exas Ethics Commissio	n P.O. Box 12	2070 Austin, Texas	78711-2070	(512) 463-5800	(TDD 1-800-7	35-2989)
	1	EHOLDER E REPORT		Cov	FORM C/C	_
The C/OH Instruction	Guide explains how	to complete this form.	1 ACCOUNT # (Ethics Commission		al pages filed:	
GANDIDATE / OFFICEHOLDER NAME	MS/MRS(MR)	FIRST	A.	Date Re	OFFICE USE ONL	Y 55
· · · · · · · · · · · · · · · · · · ·	NICKNAME	Amsler		FFIX .	12 MAY 21	LECTION RELA
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. Bo	648 Hemps	• •	7445 Date Hai	nd-delivered or Postmarked	S DIVISION
change of address CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (936) 9	12 PHONE NUMBER 31-5356	EXTENSION	Receipt  Date Pro	ယ	SER.
CAMPAIGN TREASURER NAME	MS ( MRS) MR	Connie Lust Amsler	L,	Date Ima	aged	
CAMPAIGN TREASURER ADDRESS (residence or business)	26472	oboxplease) aptisuite# White Pine		npstead,		145
CAMPAIGN TREASURER PHONE	AREA CODE (979)	PHONE NUMBER 826-4866	EXTENSION	•		
REPORT TYPE	January 15	.30th day before election	Runoff	└─ trea	th day after campaign asurer appointment ceholderonly)	
* 1	July 15	8th day before election	Exceeded \$50	00 Ein	al report (Attach C/OH - FR)	i

Month Day Year 5 / 19 / 2012 4/20/2012 11 ELECTION 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) Waller County Commissioner
Precinct 1

THROUGH

GO TO PAGE 2

10 PERIOD COVERED

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

FORM C/OH COVER SHEET PG 2

	10 :		
14 C/OH NAME	ha A. Ac	nsler 15 ACC	COUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICEH	E OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY PO OLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY REC	OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTÉE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
AT CONTRIBUTION	11 1		
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
de d		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -o-
EXPENDITURE TOTALS	3. TOTAL PO	DLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL F	POLITICAL EXPENDITURES	\$ 546.87
CONTRIBUTION BALANCE		DITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY RTING PERIOD	\$ 546.87 \$ 496.04 \$ 750.00
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 750.00
18 AFFIDAVIT		I swear, or affirm, under penalty of perjury is true and correct and includes all information under penalty of perjury	
MY COI	ELLE HAMMACK MMISSION EXPIRES cerriber 2, 2015	Signature of Candidate of	or Officeholder
AFFIX NOTARY STAM	P / SEAL ABOVE	Organizate of Candidate C	. C.II.G.II.G.II.
Sworn to and subs	of May	ne, by the said <u>John A. Amsler</u> , 20 / , to certify which, witness my ha	, this the
Donolla.	1/0	D) Conelle Hammack No	staru
Signature of officer admi	nistering oath	Printed name of officer administering oath Tit	le of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

