Enc HArslem Contributor address; City; State; Zip Code 911 Old Stonehulge St, Austin ation / Job title (See Instructions) MAPS - NMS, TX. Full name of contributor $\Box$ out-of-state PAC (ID#_ Shelly Grabe Contributor address; City; State; Zip Code 7512 LAddle W., Austin, JR. ation / Job title (See Instructions)	TV. 78746 Employer (See I 	contribution (\$) 500,00 (If travel outside of nstructions) Amount of contribution (\$) (00,00 (If travel outside of nstructions) AS NEEDED	In-kind contribution description (if applicable) f Texas, complete Schedule T) In-kind contribution description (if applicable)

Texas Ethics Commission P.O. Box 12070

5

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

OTHER THAN PLEDGES OR LOANS		SCHEDULE A
The Instruction Guide explains how to complete this form.	1 Total pages Sci	nedule A:
2 FILER NAME Amber Elenz	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
Poul Holyber	contribution (\$)	description (if applicable)
9126/2012 6 Contributor address; City; State; Zip Code 3318 BOWMAN, Austrin, TR. 78703	100-00	
		of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See In PLAINS C	Apital Bit	nk
Date Full name of contributor [] out-of-state PAC (ID#:) Bobby Jenkins	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/25/2012 Contributor address; City; State; Zip Code 1404 Ethnologe, Austin, TX 78703	500.00	
0	(If travel outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See In HUS INCS OWNED ABC		
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9124(2012 Contributor address; City; State; Zip Code 1608 GASton, Austri, TR. 78703	00.00	
	(If travel outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See In	structions)	
Date Full name of contributor aut-of-state PAC (ID#) Rob Buck Vich Buck	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/1/2 27 Contributor address; City; State; Zip Code	2,500.00	website design, Artuske design for promotional
Aushin, TR. 78754	1	motenti
Principal occupation / Job title (See Instructions) Employer (See In-		f Texas, complète Schedule T)
Date Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
9125/2012 Contributor address: City; State; ZiplCode P.O.BDX 50389, Austri, TX. 78763	contribution (\$)	description (if applicable)
P.O.BOX 50389, Austri, T. 78763	1,000-00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)		f Texas, complete Schedule T)
Attended by the See Instructions) Employer (See Instructions)	su ucuolis)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A If contributor is out-of-state PAC, please see instruction guide foraddit		equirements.

www.ethics.state.tx.us

Texas Ethics Commission P.O. Box 12070

- - -

5

.5

(512) 463-5800 (TDD 1-800-735-2989)

Th	e Instruction Guide explains how to complete thi	is form.	1 Total pages Sch	edule A:
FILER NAME	E		3 ACCOUNT # (E	thics Commission Filers)
1 Date	5 Full name of contributor Out-of-state PAC (ID#_ BAT DATA Klitch	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
127/2012	6 Contributor address; City; State; Zip Code 1901 DillmAn St, AuShin, TR.	78703	100.00	
Dringinglass		1		of Texas, complete Schedule T)
	Atomey	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_ April Kubik Contributor address; City; State; Zip Code	)	Amount of contribution (\$)	In-kind contribution description (if applicable
1 18 12012	Contributor address; City; State; Zip Code 5301 TorfugA, Austin, TX.		100,00	
	5		(If travel outside o	f Texas, complete Schedule T)
Principal occu	South worker	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution
18/2012	Ann me David Russell Contributor address; City; State; Zip Code			description (if applicable
	1106 San Juan Ct, Arlingto	m, TR. 7602	500.00	
Dial			(If travel outside o	f Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor aut-of-state PAC (ID#:_ KAL: and DAM Rourke	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1.11	Contributor address; City; State; Zip Code 300 BOWIE # 2602, Austin	, T. 78703	100.00	
Driveria			(If travel outside of	Texas, complete Schedule T)
	oation / Job title (See Instructions)	Employer (See I Seculi	Instructions) he Found	stri
Date	Full name of contributor Out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
26(2012	Contributor address; City; State; Zip Code 1312 Menden, Austin, TX.	78703	100,00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	howemaker	Employer (See I		
			AS NEEDED	

Ľ,

(512) 463-5800 (TDD 1-800-735-2989)

