

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>8</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MRS</b>	FIRST <b>CHRISTIN</b>	MI <b>R</b>	<b>OFFICE USE ONLY</b>  Date Received  <b>Waller County Elections</b>  <b>FEB 05 2018</b>  <b>Received</b>  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged
	NICKNAME	LAST <b>MCCUMBER</b>	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE		
<b>32035 Joseph Rd HOCKEY, TX 77447</b>				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(281)</b>	PHONE NUMBER <b>507-2259</b>	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MRS</b>	FIRST <b>MARY</b>	MI	
	NICKNAME	LAST <b>HANZELKA-GIBBONS</b>	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE	
<b>28658 KYLE RD</b>		<b>WALLER, TX</b>	<b>77484</b>	
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(936)</b>	PHONE NUMBER <b>931-1910</b>	EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)			
10 PERIOD COVERED	Month    Day    Year <b>01 / 01 / 2018</b>	THROUGH	Month    Day    Year <b>01 / 25 / 2018</b>	
11 ELECTION	ELECTION DATE Month    Day    Year <b>03 / 06 / 18</b>		ELECTION TYPE	
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
		<b>WALLER COUNTY COMMISSIONER PCT 2</b>		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

**14** C/OH NAME CHRISTIN ROSELUNDA MCCUMBER **15** Filer ID (Ethics Commission Filers)

**16** NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

<b>17</b> CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 5290. <sup>00</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 711. <sup>60</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13,000. <sup>00</sup>

**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.

Christin R. McCumber  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Christin R. McCumber, this the 5 day of February, 2018, to certify which, witness my hand and seal of office.

Sharon Riemer  
Signature of officer administering oath

Printed name of officer administering oath: **SHARON RIEMER**  
Notary Public, State of Texas  
Notary ID # 688575-7  
My Commission Expires **June 23, 2021**  
www.ethics.state.tx.us

Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> CHRISTIN ROSELINDA MCCUMBER		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b>	<b>NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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 MADE FROM POLITICAL CONTRIBUTIONS	\$ 5109 <sup>17</sup>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 180 <sup>89</sup>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 2087 <sup>50</sup>

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
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: <b>3</b>	2 FILER NAME <b>CHRISTIN ROSELINDA MCCUMBER</b>	3 Filer ID (Ethics Commission Filers)
--	--	---------------------------------------

4 Date <b>01/02/18</b>	5 Payee name <b>FACEBOOK</b>
---------------------------	---------------------------------

6 Amount (\$) <b>\$ 6.68</b>	7 Payee address; City; State; Zip Code <b>1 HACKER WAY MENLO, CA 94025</b>
---------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>01/03/18</b>	Payee name <b>REPUBLICAN PARTY OF WALLER COUNTY</b>
-------------------------	--

Amount (\$) <b>\$ 250.00</b>	Payee address; City; State; Zip Code <b>PO BOX 551. HEMPSTEAD TX 77445</b>
---------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>01/04/18</b>	Payee name <b>JUST YARD SIGNS</b>
-------------------------	--------------------------------------

Amount (\$) <b>\$ 1350.00</b>	Payee address; City; State; Zip Code <b>4880 AI DISTRIBUTION CT. ORLANDO, FL 32822</b>
----------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
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: 3	<b>2</b> FILER NAME CHRISTIN ROSELINDA MCCUMBER	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/04/18	<b>5</b> Payee name JUST YARD SIGNS	
<b>6</b> Amount (\$) \$2000	<b>7</b> Payee address; City; State; Zip Code 4880 AI DISTRIBUTION CT, ORLANDO, FL 32822	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  PRINTING EXPENSE	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate / Officeholder name		
Office sought		
Office held		

Date 01/08/18	Payee name JUST YARD SIGNS	
Amount (\$) 860 <sup>00</sup>	Payee address; City; State; Zip Code 4880 AI DISTRIBUTION CT, ORLANDO, FL 32822	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  PRINTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate / Officeholder name		
Office sought		
Office held		

Date 01/08/18	Payee name ANGIES MEXICAN AND SEAFOOD	
Amount (\$) 29.28	Payee address; City; State; Zip Code 30312 FM 1488 WALLER, TX 77484	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  FOOD/BEVERAGE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate / Officeholder name		
Office sought		
Office held		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
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: 3	2 FILER NAME CHRISTIN ROSELUNDA MCCUMBER	3 Filer ID (Ethics Commission Filers)
4 Date 01/16/18	5 Payee name PANDA EXPRESS	
6 Amount (\$) \$13 <sup>21</sup>	7 Payee address; City; State; Zip Code 14040 FM 2920, TOMBALL, TX 77377	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

Date 01/19/18	Payee name WALLER AREA CHAMBER OF COMMERCE	
Amount (\$) \$500 <sup>00</sup>	Payee address; City; State; Zip Code 1110 FARR ST, WALLER, TX 77484	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

Date 01/10/18	Payee name WALLER COUNTY SPORTS ASSOC	
Amount (\$) 100 <sup>00</sup>	Payee address; City; State; Zip Code PO BOX 1435 WALLER TX 77484	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: 1		2 FILER NAME CHRISTIN ROSELINDA MCCUMBER		3 Filer ID (Ethics Commission Filers)	
4 Date 01/16/18		5 Payee name Lowe's			
6 Amount (\$) \$81.58 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 14236 FM 2920 TOMBALL TX 77375			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 01/24/18		Payee name HOMETOWN HARDWARE WALLER			
Amount (\$) \$99.31 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 40888 HWY 290 WALLER TX 77484			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME

CHRISTIN ROSELINDA MCCUMBER

3 Filer ID (Ethics Commission Filers)

4 Date

01/14/18

5 Name of person from whom amount is received

JUST YARD SIGNS

8 Amount (\$)

2087<sup>50</sup>

6 Address of person from whom amount is received; City; State; Zip Code

4880 A1 DISTRIBUTION CT ORLANDO FL 32822

7 Purpose for which amount is received

REFUND ON SIGN ORDERS

Check if political contribution returned to filer

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

Check if political contribution returned to filer

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

Check if political contribution returned to filer

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

Check if political contribution returned to filer

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**