		1.1	1 -	· · · · · · · · · · · · · · · · · · ·	.,		
	The	Instruction Gui	de explains ho	w to complete thi	s form.	1 Total pages Sch	edule A:
2	FILER NAME	- TOON K	Amsl	er	read of the	3 ACCOUNT # (E	thics Commission Filers)
A .	Data	5 Full name of				7 American of	<b>8 1 1 1 1 1 1 1 1 1 1</b>
4	Date	5 Full name o	Contributor	out-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	NA	6 Contributor	address; City;	State; Zip Code			 
;	·, ·					(If travel outside	of Texas, complete Schedule T)
9	Principal occu	pation / Job title (	See Instructions	<u> </u>	10 Employer (See I		· · · · · · · · · · · · · · · · · · ·
		: 4,	:			•	
	Date	Full name o	contributor [	out-of-state PAC (ID#:_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor	address; City;	State; Zip Code			
		# 127					
	Principal occur	pation / Job title (	See Instructions		Employer (See I		of Texas, complete Schedule T)
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. ;	1 .	:			
:	Date	Full name o	contributor [	out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
• '	i i		1	ورلاية ويرداء والاياد		†	! 
i į		Contributor	address; City;	State; Zip Code	•	; }	1
	, , , , , , , , , , , , , , , , , , ,	3		• • • • • • • • • • • • • • • • • • •		(If travel outside o	of Texas, complete Schedule T)
	Principal occu	pation / Job title (	See Instructions)	· .	Employer (See I	<del>.</del>	,
		. '	!			·	
	Date	Full name of	contributor (	out-of-state PAC (ID#:_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	,	Contributor	address; City;	State; Zip Code			
	,	i					
:	;			:		(If travel outside o	of Texas, complete Schedule T)
:	Principal occu	pation / Job title (	See Instructions)	· ·	Employer (See I		
	Date ,	Full name of	contributor	out-of-state PAC (ID#:_	γ	Amount of	In-kind contribution
•				ī: : : · · ·	,	contribution (\$)	description (if applicable)
•	:	Contributor	ddress City	State; Zip Code			·
		Contributor	j	Olare, Zip Code			
	÷ .						
	# . 			•		(If travel outside o	l of Texas, complete Schedule T)
	Principal occup	pation / Job title (	See Instructions)		Employer (See		
		12		:	<u> </u>		
			ATTACHADOS	CONAL CODICO	SE TUIC COLUENIU E	A C AIEEDED	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.						

P.O. Box 12070

PLEDG	ED CONTRIBU	TIONS		• • •	SCHEDULE B
	13	!			
The	Instruction Guide explains	how to complete this	form.	1 Total pages Sche	edule B: 140 1
2 FILER NAME	John A. Amsi	ler		3 ACCOUNT # (Et	hics Commission Filers)
	AL OF UNITEMIZED PL		⇔ ⇔ ⇔	,⇔ ⇔	\$
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:	)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
NIR	7 Pledgor address;	City; State; Zip Code			
1,,					
	<u> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>			(If travel outside o	f Texas, complete Schedule T)
10 Principal occu	upation / Job title (See Instruct	ions)	11 Employer (See II	nstructions)	
Date	Full name of pledgor	ut-of-state PAC (ID#:		Amount of	In-kind description
· •				pledge (\$)	(if applicable)
:	Pledgor address;	City; State; Zip Code		.	
				(If travel outside o	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instruct	ions)	Employer (See In	nstructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;	City; State; Zip Code			
	, , , , , , , , , , , , , , , , , , ,	· ·	Employer (Coo i	`	f Texas, complete Schedule T)
Principal occi	upation / Job title (See Instruct	ions)	Employer (See in	:	
Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;	City; State; Zip Code			
		1			·
		<u> </u>		(If travel outside o	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instruct	ons)	Employer (See I	nstructions)	
				,	
Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;	City; State; Zip Code		. · ·	
			!		
	i i	:		(If travel outside o	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instruct	ions)	Employer (See Ir		, company consists ()
if a	ATTACH Al	DDITIONAL COPIES O			requirements.

