CANDIDATE	/ OFF	ICEH	OLDER
CAMPAIGN I	FINAN	CE R	EPORT

P.O. Box 12070

FORM C/OH

(512) 463-5800

CAMPAIG	N I MANCE REPORT	·	COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MS: ELLEEN NICKNAME BIRNEY	MI SUFFIX	OFFICE USE ONE DATE Received STATE OF THE PROPERTY OF THE PROP
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / PO BOX: APT/SUITE#; CITY; P.O., BOX 1083, Hemy	state; zipcode ostead, tx. 71445	Date Hand-delivered or Postmarked O
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (979 525-60	EXTENSION 3/	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MS,S, EILEEN NICKNAME LAST BIRNE	M1 /	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;	CITY: STATE; 287, HEM	PST EAD, TX 77445
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 626 - 64	EXTENSION (C)	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500	15th day after campaign treasurer appointment (officeholder only) Final report (Atlach C/OH - FR)
10 PERIOD COVERED	Month Day Year 12/ 8/2611 THROUGH	Month Day 12/3/	
11 ELECTION	ELECTION DATE Month Day Year Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IF KNOWN) WALLER ASSESS	OR-COLLECTOR
	GO TO PAG	GE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	EUFEI	V BIRNEY	15 ACC	COUNT # (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL IN HOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE VES ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INF	MTHOUT THE CANDIDATE'S	OR OFFICEHOLDER'S KNOWLEDGE OR			
	COMMITTEE TYPE	COMMITTEE NAME	1				
	GENERAL SPECIFIC	COMMITTEE ADDRESS					
additional pages		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS S, LOANS, OR GUARANTEES OF LOANS), UN		\$			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES	OF LOANS)	\$ 1,0,00,00			
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS	, UNLESS ITEMIZED	\$			
	4. TOTAL	POLITICAL EXPENDITURES		\$ 750.00			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS O DRTING PERIOD	OF THE LAST DAY	\$1200,00			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING L Y OF THE REPORTING PERIOD	OANS AS OF THE	\$ 950.00			
18 AFFIDAVIT							
MAE MAE	GAN FRAGA ublic, State of Texas		nd includes all informa	r, that the accompanying report ation required to be reported by			
My Commis	sion Expires 08-16-2014	Eileen	gnature of Candidate of	or Officeholder			
AFFIX NOTARY STAM	P / SEAL ABOVE						
Sworn to and subs	of JUW	me, by the said <u>ENUN Bi</u> M, 20 <u>IZ</u> , to certify which	L L	, this the			
Signature of officer admin) Praeja pisteriula path	MULAU Fraga Printed name of officer administering or	N	Hay Public te of officer administering oath			
Jigiliaisi o o oniger adiriii	O Sam O	A TRACE HEATING OF ORDER AGAIN INSERTING OF	uu, 111	ae or onicer administering datri			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME E 12	EEN BIRNE	Ϋ́	3 ACCOUNT # (E	thics Commission Filers)
4 Date	6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	507 Bayou Dr. RICHMOND, TX. 77	1469		 of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See 1	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code]
			(If travel outside	l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See 1	Instructions)	,
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
				of Texas, complete Schedule T)
Principal occur	ation / Job title (See instructions)	Employer (See 1	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		;	
	•		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor		Amount of contribution (\$)	tn-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			(If traval autoida	of Texas, complete Schedule T)
Principal occur	pation / Jöb title (See Instructions)	Employer (See 1		or read, complete deficulte 1)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Texas Ethics Co	mmission	P.O. Box 12070	Austin, Tex	as 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)	
PLEDGED CONTRIBUTIONS SCHEDULE B							
Th	e Instruction	Guide explains how to	complete this	form.	1 Total pages Sche	edule B:	
2 FILER NAMI	EIL	EEN B	IRN	EY	3 ACCOUNT# (Et	hics Commission Filers)	
4 TO	FAL OF UNI	TEMIZED PLEDGE	Ś: ⇔	\$. \$ \$	= = /	\$	
5 Date	6 Full nar	ne of pledgor 🔲 out-	of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)	
	7 Pledgor	address; City; S	tate; Zip Code		-/0-		
			1 A		(If travel outside o	of Texas, complete Schedule T)	
10 Principal occ	upation / Job t	itle (See Instructions)	1	11 Employer (See	~	, and the second of the second	
Date	Full nar	ne of pledgor out-	of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)	
	Pledgor	address City; S	tate; Žip Code			•	
	+ $+$ $+$ $+$	1	((If travel outside o	of Texas, complete Schedule T)	
Principal occ	upation / Job	itle (See Instructions)		Employer (See I	· · · · · · · · · · · · · · · · · · ·		
Date	Full nan	ne of pledgor out-	of-state PAC (ID#		Amount of pledge (\$)	in-kind description (if applicable)	
	Pledgor	address; City; S	tate; Zip Code		1		
	1				' 	f Texas, complete Schedule T)	
Principal occ	upation / Job t	itle (See Instructions)		Employer (See I	nstructions)	<u> </u>	
Date	Full nan	ne of pledgor out-	of-state PAC (ID#:		Amount of pledge (\$)	in-kind description (if applicable)	
	Pledgor	addréss: City; S	tate; Zip Code		: 		
					(If travel outside o	f Texas, complete Schedule T)	
Principal occ	upation / Job t	file (See Instructions)		Employer (See	Instructions)		
Date	Full nan	ne of pledgor Out-	of-state PAC (ID#:		Amount of pledge (\$)	in-kind description (if applicable)	
	Pledgor	address; City; Si			/if trough outside o	of Texas, complete Schedule T)	
Principal occ	upation / Job t	itle (See Instructions)		Employer (See I	·	- Tanas, complete Galedule 17	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.							