2       FILER NAME         4       Date       5       Full name of contributor □ out-of-state PAC (ID#) MichAel MA-dcr         9       Principal occupation / 6       Contributor address; City; State; Zip Code         303 E 32 M/St, AuShn, TX- 78703         0       Principal occupation / Job title (See Instructions)         10       Employer (See         0       Principal occupation / Job title (See Instructions)         10       Employer (See         0       Principal occupation / Job title (See Instructions)         11       Public PAC (ID#)         0       Out-of-state PAC (ID#)         0       Principal occupation / Job title (See Instructions)         11       Public PAC NormAn         11       Contributor address; City; State; Zip Code         3605       Edgem ont Di, AuShn, TX 78781         Principal occupation / Job title (See Instructions)       Employer (See	7 Amount of contribution (\$) 100,00 (If travel outside Instructions)	thics Commission Filers)  8 In-kind contribution description (if applicable of Texas, complete Schedule T) In-kind contribution description (if applicable
9/24/2012       MichAel MArder         9/24/2012       6 Contributor address; City; State; Zip Code         303 E 32 M/St, Aushin, TX. 76703         Principal occupation / Job title (See Instructions)         10 Employer (See         Principal occupation / Job title (See Instructions)         10 Employer (See         Date         Full name of contributor         Interprincipal occupation         Monique NormAn         Contributor address; City; State; Zip Code         3605 Edgem ont Bi, Aushin, TX 76781         Principal occupation /, Job title (See Instructions)         Employer (See	Contribution (\$)	description (if applicable
Principal occupation / Job title (See Instructions)       10 Employer (See UT - A         Date       Full name of contributor       out-of-state PAC (ID#:)         Monique       NormAn         Contributor address;       City; State; Zip Code         3605       Edgem ont Bi, Austin, TX 78781         Principal occupation /, Job title (See Instructions)       Employer (See	(If travel outside Instructions) しまれん Amount of contribution (\$)	In-kind contribution
Principal occupation / Job title (See Instructions)       10 Employer (See UT - A         Date       Full name of contributor       0 out-of-state PAC (ID#:)         Monique       NormAn         126[2012       Contributor address;       City; State; Zip Code         3605       Edgem ont Bi, Austri, TX 78781         Principal occupation / Job title (See Instructions)       Employer (See	Amount of contribution (\$)	In-kind contribution
Professor     UT-H       Date     Full name of contributor     I out-of-state PAC (ID#:)       Monique     NormAn       Contributor address;     City; State; Zip Code       3605     Edgem ont Bi, Austhin, TX 78781       Principal occupation /, Job title (See Instructions)     Employer (See	Amount of contribution (\$)	
126/2012 Monigue NormAn Contributor address; City; State; Zip Code 3605 Edgemont Bi, Austri, TR 78781 Principal occupation / Job title (See Instructions) Employer (See	contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See	100.00	
Principal occupation / Job title (See Instructions) Employer (See		
Aftorney Employer (See		of Texas, complete Schedule T)
Date     Full name of contributor     out-of-state PAC (ID#)       MArcia     Millikin       1/26(201)     Contributor address;     City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable
126(201) Contributor address; City; State; Zip Code 2306 Tower Dr, Aushin, TR- 78703	100.00	
Principal occupation ( Job title (See Instructions) Employer (See		f Texas, complete Schedule T)
Date Full name of contributor Out-of-state PAC (ID#:)	Amount of	In-kind contribution
DEFF PACE	contribution (\$)	description (if applicable)
1912012 Contributor address; City; State; Zip Code 2800 Greenlee, Aushin, TR. 78703	102,00	
Principal occupation / Job title (See Instructions) Employer (See	(If travel outside of	Texas, complete Schedule T)
Vice President Simmons	1011	Arthers
Date Full name of contributor Out-of-state PAC (ID#) JeFF GATVey	Amount of contribution (\$)	In-kind contribution description (if applicable)
118/2012 Jeff GATVey Contributor address; City; State; Zip Code 3907 BAlconcs DF., Austin, TX. 78731	2,500,00	
Principal occupation / Job title (See Instructions) Employer (See I		Texas, complete Schedule T)
	Istructions)	lation

www.ethics.state.tx.us

,C.'