Texas Ethics Commis	sion 🕕 P.O. Box 12	2070 Austin	i, Texas 78711-2070	(512) 463-5	5800 (TDD 1-800-735-2989)
LOANS				2 *** * * * * * * * * * * * * * * * * *	SCHEDULE E
The	Instruction Guide expl	ains how to comp	lete this form.	<b>1</b> To	otal pages Schedule E:
2 FILER NAME	A Amsle	er e		<b>3</b> A0	CCOUNT # (Ethics Commission Filers)
тота	L OF UNITEMIZED	LOANS:	<del>'</del>	⇔ ⇔	\$
5 Date of loan	7 Name of lender		out-of-state PAC (ID#:		9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address;	City; State;	Zip Code		10 Interest rate
YN		:	T40 5		11 Maturity date
12 Principal occupati	on / Job title (See Instruc	tions)	13 Employer (See Inst	ructions)	
14 Description of Col	ateral		15 Check if personal fi	rids were deno	psited into political account
	aterar	1 :		illus were depe	osked into pointear account
none		1 1			
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State; Zip Code		
20 Principal Occupat	ion (See Instructions)	i	21 Employer (See Inst	ructions)	
	51 61 1 1			1 : ;	·
Date of loan	Name of lender	[	out-of-state PAC (ID#:		Loan Amount (\$)
Is lender a financial	Lender address;	City; State;	Zip Code		Interest rate
Y N	13			:	Maturity date
Principal occupati	on / Job title (See Instruc	tions)	Employer (See Instr	uctions)	
Description of Colla	ateral	i	Check if personal fur	nds were depo	sited into political account
none	• •	:	_		
	<u>'</u>			•	
GUARANTOR INFORMATION	Name of guarantor	i		•	Amount Guaranteed (\$)
	Guarantor address;	City;	State; Zip Code		` '
not applicable	,,	i 🥳			
		1		-	
Data de al Control de		<del> </del>	T		
Principal Occupat	ion (See Instructions)	: ;	Employer (See Instru	uctions)	
		. :			
		!	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	ATTACH A	DDITIONAL COPI	ES OF THIS SCHEDULE	AS NEEDED	
If Ion	and the second s		ruction guide for additi		
	or is out-or-state FAO	, piedos ace illati	and a series in addition	onar roporting	

## POLITICAL EXPENDITURES

SCHEDULE F

		in the contract of the second	
	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/C		mhursement
Accounting/Banking	Legal Services Solicitation/Fundr	· · · · -	ment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District	Contributions/Donatio	•
Event Expense	Polling Expense Travel Out Of Dis		older/Political Committee
Fees	Printing Expense Office Overhead/		gory not listed above)
	The Instruction Guide explains how to	, ,	,
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT #	(Ethics Commission Filers)
3	John A Amsler		(2000)
4/27/12	Hotline Press		
6 Amount (\$)	7 Payee address; City; State; Zip Code		_
#26.00	1116 Austin Street Her	mpstead, Tx 7741	+5
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, of	complete Schedule T)
OF EXPENDITURE	Advertising		
C C	Candidate / Officenolder name	Office sought	Office held
9 Complete ONLY if direct expenditure to benefit C/OI		Office sought	Office field
Date /	Payee name		
4/21/12	Hometown Hardware		
Amount (\$)	Payee address; City; State; Zip Code		•
1 2000		T	سے ارا بہ
\$ 33.33		empsteno, Texas-	77443
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, o	omplete Schedule T)
OF EVENDITURE	Malana		
EXPENDITURE	Havertising	<u> </u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date / :/:	Payee name 0		
4/20/12	Hotline Press		
Amount (\$)	Payee address; City; State; Zip Code		· · · · · · · · · · · · · · · · · · ·
# 2/ 00	1116 Austin Street H	empsteno, 1 x 77	445
4 0000			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, o	omplete Schedule T)
OF EXPENDITURE	Advertising		
Complete ONLY if direct	Candidate / Office holder name	Office sought	Office held
expenditure to benefit C/OF			•
Data! I	Peyes name		
Date	Payee name		
4/06/12	Dig Magnolia Sign Sa	vce	
Amount (\$)	Payee address; City; State; Zip Code		<del> </del>
	m	1	i
#54,13		inolia, Texas 773	54
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, c	omplete Schedule T)
OF EXPENDITURE	Hauertisina		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/O			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

