CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	2	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE U	ISE ONLY	
NAME	MS, EILEEN		Date Received	WA E 201	
	NICKNAME LAST	SUFFIX		2	
	BIKNEY			JUN ECERT	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE		26 문문	
MAILING ADDRESS	P.O. Box 1083, Hempst	ead, tx 77445	Date Hand-delivered or F	ostmarked 🖂 🗔	
change of address		•	Receipt #	Amouli SS	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	receipt #	Amonito 2015	
OFFICEHOLDER PHONE	979) 525-6031		Oate Processed		
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Date Imaged		
NAME	MS FILEEN				
	BIRNEY	SUFFIX			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE:	ZIP CODE		
TREASURER ADDRESS	36225 Bell Road, V				
(residence or business)	36225 Dell Nord, V	yara 3/71.779	09		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER PHONE	(979) 826-0497				
9 REPORT TYPE					
S REFORT TIPE	January 15 30th day before election	Runoff	15th day after ca treasurer appoint		
	July 15 8th day before election	Exceeded \$500	(officeholder only) Final report (Attact	n C/OH - FR)	
		limiţ		ĺ	
10 PERIOD	Month Day Year	Month Day	Year		
COVERED	5/20/12 THROUGH	6/25/	12	ļ	
		•			
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year				
	5/29/12. Primary	Runoff	General [Special	
	3/21/12				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IT KNOWN) Waller COUNT	Commis	SIABAR	
		Pet.3	אוניוווים ד	Sidilei	
		101,0			
	COTORA	CE 2			
GO TO PAGE 2					

CANDIDATE	/ OFFICEHOLDER	REPORT:
SUPPORT &	TOTALS	

FORM C/OH
COVER SHEET PG 2

			20/12	
14 C/OH NAME			15 ACCOUNT # (Phics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAI HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN THEASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	i u i	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 350.00			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL POLITICAL EXPENDITURES \$ 13438.68			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ 547.69			
18 AFFIDAVIT		swear or affirm under negative of	perjury, that the accompanying report	
	SHIRLEY ACC	is true and correct and includes all OCK me under Title 15, Election Code.	information required to be reported by	
	My Commission Ex EBRUARY 20,	pires 2016 Eileen Bir	didate or officeholder	
AFFIX NOTARY STAM	P / SEAL ABOVE	Signal die Grann	. V	
Sworn to and subs	scribed before	me, by the said Eileen Birner	this the	
_	ofJune		,	
Aluden (Icah	- Shirly Acock	notary_	
Signature of officer admir	nistering oath	Printed name of officer administering costs	Title of officer administrating path	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sen	30/12
2 FILER NAME	LEEN BIRNEY		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	LOUISE Jones 6 Contributor address; City; State; Zip Code 10/ N. Oak Vista Dr	· · · · · · · · · · · · · · · · · · ·	700,00	
	Burnet, TX 786	//	(If travel outside o	l of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
6-18-12	250 mapre rane		250,00	
	Connoce, TX 7730	4	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
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	nstructions)	
Date	Full name of contributor)	Amount of contribution (\$)	łn-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		 	
Principal occup	ation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
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			
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
			-	
	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 Con	nmission P.O. B	ox 12070	Austin, Tex	as 78711-2070	(512) 463-5800	(TDD 1/800-735-2989)
PLEDG	ED CONTRIE	BUTION	S			SCHEDULE B
						1427110
						170000
Th)				1 Total pages Sch	dule B:
ine	Instruction Guide expl	lains now to	complete this	torm.		
2 FILER NAME					3 ACCOUNT# (Et	hics Commission Filers)
						,
4 TOTA	AL OF UNITEMIZED	PLEDGES	: ⇔	\$ \$ \$	⇒ / ⇒	\$
5 Date	6 Full name of pledge	or out-of-	-state PAC (ID#:)	8 Amount of pledge (\$)	9 In-kind description
					picago (b)	(if applicable)
	7 Pledgor address;	City; Sta	ite; Zip Code	/		
		-			 	
	κ	,			,	
					(If travel outside o	f Texas, complete Schedule T)
10 Principal occur	pation / Jolo title (See Ins	structions)		11 Employer (See I		r rexas, complete scriedule 1)
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				_/		
Date	Full name of pledge	or 1 out-of-	state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	l'	L			'''	(·· =- P {=,
	Rledgor address;	City; Sta	te: Zip Code	/		
			/			
	\					
	<u> </u>				(If travel outside of	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Ins	structions)		Employer (See I	nstructions)	
-	<u> </u>					
Date	Full name of pledgo	r 🗍 out-of-	state PAC (ID#:)	Amount of	In-kind description
	,	_	/	·	pledge (\$)	(if applicable)
		/				
	Pledgor address;	City; Sta	te; Zip Code			
Dringing Loggy	antian / Jah titla /Caa Jaa				<u> </u>	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Ins	structions)		Employer (See I	nstructions)	
Date	Full name of pledge	ut-of-	state PAC (ID#:)	Amount of	In-kind description
	/		,		pledge (\$)	(if applicable)
	Pledgor address:	City: Sta	te; Zip Code		1	
		,,	, _,, _,			
					ì	
	·/				(If travel outside o	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Ins	structions)		Employer (See I	<u> </u>	
			A GOOD AND A STATE OF THE STATE			
Date	Full/name of pledgo	Pr Out-of-	state PAC (ID#:	,	Amount of	In-kind description
			state i AC (ID#		pledge (\$)	(if applicable)
	/. <i></i>				 	
•	Pledgor address;	City; Sta	te; Zip Code			
	/					
/	<u></u>				<u> </u>	f Texas, complete Schedule T)
Principal ocou	pation / Job title (See Ins	structions)		Employer (See I	nstructions)	
/				F THIS SCHEDULE		
	ontributor is out-of-st	ate PAC, plea	ise see instri	uction guide for ad	ditional reporting	requirements.