.\* [

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

Construction of the local data and the second se	he Instruction Guide explains how to complete t	his form.	1 Total pages Sci	hedule A:
2 FILER NAM			3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	Amber Elenz			
	5 Full name of contributor, Dout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
9/2/2/201	2 6 Contributor address; City; State; Zip Coc 5610 Wood VICE Ave, Aus	hà TR 78751	100.00	1
		10150		1
Principal oc	cupation / Job title (See Instructions)	10 Employer (See	(If travel outside	of Texas, complete Schedule T)
	Paralegal		moliadionay	
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable
1/4/2012	Contributor address; City: State: Zin Cod	· · · · · · · · · · · ·		
112-12	Contributor address; City; State; Zip Cod 101 W. 6 451. St. Ste 610, AUST	n, 17. 78703	100.00	
				f Texas, complete Schedule T)
Principal occ	EnAnCIAL OFFICET	Employer (See I	Instructions)	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of	
	Georgine Percock		contribution (\$)	In-kind contribution description (if applicable)
7/25/201	Contributor address; City; State; Zip Code			
120	1310 Elton, Ln, Austin, TX. 7	180703	100.00	
	1310 Elton, En, Austin, TX. 7	180703		f Texas, complete Schedule T)
	Jation / Job title (See Instructions)	Employer (See In	(If travel outside o	f Texas, complete Schedule T)
	Jation / Job title (See Instructions)	80703	(If travel outside o	
Principal occ	IBID Elton, Ln, Austin, JX	Employer (See II	(If travel outside o	f Texas, complete Schedule T) In-kind contribution description (if applicable)
Principal occ	IBID Elton, Ln, Austin, JX	Employer (See II	(If travel outside o nstructions) Amount of	In-kind contribution
Principal occ	IBID Elton, Ln, Austin, TX. 7 upation / Job title (See Instructions) <u>refined</u> Full name of contributor Out-of-state PAC (ID#_ Lindsay Rosenthal	Employer (See II	(If travel outside o nstructions) Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occ Date	IBID Elton, Ln, Austin, JX	Employer (See In 78746 Employer (See In	(If travel outside o nstructions) Amount of contribution (\$)	In-kind contribution
Principal occ Date	IBID Elton, Ln, Austrin, TX	Employer (See In 	(If travel outside o nstructions) Amount of contribution (\$) [00,00] (If travel outside of nstructions)	In-kind contribution description (if applicable) Texas, complete Schedule T)
Principal occ Date	1310 Elton, Ln, Austin, JX.         upation / Job title (See Instructions)         refined         Full name of contributor         Contributor address;         City;         State;         Zip Code         2500         HAtley Dr, Austin, T         pation / Job title (See Instructions)         Susiness public         Full name of contributor         Gontributor address;         City;         State;         Zip Code         Susiness public         Full name of contributor         Gontributor address;         City;         State;         Zip Code	Employer (See In 78746 Employer (See In 1379	(If travel outside o nstructions) Amount of contribution (\$) 00,00	In-kind contribution description (if applicable)
Principal occ Date	IBID Elton, Ln, Austin, TX upation / Job title-(See Instructions) <u>refined</u> Full name of contributor □ out-of-state PAC (ID#: Lindsfy Rosenthal Contributor address; City; State; Zip Code 2500 Hatley Dr, Austin, T pation / Job title (See Instructions) BUSINESS DWNET	Employer (See In 78746 Employer (See In 1379	(If travel outside o nstructions) Amount of contribution (\$) (If travel outside of istructions) Amount of	In-kind contribution description (if applicable) Texas, complete Schedule T) In-kind contribution
Principal occ Date 24/2012 Principal occu Date	1310 Elton, Ln, Austin, JX.         upation / Job title (See Instructions)         refined         Full name of contributor         Contributor address;         City;         State;         Zip Code         2500         HAtley Dr, Austin, T         pation / Job title (See Instructions)         Susiness public         Full name of contributor         Gontributor address;         City;         State;         Zip Code         Susiness public         Full name of contributor         Gontributor address;         City;         State;         Zip Code	Employer (See In 78746 Employer (See In 1379	(If travel outside of Amount of contribution (\$) (If travel outside of instructions) Amount of contribution (\$) Amount of contribution (\$) (If travel outside of	In-kind contribution description (if applicable) Texas, complete Schedule T) In-kind contribution

www.ethics.state.tx.us

5

(512) 463-5800

(TDD 1-800-735-2989)