# POLITICAL EXPENDITURES

#### SCHEDULE F

1, 1, 1		The second secon	No
	EXPENDITURE C	ATEGORIES FOR BOX 8(	a)
Advertising Expense		Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
. Accounting/Banking	1.3	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense		Travel In District	Contributions/Donations Made By
Event Expense	,	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense (	Office Overhead/Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guide e	explains how to complete this	form.
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
3		mster	
4 Date 5/2/12	News Citize	<i>ب</i>	
6 Amount (\$)		; Zip Code	
#63,75	350 Business	290 E # 7	
AP 60110			•
	Hempstend, Tx	77445	
8 PURPOSÉ	(a) Category (See categories listed at the top of	this schedule) (b) Description	n (If travel outside of Texas, complete Schedule T)
OF	na nation		
EXPENDITURE	Havertising		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sou	ght Office held
expenditure to benefit C/OI	H 🙀		
Date	Payee name		
514112	14ntline Fress	<b>&gt;</b>	
Amount (\$)	Payee address; City; State	zip Code	
Amount (4)	1116 Austin Stre		
# 2/ 2/ 2	1116 HUSTIN SITE	et	;
#26.00	Hemostepp Tx	CXAS 77445	
* 1			
PURPOSE	Category (See categories listed at the top of	this schedule) Descriptio	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising		
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sou	ght Office held
expenditure to benefit C/OI			· ·
Date	Payee name		
519112	News CitiZEN	<b>)</b> 10	
Amount (\$)	Payee address; City; State	; Zip Code	
4.00	350 Business 29		
#63.75		•	·
	Hempstead, Tx 7	7445	•
DUDDOCE	Category (See categories listed at the top of		n (If travel outside of Texas, complete Schedule T)
PURPOSE OF	$\sim 1$	this scriedule)	II (II traver outside or rexas, complete ouridado 1)
EXPENDITURE	Havertising		
	Candidate / Officeholder name	Office sou	-L+ Office held
Complete ONLY if direct expenditure to benefit C/OI		Office sout	ght Office held
expenditure to benefit Groi	H (st. 1)		
Date (	Payee name		
	11/1/	· ·	
5/11/12	HOYING Fress	· .	
Amount (\$)	Payee address: City; State	; Zip <sub>,</sub> Code	
101	1116 Hustin Str	eet .	
#26.00		nouse	•
	HEMPSTEAD, 18	XAS 77445	
PURPOSE	Category (See categories listed at the top of		n (If travel outside of Texas, complete Schedule T)
OF		1110 001.001.00	II fill detail addition of 10000, complete activation ()
EXPENDITURE	and vertising	<u> </u>	
2 ONLY is also at	Candidate / Officeholder name	Office soug	ght Office held
Complete ONLY if direct expenditure to benefit C/O	n <del>u</del> i	011100 0002	Jill Silice field
<del></del>	(8)		•
	ATTACH ADDITIONAL COI	PIES OF THIS SCHEDULE AS	S NEEDED

# POLITICAL EXPENDITURES

## SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees  1 Total pages Schedule F:	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to  2 FILER NAME  Signature CATEGORIES Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R The Instruction Guide explains how to	contract Labor ising Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee cental Expense OTHER (enter a category not listed above)
4 Date 5/14/12	5 Payee name WAlmart	
6 Amount (\$) #96.16	7 Payee address; City, State: Zip Code 625 Highway 290E Hempstend, Tx 77445	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Advertising   Food Bevernyt Expense	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
5/15/12 ::	Payee name US Post Office	
#/8,00	Payee address: 901 12th Street Hempstead, Texas	77445
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Postage / Advertising Expense	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
5/16/12	News CitizEN	
#63.75	Payee address, City, State: Zip Code 350 Business 290 E#7 Hempstend, TX 77445	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date 5/18/12	Hotline Press	
Amount (\$)	Payee address; City; State; Zip Code 1116 Austin Street Hempsterp Tx 77445	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Advertising	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

#### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

Texas Ethics Commission

#### SCHEDULE G

Loan Repayment/Reimbursement Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Legal Services Contributions/Donations Made By Candidate/Officeholder/Political Committee Consulting Expense Food/Beverage Expense Travel In District Polling Expense Travel Out Of District **Event Expense** OTHER (enter a category not listed above) **Printing Expense** Office Overhead/Rental Expense Fees The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule G: 2 FILER NAME 5 Payee name 4 Date City; State: Zip Code 7 Payee address; 6 Amount (\$) Reimbursement from political contributions . intended (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See categories listed at the top of this schedule) **PURPOSE** 8 OF EXPENDITURE Date Payee name City; State; Zip Code Amount (\$) Payee address: Reimbursement from political contributions intended Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Date Payee name City; State; Zip Code Amount (\$) Payee address; Reimbursement from political contributions intended Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Payee name Date City; State; Zip Code Payee address; Amount (\$) Reimbursement from political contributions intended Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) PURPOSE OF EXPENDITURE ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

