CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		4 53-10 50-1	O T-1-1			
The C/OH Instruction G	iuide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY			
NAME	NICKNAME LAST	Elizabeth suffix	Date Received			
	liz Pirkle		Waller County Elections			
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #; CO	OTTY; STATE; ZIP CODE	JAN +5 2018 OF			
ADDRESS Change of Address	Hempstead, TX 775	,	Walkereixedy Election			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (713) 825-4147	EXTENSION	Date Hand-delivered or Data Postmarked			
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MICHAEL NICKNAME LAST	P SUFFIX	Pate Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	PIRKLE STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; ZIP CODE ALGOSON MUCKELYOY Rd. HEMPSHEAD, TX 77445					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 795-1283	EXTENSION				
9 REPORT TYPE	January 15 30th day before ele		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 7 / 1 / 2017 THROUGH 12/31/2017					
11 ELECTION	ELECTION DATE Month Day Year Primary 3 / 6 / 18 General	ELECTION TYPE Runoff Other Description Special				
12 OFFICE	OFFICE HELD (if any) Waller Co. Distric	13 OFFICE SOUGHT (if known	Co. District			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	5 Filer ID (Ethics Commission Filers)		
martha	Martha Elizabeth "Liz" Pirkle				
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS				
			\$ 0.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES		\$ 0.00		
			\$ 850.00		
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		DAY \$ 0.00		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY 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.					
Notary Public, State of Texas My Commission Expires M. Edizabeth Public					
February 11, 2019 Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP/SEALABOVE					
Sworn to and subscribed before me, by the said					
day of Avually, 20/8, to certify which, witness my hand and seal of office.					
(mdy fones CINDY VONES NOTARY TUBLE					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	mmission Filers)			
	Martha Elizabeth Liz" Pirkle				
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00		
4.	SCHEDULE E: LOANS	\$	0.00		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.06		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	850.00		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0.00		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.00		

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

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)

1	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule G:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	1	Martha Elizabeth 'Liz" Pirkle				
4	Date	5 Payee name	^			
L	11/29/2017	Waller W. Republica	n Parry			
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	750.00					
	Reimbursement from political contributions intended	Waller Co. Texas				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	ling Fee		
	OF	Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Fees	Check if Austin, T.	X, officeholder living expense		
9	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held		
	Date	Payee name				
	09/06/2017	Waller Co. Fair Association				
Г	Amount (\$)	Payee address; City; State; Zip Code				
	100.00	22000 Fairney d 9d				
	Reimbursement from political contributions	22000 Fairground Rd. Hempstead, TX 77445				
L	intended	Hempstead, TX 77445	2			
	PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description S	enior Lunchion		
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T,				
L	EXPENDITORE	Event Expense	Check if Austin, 1.	X, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/C	plete ONLY if direct Candidate / Office held Office sought Office held				
	Date	Payee name				
	Amount (\$)	Payee address; City; State; Zip Code				
	Reimbursement from political contributions intended					
	PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description			
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.				
	EAPENDITURE		Check if Austin, T	X, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					