Th	e Instruction Guide explains how to complete t	his form.	1 Total pages Sci	hedule A:
FILER NAMI	Amber Elenz		3 ACCOUNT # (I	Ethics Commission Filers)
Date	5 Full name of contributor Out-of-state PAC (ID#		7 Amount of	8 In-kind contribution
	Elise Schram		contribution (\$)	description (if applicab
1/25/201	2 6 Contributor address; City; State; Zip Coc		100.00	1
	26 Contributor address; City; State; Zip Coc 1408 HArdouin Avc, Aus	n, R. 78702		
Dringinglass				I of Texas, complete Schedule T
	upation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor I out-of-state PAC (ID# JuliA Starkey	1	Amount of contribution (\$)	In-kind contribution description (if applicabl
125/2012	Contributor address; City; State; Zip Cod 3112 WindSor Rd, A113, Aug	shin, R. 78703	100.00	
Deine eine el			(If travel outside d	of Texas, complete Schedule T)
Pfincipal occi	ipation ( Job title (See Instructions)	Employer (See AWA-re	Instructions)	ive non profit
Date	Full name of contributor Dout-of-state PAC (ID# SAlly Welch		Amount of contribution (\$)	In-kind contribution description (if applicable
25/2012	Contributor address; City; State; Zip Code 4500 MANTLE Dr., Austri		CO, CO)	
Principal occu	pation / Job title (See Instructions)	Employer (See		f Texas, complete Schedule T)
Date	Full name of contributor	1	I	
	DAMA Wills	)	Amount of contribution (\$)	In-kind contribution description (if applicable
121/2012	Contributor address; City; State; Zip Code 3701 Brule PAth, Austrin, T	X 78703	100.00	
Distant			(If travel outside of	Texas, complete Schedule T)
SmA	N BUSINESS DWNER	Empioyer (See I	nstructions)	
Date	Full name of contributor [] out-of-state PAC (ID#_ Seth Winick		Amount of contribution (\$)	In-kind contribution description (if applicable)
25/2012	Contributor address; City; State; Zip Code 301 Cowgress, Ste 1700, F	tustin, TR.	100.00	
		78701	(If travel outside of	Texas, complete Schedule T)
rincipal occup	ation / Job title (See Instructions)	Employer (See In	nstructions) hievement	
		I WOITH ITC	marinen	tonk, Inc

6

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

The Instruction Guide explains how to complete the	is form.	1 Total pages Sci	nedule A:
2 FILER NAME		3 ACCOUNT # (E	Ethics Commission Filers)
Amber Elenz			
Date 5 Full name of contributor out-of-state PAC (ID#	)	7 Amount of	8 In-kind contribution
124/2012 Gryc Holden 6 Contributor address; City; State; Zip Code		contribution (\$)	description (if applicab
6 Contributor address; City; State; Zip Code	· · · · · · · · · · ·	200 00	1
2213 QUARTY Rd, Austri	1, TR-78703	200.00	1
		(If trouble outside	
Principal occupation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T
Attorney			
Date . Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
Julit Howry		contribution (\$)	description (if applicabl
125/2012 Contributor address; City; State, Zip Code		200,00	
125/2012 2401 Sweetbrush Dr, Austin, T	R. 78703		
		(If travel outside o	f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See		
Staley Gray	)	Amount of contribution (\$)	In-kind contribution description (if applicable
128/2012 Contributor address: City: State: Zin Code			
128/2012 Contributor address; City; State; Zip Code 3212 Gilbert St, Awshin, TX-	18703	500.00	
(positi) i ke			
Principal occupation / Job title,(See Instructions)		(If travel outside o	f Texas, complete Schedule T)
volunteer	Employer (See )	nstructions)	
Date Full name of contributor out-of-state PAC (ID#	)	Amount of	In-kind contribution
WALTER Williams		contribution (\$)	description (if applicable
25/20/2 Contributor address: City: State: Zip Code	• • • • • • • • • •	- 1	
1315 Menden Ln, Austin, TV. 78	3703	200.00	
Principal occupation / Job title (See Instructions)	Employer (See II	(If travel outside of astructions)	Texas, complete Schedule T)
Attornley			8
Date Full name of contributor I out-of-state PAC (ID#	]	Amount of	In-kind contribution
Judie Cowan		contribution (\$)	description (if applicable)
14 2012 Contributor address; City; State; Zip Code	17 7	300.00	
4304 TAllow ood Br, Austin,	12. 18731		•
		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See In		
nomemories			
ATTACULADRIZIONUL CODIZIO			
ATTACHADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instrue	THIS SCHEDULE	S NEEDED	
	galas istadul	ional reporting la	quiremants.