#### SCHEDULE H

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 Office Overhead/R The Instruction Guide explains how to	ntract Labor   Loan Repayment/Reimbursement   Transportation Equipment & Related Expense   Contributions/Donations Made By   Candidate/Officeholder/Political Committee   ental Expense   OTHER (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
W/A 1	John A. Amsler	3 ACCOUNT # (Ethics Commission Filets)
4 Date	5 Business name	· · · · · · · · · · · · · · · · · · ·
6 Amount (\$)	7 Business address; City; State; Zip Code	
	4-3	Tana
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE		
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought Office held
Date	Business name	
		•
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)
OF		
EXPENDITURE		
	* Candidate / Officeholder name	Office held
Complete ONLY if direct expenditure to benefit C/Oh		Office sought Office held
expenditure to belieff C/Or		
Dete	Business rams	
Date	Business name	
Amount (\$)	Business address; City, State, Zip Code	
<del></del>		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)
OF EXPENDITURE		
LAI LAUTORE		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OI		
Date	Business name	
Amount (\$)	Pusings address City State: 7in Cada	
Amount (\$)	Business address, City; State; Zip Code	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF		
EXPENDITURE		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF		
<u> </u>		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

### NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE !

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a)  Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule I:	2 FILER NAME  3 ACCOUNT # (Ethics Commission Filers)  This A. Amsler
4 Date	5 Payee name
6 Amount (\$)	7 Payee address; City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the 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 the top of this schedule)  Description (See instructions regarding type of information required.)
Date	Payee hame
Amount (\$)	Payee address; City; State; Zip Code
	Category (See categories listed at the top of this schedule)  Description (See instructions regarding type of information required.)
PURPOSE OF EXPENDITURE	Category (See categories listed at the 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.)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

#### SCHEDULE K

Т	he li	nstructi	on Gui	de explains	how to complete this form.	1 Total pages Sche	dule K: 1
FILER NAM	Æ:	501	N /	1. An	sler	3 ACCOUNT # (Et	nics Commission Filers)
Date		- :	- 4		m amount is received		8 Amount (\$)
	1						
		6 Addre	ss of pe	erson from w	hom amount is received; City; State; Zip (	Code	,
		!	1				
	1		a. 1				
` .	:		-4	!			
•		7 Purpo	se for v	hich amoun	t is received		
		Ì	1.3				
Data		<b>N</b>	i i	dia facilia sub a			Amount
Date		iname	or pers	on from who	m amount is received		(\$)
1.	<u>'</u>	1	ii.		to de transporter de la companya de La companya de la co		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Addre	ss of pe	erson from w	hom amount is received; City; State; Zip (	Code	
*.		;	i N	ì			
		i	- 3				
		:	1.5. 				
4	. [	Purpo	se for w	hich amoun	is received		
• • • •		1.	j <sup>c</sup> ;	į ;			
Date	: .	Name	ofpers	on from who	m amount is received	:	Amount
3	: :		1, 2010	ļ		4	(\$)
* · · ·		: .	;; ;;;				
	1 1	Addre	ss of pe	rson from w	hom amount is received; City; State; Zip 0	Code	
( ) 							
			1	;		: :	
		į	<u> </u>	1 1	<u> </u>		
. :		Purpo	se for w	hich amoun	is received		
			(*				•
Date		Name	of pers	on from who	m amount is received		Amount
							(\$)
· . · .			in .				
: .		Addre	ss of pe	rson from w	hom amount is received; City; State; Zip (	Code	
			;			: -	•
		!	i i i	1	1	•	
1 7 7	<u> </u>		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u> </u>	<u> </u>	: :	
		Purpo	se for w	hich amoun	t is received		
			i vi		· 		
:					:		
	•		5	ATTACH AI	ODITIONAL COPIES OF THIS SCHED	ULE AS NEEDED	
	: :	ţ.	13			;	