LOANS				SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	1 Total pa	ages Schedule E:
2 FILER NAME	ILEEN BIRN	IEY	3 ACCOL	INT # (Ethics Commission Filers)
TOTA	L OF UNITEMIZED LOANS:	• • • • •	⇨	\$
5 Date of loan 12-11-11 6 Islender	9 Loan Amount (\$) 950,06 10 Interest rate			
a financial Institution? Y N	Hempsteal, TX 7	•		11 Maturity date NONE
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	·	
14 Description of Collateral 15 Check if personal funds were deposited none			e deposited	finto political account
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	·			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	out-of-state PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
Y N				Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colli	ateral	Check if personal funds were	deposited	into political account
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code		
Principal Occupat	ion (See Instructions)	Employer (See Instructions)		
If len	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instr	ES OF THIS SCHEDULE AS NEI		quirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR 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/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form

	The instruction during explains now to	Complete this form.	
1 Total pages Schedule F:	2 FILER NAME EILEFN BIL	PNEY	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	1 / V L= 1	
1-3-12	Waller County Den	nochatic	c Party.
6 Amount (\$)	7 Payee address; City; State; Zip Code	• -	• '
750,00	10859 Schmidt, Walle	r, TX, 77	484
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	avel outside of Texes, complete Schedule T)
OF EXPENDITURE	Fees	Filing fe	e-Pare on hallot
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held - NA
expenditure to benefit C/C	" FLEEN BIRNE	V Tax A	cesson-Collector
Date	Payee name	1 14 / // =	2500001-01120101
Date	r ayee name		
Amount (\$)	Pouco address: City State 7: Oad		
Amount (a)	Payee address; City; State; Zip Code		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
OF EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
, , ,			
			_
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tre	evel outside of Texas, complete Schedule T)
OF EXPENDITURE			
	Candidate / Officeholder name	Office	
Complete ONLY if direct expenditure to benefit C/O		Office sought	Office held
	Parameter and the second secon		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	Catagony (San astronia literatura)	D=-1.0	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If tra	ivel outside of Texas, complete Schedule T)
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	DH		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AS NEI	EDED
	ALIAGUADDITIONAL COFIES OF 1013	20UEDOFE W2 NEE	-0-0

City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Category (See categories listed at the top of this schedule)

Date

Amount (\$)

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Payee name

Pavee address:

Description (If travel outside of Texas, complete Schedule T)

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

P.O. Box 12070

SCHEDULE H

				·	
	EXPENDITURE	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/Con Solicitation/Fundrais Travel In District Travel Out Of Distric Office Overhead/Re	ing Expense	Contributions/Donation	ent & Related Expense ns Made By older/Political Committee
	The Instruction Guid	e explains how to co		. /	
1 Total pages Schedule H:	2 FILER NAME			3 ACCOUNT #	(Ethics Commission Filers)
4 Date	5 Business name				· · · · · · · · · · · · · · · · · · ·
6 Amount (\$)	7 Business address; City; S	tate; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	op of this schedule)	(b) Description ((If travel outside of Texas, c	omplete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Office holder hame		Office sought	:	Office held
Date	Business name				·
Amount (\$)	Butiness address; City Si	tate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the c	op of this schedule)	Description (If travel outside of Texas, co	omplete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	•	Office sought		Office held
Date	Business name				
Amount (\$)	Business address; City; Si	tate; Zip Code	·		
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description (If travel outside of Texas, co	omplete Schedule T)
OF EXPENDITURE		,			,
Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
Date	Business name		0		
Amount (\$)	Business address; City; St	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	pp of this schedule)	Déscription (if travel outside of Texas, or	omplete Schedule T)
Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name	,	Office sought		Office held
	ATTACH ADDITIONAL C	OPIES OF THIS SO	CHEDULEAS	IEEDED	•