5

(512) 463-5800

(TDD 1-800-735-2989)

	The Instruction Guide explains how to complete t	this form.	1 Total pages Sc	hedule A:
2 FILER NA	ME		3 ACCOUNT # (	Ethics Commission Filers)
	Amber Elenz			
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicab
elactor	Amber Elenz			1
0125120	126 Contributor address; City; State; Zip Co. 1900 Elton Ln, Austrin, T.	de	500,00	
	1900 ETOYILA, AUSTIN, 18	10 103		
Principal or	ccupation / Job_titte (See Instructions)	, 10 Employer (See		of Texas, complete Schedule T,
	condidate, community ro		e instructions)	riter in the second
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of contribution (\$)	In-kind contribution description (if applicabl
211/2017	Rob Buck			URLACE
9/1/2012	Contributor address; City; State; Zip Coo 708 S. Unmar Blvd.	ie .	\$104.98	VRLbee uebhost fee 3m
	Aushin, TR 78704			
Principal oc	cupation / Job title (See Instructions)	Employer (See	Instructions)	of Texas, complete Schedule T)
		Buch St	udio	
Date	Full name of contributor 🔲 out-of-state PAC (ID#	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable
	Contributor address; City; State; Zip Cod	· · · · · · · · · · · ·		
		6		
Principal occ	cupation / Job title (See Instructions)	Employer (See	(If travel outside o	i   of Texas, complete Schedule T)
Principal occ			Instructions)	
	Full name of contributor out-of-state PAC (ID#)		(If travel outside of Instructions) Amount of contribution (\$)	In-kind contribution
		)	Instructions) Amount of	In-kind contribution
	Full name of contributor out-of-state PAC (ID#	)	Instructions) Amount of	
Date	Full name of contributor out-of-state PAC (ID#) Contributor address; City; State; Zip Code	)	Amount of contribution (\$)	In-kind contribution description (if applicable
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution
Date	Full name of contributor out-of-state PAC (ID#) Contributor address; City; State; Zip Code	Employer (See 1	Amount of contribution (\$)	In-kind contribution description (if applicable f Texas, complete Schedule T)
Date Principal occ	Full name of contributor out-of-state PAC (ID#) Contributor address; City; State; Zip Code	Employer (See 1	Instructions) Amount of contribution (\$) (If travel outside o Instructions)	In-kind contribution description (if applicable f Texas, complete Schedule T)
Date Principal occ	Full name of contributor out-of-state PAC (ID#) Contributor address; City; State; Zip Code	Employer (See I	Amount of contribution (\$) (If travel outside o Instructions)	In-kind contribution description (if applicable f Texas, complete Schedule T)
Date Principal occ	Full name of contributor       out-of-state PAC (ID#;         Contributor address;       City;         State;       Zip Code         supation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#;	Employer (See I	Amount of contribution (\$) (If travel outside o Instructions)	In-kind contribution description (if applicable f Texas, complete Schedule T)
Date Principal occ	Full name of contributor       out-of-state PAC (ID#;         Contributor address;       City;         State;       Zip Code         supation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#;	Employer (See I	Amount of contribution (\$) (If travel outside o Instructions) Amount of contribution (\$)	In-kind contribution description (if applicable f Texas, complete Schedule T)

Revised 09/28/2011

POLITICAL	EXPENDITURES		SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES           Gift/Awards/Memorials Expense         Salaries/Wages/Cr           Legal Services         Solicitation/Fundra           Food/Beverage Expense         Travel In District           Polling Expense         Travel Out Of Dis           Printing Expense         Office Overhead/F           The Instruction Guide explains how to	ontract Labor Loa aising Expense Tra Con trict Rental Expense OT	in Repayment/Reimbursement nsportation Equipment & Related Expense tributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Amber Elenz		3 ACCOUNT # (Ethics Commission Filers)
4 Date 9 21/2017 6 Amount (\$) 1,818,13	5 Payee name Check MARK Typeseth 7 Payee address; City; State; Zip Code 3217 N.IH 35, Austrin, T	ng 12. 7872	2
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If the Signs	avel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date <u>9</u> (27)2012 Amount (\$) <u>148.21</u> <u>PURPOSE</u> <u>OF</u> <u>EXPENDITURE</u> Complete <u>ONLY</u> if direct	Payee name <u>Click</u> And Pledge Payee address; City; State; Zip Code ZZOD KRAFT DF., SK-1175 <u>BlackSburg</u> ; VA Z4060 Category (See categories listed at the top of this schedule) <u>Fees</u> Candidate / Officeholder name	Description (If the OMLine BAT Office sought	avel outside of Texas, complete Schedule T) Ming fects Office held
expenditure to benefit C/C	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule $\mathbb{T})$
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission

P.O. Box 12070

Texas	Ethics	Com	mis	sion

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

	EXPENDITURES	SCHEDULE G
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES         Gift/Awards/Memorials Expense       Salaries/Wages/Co         Legal Services       Solicitation/Fundra         Food/Beverage Expense       Travel In District         Polling Expense       Travel Out Of Dist         Printing Expense       Office Overhead/R         The Instruction Guide explains how to a	ontract Labor       Loan Repayment/Reimbursement         ising Expense       Transportation Equipment & Related Expense         contributions/Donations Made By       Candidate/Officeholder/Political Committee         ortHER (enter a category not listed above)
<b>1</b> Total pages Schedule G:	2 FILER NAME Amber Elenz	3 ACCOUNT # (Ethics Commission Filers
4 Date 9/11/2012	5 Payee name OFFICE WAX	
6 Amount (\$) 28.10 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 907 W. 5th St, Austrin, T.	1. 78703
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) push CAR Copics
Date 8 21 2012	Payee name U.S. Postal Service	·
Amount (\$) 38,00 Reimbursement from political contributions intended	Payee address; City; State; Zip Code West Austin Station Austin, TX. 78703	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

Austin, Texas 78711-2070

(TDD 1-800-735-2989)

(512) 463-5800

TO A BUSI	NESS OF C/OH			SCHEDULE H
	EXPENDITURE	E CATEGORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Cor Solicitation/Fundrais Travel In District Travel Out Of Distri Office Overhead/Re	ing Expense T C ct ntal Expense C	oan Repayment/Reimbursement ransportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committe DTHER (enter a category not listed above)
Total pages Schedule H:	The Instruction Guide	explains now to ca	omplete this forn	3 ACCOUNT # (Ethics Commission File
Date	5 Business name			
Amount (\$)	7 Busihess address; City; St	tate; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to	op of this schedule)	(b) Description (It	travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name DH	2	Office sought	Office held
Date	Business name			
Amount (\$)	Business address; City; St	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH		Office sought	Office held
Date	Business name			
Amount (\$)	Business address; City; St	ate; Zip Code		
				travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	p of this schedule)	Description (If	aver outside of rexas, complete Schedule 1)
OF EXPENDITURE	Candidate / Officeholder name		Office sought	Office held
OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name			
OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH Business name			
OF	Candidate / Officeholder name DH Business name	ate; Zip Code	Office sought	

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

	TICAL EXPENDITION POLITICAL CO		ONS	SCHEDULE
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	RE CATEGORIES Salaries/Wages/C Solicitation/Fund Travel In District Travel Out Of Di Office Overhead uide explains how to	Contract Labor raising Expense strict (Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule I:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at th	e top of this schedule)	(b) Description	(See instructions regarding type of information required.)
Date	Payee name			
Amount (\$)	Payee address; City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at th	e top of this schedule)	Description	(See instructions regarding type of information required.)
Date	Payee name			
Amount (\$)	Payee address; City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the	top of this schedule)	Description	(See instructions regarding type of information required.)
Date	Payee name	7		
Amount (\$)	Payee address; City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the	top of this schedule)	Description	(See instructions regarding type of information required.)

Austin, Texas 78711-2070

(512) 463-5800 (

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
FILER NAME	FILER NAME 3 ACCOUNT # (Ethi		nics Commission Filers)
Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code		
	7 Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code		
Date			
Date	Address of person from whom amount is received; City; State; Zip Code		
	Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received		(\$)

www.ethics.state.tx.us

r

P.O. Box 12070

(512) 463-5800

(TDD 1-800-735-2989)