P.O. Box 12070

IN-KIND CONTRIBUTION OR POLITICAL EXPEND FOR TRAVEL OUTSIDE OF TEXAS	ITURE SCHEDULE T
The Instruction Guide explains how to complete this form.	1 Total pages Schedule T
2 (5) 50 ) 1445	3 ACCOUNT# (Ethics Commission Filers)
John A. Amsler	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	:
5 Contribution / Expenditure reported on:	<u>i</u>
Schedule A Schedule B Schedule C Schedule	D Schedule F Schedule G
Schedule H Schedule N COH-UC COH-T	PAC-C PAC-E
	FAC-C LITTLE
6 Dates of travel 7 Name of person(s) traveling	
8 Departure city or name of departure location	
9 Destination city or name of destination location	
10 Means of transportation 11 Purpose of travel (including name of conference, se	eminar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
	· · · · · · · · · · · · · · · · · · ·
Contribution / Expenditure reported on:	
Schedule A Schedule B Schedule C Schedule	D Schedule F Schedule G
Schedule H Schedule N COH-UC COH-T	PAC-C PAC-E
Dates of travel Name of person(s) traveling	
Departure city or name of departure location	
Departure city of name of departure location	
Destination city or name of destination location	
Means of transportation Purpose of travel (including name of conference, sem	inar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expenditure reported on	<del></del>
Sommand Experience on	
Schedule A Schedule B Schedule C Schedule	
Schedule H Schedule N COH-UC COH-T	PAC-C PAC-E
Dates of travel Name of person(s) traveling	
Departure city or name of departure location	:
Destination city or name of destination location	
Moon of topped top	ings or other event)
Means of transportation Purpose of travel (including name of conference, sem	inar, or other event)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

			<u></u>						
- \$							omplete this marked "Fir		•
1 C/OH	NAME	1 10	1 11					2 ACCOUNT	(Ethics Commission Filers)
. 1		: #							1.4
3 SIGN	ATURE	Į.		,				1. :	
. '									
i I do not	t expect any	further politic	cal contribut	tions or politi	cal expenditui	res in conne	ction with my car	ndidácy Lunde	erstand that designating a
				i i					y campaign contributions
ormak	e any campa	ign expendit	ures withou	ıt a campaigr	treasurer app	pointment or	n file.	. :	
		İs	: :			•	:		
: 		II.	:			÷	Signatu	re of Candida	te / Officeholder
ř	: [ ]	•			1 - 1				
	R WHO IS			,			* *		
•• Com	iplete A & B	below only	if you are r	not an officel	nolder. ••	-			
<b>A</b> .	CAMPAI	GN FUNDS	3		•	•			•
Chec	ck only one:		1 1						
	1	1 1	ded contribu	utions or une	xpended inter	est or incom	ne earned from po	olitical contribu	tions.
,		la la	'						:
	4	1 1		;					understand that I may
	use. I also contributio	ounderstand ons or unexp	that I mus ended inte	t file an annurest or incon	ual report of un ne earned on	nexpended political cor	contributions an tributions longe	nd that I may no r than six year	tributions to personal of retain unexpended s after filing this final
*							el contributions a Election Code, § 2		ed interest or income
* , r	1	ş	1		,		,		
В.	ASSETS	i i	:				•		•
Chec	ck only one:			· ! :	,		:		
' .	I do not re	tain assets p	urchased w	vith political c	contributions o	r interest or	other income fro	om political con	tributions.
· · · · · · · · · · · · · · · · · · ·		Ü							
,									ons. I understand that
	-	2.1		1				-	tributions to personal with the requirements
		Code, § 254.		!	<b>F</b> 1	, , , , , , , , , , , , , , , , , , ,			
							·		
		, e				•		Signature of C	andidata
:							, .	oignature or C	andidate
	CEHOLD		/ if you are	an officeho	older ••				
. 🗆	l am aware	that I remain	subject to fi	iling requirem	ents applicable	e to an office	holder who does i	not have a camp	paign treasurer on file.
									equired report as an
					st or other inco olitical contrib		litical contribution	ns, or assets pu	rchased with political
	Contribution i		:	Come nom p	ontioal Colleib	anoris.			
1 .	: .	4.1		1	4 1 1				
	· · · · · · · · · · · · · · · · · · ·	) al	:			•	Si	gnature of Of	iceholder