NON-POLITICAL EXPENDITURES

SCHEDULE I

	CVDCMDITIO	C ANTERABLES FAR BAY O	(a) · /
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	E CATEGORIES FOR BOX 8 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense te explains how to complete this	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)
Total pages concedure 1.	2 HELK WAIVIE		Account # (Eurics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; S	itate; Zip Code	
	2/1		
8 PURPOSE	(a) Category (See categories listed at the to	op of this schedule) (b) Descripti	on (See instructions regarding type of information required.)
OF EXPENDITURE			
Date	Payee name		•
Amount (\$)	Páyee address; City; S	rate; Žip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule) Descripti	On (See instructions regarding type of information required.)
Date	Payee name		
Amount (\$)	Payee address; City; S	tate; Zip Code	
PURPOSÉ	ategory (See categories listed at the to	p of this schedule) Description	On (See instructions regarding type of information required.)
OF EXPENDITURE			
Date	Payee name		
Amount (\$)	Payee address; City; S	tate; Zip Code	TO HAVE THE RESERVE TO HER THE PARTY OF THE
PURPOSE	Category (See categories listed at the to	p of this schedule) Descripti	On (See instructions regarding type of information required.)
ÓF EXPÉNDITURE			

P.O. Box 12070

	ST EARNED, OTHER CREDITS/GAINS DS, AND PURCHASE OF INVESTMENT		SCHEDULE K
The	Instruction Guide explains how to complete this form.	1 Total pages Scho	edule K:
2 FILER NAME		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Name of person from whom amount is received	/	8 Amount (\$)
١	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 (\$)
	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 (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

Texas Ethics Commissi	ion	P.O. Box 12070	Austin, Texas 7	8711-2070	(512) 463-5800	(TDD:/1-800-735-2989)
IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS						
The Instr	uction Gui	lde explains how to	complete this for	m.	1 Total pages Schedule	е Т:
2 FILER NAME	armining the second				3 ACCOUNT # (Ethics	Commission Filers)
4 Name of Contributor	/ Corporatio	on or Labor Organizat	ion / Pledgor / Payes	a .		
5 Contribution / Expend	diture report	led on:				de grande, con a de contra de l'andre
☐ Sc	chedule A	Schedule B	Schedule C	Somedule	D Schedule F	Schedule G
sc	hedule H	Schedule N	COH-UC	Сон-т	PAC-C	PAC-E
6 Dates of travel	7 Name	e of person(s) traveling	9			
	8 Depar	rture city or name of d	eparture location			
	9 Destin	nation city or name of	destination location			des lesis d ividie <u>s au alternium menten</u>
10 Means of transportat	tion	11 Purpose of tra	vel (including name	of conference, ser	minar, or other event)	
Name of Contributor /	Corporation	or Labor Organizatio	n / Pledgor / Payeé	The second secon		
Contribution / Expendit	ture reporte	d on:			a turiu di ana any fu turi an	
Sci	hedule A	Somegule B	Schedule C	Schedule	D Schedule F	Schedule G
☐ Sc	hedule H	Schedule N	Сон-ис	Сон-т	PAC-C	PAC-E
Dates of travel	Name of	r person(s) traveling			-	
	Departur	re city or name of dep	arture location			
	Destinati	ion city or name of de	stination location			
Means of transportation	n /	Purpose of trave	l (including name of	conference, semi	nar, or other event)	
Name of Contributor /	Corporation	or Labor Organizatio	in / Pledgor / Payee			
Contribution / Expendi	ture réporte	d on:				
☐/set	hedule A	Schedule B	Schedule C	Schedule I	D Schedule F	Schedule G
☐ Set	hedule H	Schedule N	Сон-пс	□ сон-т	PAC-C	PAC-E
Dates of travel	Name of	f person(s) traveling				
/ !	Departun	e city or name of depa	arture location		The state of the s	
/	Destinati	on city or name of des	stination location	<u></u>		
/		on ony or name or all	Jillianor Ioaner			
Means of transportation	'n	Purpose of travel	l (including name of o	conference, semi	nar, or other event)	
			·			
1		ATTACH ADDITION	IAL COPIES OF TH	IIS SCHEDULE	AS NEEDED	•