The Inst	uction Guide explains how to complete this form.	1 Total pages Schedule T:	
FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
Name of Contributor	/ Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expen	diture reported on:		
Sc.	hedule A Schedule B Schedule C Sch	thedule D Schedule F Schedule	G
Dates of travel	hedule H Schedule N COH-UC CC	DH-T PAC-C PAC-E	
	8 Departure city or name of departure location		
	9 Destination city or name of destination location		
0 Means of transporta	tion <b>11</b> Purpose of travel (including name of conference)	nce, seminar, or other event)	
Name of Contributor /	Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expend	ture reported on:		
		hedule D	G
	hedule A Schedule B Schedule C Sch	hedule D Schedule F Schedule DH-T PAC-C PAC-E	G
	hedule A Schedule B Schedule C Sch		G
	hedule A Schedule B Schedule C Schedule H Schedule N COH-UC CC		G
	hedule A Schedule B Schedule C Scl chedule H Schedule N COH-UC CC		G
	hedule A       Schedule B       Schedule C       Schedule C	DH-T PAC-C PAC-E	G
Dates of travel	hedule A       Schedule B       Schedule C       Schedule C	DH-T PAC-C PAC-E	G
Dates of travel	hedule A       Schedule B       Schedule C       Schedule C	DH-T PAC-C PAC-E	G
Dates of travel	hedule A       Schedule B       Schedule C       Schedule C	DH-T PAC-C PAC-E	G
So So Dates of travel Means of transportation Name of Contributor / Contribution / Expend	hedule A       Schedule B       Schedule C       Schedule C       Schedule C       Schedule A         whedule H       Schedule N       COH-UC       CO         Name of person(s) traveling       Departure city or name of departure location       Destination city or name of destination location         n       Purpose of travel (including name of conference         Corporation or Labor Organization / Pledgor / Payee	DH-T PAC-C PAC-E	
Solution / Expending	hedule A       Schedule B       Schedule C       Schedule C	DH-T PAC-C PAC-E	
Solution / Expending	hedule A       Schedule B       Schedule C       Schedule C	DH-T PAC-C PAC-E	
Solution / Expended     Solution / Solutio	hedule A       Schedule B       Schedule C       Schedule C	DH-T PAC-C PAC-E	
Solution / Expended     Solution / Solutio	hedule A       Schedule B       Schedule C       Schedule C	DH-T PAC-C PAC-E	
Solution / Expended     Solution / Solutio	hedule A Schedule B Schedule C Schedule C   inedule H Schedule N COH-UC CO   Name of person(s) traveling Departure city or name of departure location   Destination city or name of destination location   n Purpose of travel (including name of conference)   Corporation or Labor Organization / Pledgor / Payee   iture reported on:   hedule A Schedule B   Schedule R COH-UC   Name of person(s) traveling   Departure city or name of departure location   Departure city or name of departure location   Departure city or name of departure location	PAC-C PAC-E	

www.ethics.state.tx.us

(512) 463-5800 (TDD 1-800-735-2989)

	DIDATE / OFFICEHOLDER REPORT	FORM C/OH - FR
	The Instruction Guide explains how to comple •• Complete only if "Report Type" on page 1 is mark	
C/OH N	JAME	2 ACCOUNT # (Ethics Commission Filers
SIGNA	ATURE	
report a	expect any further political contributions or political expenditures in connection wi s a final report terminates my campaign treasurer appointment. I also understand any campaign expenditures without a campaign treasurer appointment on file.	
		Signature of Candidate / Officeholder
	WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Chec	k only one:	
	I do not have unexpended contributions or unexpended interest or income earne	d from political contributions.
	I have unexpended contributions or unexpended interest or income earned from p not convert unexpended political contributions or unexpended interest or income use. I also understand that I must file an annual report of unexpended contribu- contributions or unexpended interest or income earned on political contribution report. Further, I understand that I must dispose of unexpended political contri- earned on political contributions in accordance with the requirements of Election	earned on political contributions to personal utions and that I may not retain unexpended ns longer than six years after filing this final butions and unexpended interest or income
в.	ASSETS	
Chec	k only one:	
	I do not retain assets purchased with political contributions or interest or other in	come from political contributions.
	I do retain assets purchased with political contributions or interest or other income I may not convert assets purchased with political contributions or interest or other i use. I also understand that I must dispose of assets purchased with political contri of Election Code, § 254.204.	ncome from political contributions to personal
		Signature of Candidate
	CEHOLDER plete this section <i>only</i> if you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable to an officeholder w I am also aware that I will be required to file reports of unexpended contribution officeholder, I retain political contributions, interest or other income from political co contributions or interest or other income from political contributions.	s if, after filing the last required report as an
		Signature of Officeholder