Texas Ethics Commis	ssion P.O. Box 12070 Austin,	Texas 78711-2070 (512) 463-58	00 (TDD 1-800-735-2989
LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	pages Schedule E:
2 FILER NAME		3 ACC	OUNT (Ethics Commission Filers)
4 TOTA	L OF UNITEMIZED LOANS:	»	\$
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;		10 Interest rate
Y N			11 Maturity date
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	1
14 Description of Col	lateral Silvers	15 Oneck if personal funds were deposi	ted into political account
16 GUARANTOR INFORMATION in not applicable	17 Name of guarantor 18 Guarantot address; City: 5	State; Zip Code	19 Amount Guaranteed (\$)
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	ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal funds were deposit	ed into political account
GUARANTOR INFORMATION	Name of guarantor Guarantor address; City;	State; Zip Code	Arnount Guaranteed (\$)
not applicable			
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		· · · · · · · · · · · · · · · · · · ·
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	• •	, Loan Repayment/R	Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundrai			ipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Dona	•
Event Expense	Polling Expense	Travel Out Of Distr	rict		eholder/Political Committee
Fees	Printing Expense	Office Overhead/Re	ental Expense	OTHER (enter a ca	ategory not listed above)
	The Instruction Guide	explains how to	complete this fo	•	,
1 Total pages Schedule F:	2 FILER NAME	<u> </u>	•	3 ACCOUNT	# (Ethics Commission Filers)
n total pages deficulted to	·	-xı 12/1	DNHU	3 ACCOUNT	# (Ethics Commission Filers)
ONE	EILLE	/N B//) /V E Y		
4 Date	5 Payee name		· 1		
7-2/12	Bunnies Fl	0111.06 5	>h-12		
6 Amount (\$)	7 Payee address; City: Sta	te: Zin Code	" o g		
• · · · · · · · · · · · · · · · · · · ·	City, Old	to, Elpoode	•		
#93,00	1/	/	,		
# 9 5, 00	H-P.M.	astont -	<i>†</i> x		
	(1) (-1)	Cau, I	<u> </u>		
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texa	es, complete Schedule T)
OF EXPENDITURE	1 G: Q+				
EXI ENDITORE	91)1				
9 Complete ONLY if direct	Candidate / Officeholder name		Office sough	nt	Office held
expenditure to benefit C/O	H				
Date	Payee name	> t-	h /		
April, May DUR	le, ada thosk	2+M/1V	BINK		
Amount (\$)	Payee address; City: Sta	ate: Zip Code	-414		
-21		المار الم		-1 1	4 /- /
91 22 a	Angeloghety &	500K 1	-uction	C+. U2"	menta with
1 30-	10-permi	-4101) 11	4-2/11	St., Hen	MAGEAU, 11
	Category (See categories listed at the top				<u> </u>
PURPOSE OF	Category (See categories listed at the top	or tris scriedule)	Description	(II Irave: outside of Texa	is, complete Schedule T)
EXPENDITURE	FRAC				
	· / • • · · · · · · · · · · · · · · · ·		0.65		05
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	н	Office held
expenditure to benefit 0/0	· · · · · · · · · · · · · · · · · · ·				
Date	Payee name				
T 00 10	451 11. C 1.	- M +	- 101 \	1	
52012	DILLIN DEGIS	2 HORL	# 111 ES	<u>/</u>	
Āmount (\$)	Payee address; City; Sta	te; Zip Code	٠		
# -					
" 90 —		TV			
10		/ X			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texa	s, complete Schedule T)
OF	tract 1	,			•
EXPENDITURE	contract 1	abor			
Complete ONLY if direct	Candidate / Officeholder name		Office sough	nt	Office held
expenditure to benefit C/O					
Date ,	Payee name 4				
6-14-10	Eileen Kiu	nel			
6 0 / 1 0	- HOOD DIT	1101			
Amount (\$)	Payee address; City; Sta	ite; Zip ⊄ode			
1 # 1/1 3/	1 4.0. DOX 100_	,			
1"700,71	Hemb-to 17	× 774	45		
	11-11 psiead,	717			
PURPOSE	Category`(See categories listed at the top	of this schedule)	Description	(If travel outside of Texa	is, complete Schedule T)
OF EXPENDITURE	100 h 1000-11	10004	bant	-	
-AFLINDITURE	noun repay	MERLIT	par11	<u>u</u>	
Complete ONLY if direct	Candidate / Officeholder name		Office sough	nt	Office held
expenditure to benefit C/0	HC				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURPOSE

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

POLITICAL EXPENDITURES

P.O. Box 12070

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

MADE FRO	OM PERSONAL FUI	NDS	70 /12
	EXPENDITUR	E CATEGORIES FOR BOX 8(a	a)
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense Fees	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
rees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guid	de explains how to complete this f	orm.
1 Total pages Schedule G:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
one	FILEEN B	IRNEY	
4 Date	5 Payee name		
5-29-12	Lisa Buni	Ke	
6 Amount (\$)	7 Payee address; City; S	State; Zip Code	
#72.00			_
Reimbursement from political contributions		+x	

EXPENDITURE	contract	labor	
Date	Payee name	ν 1	
5-29-12	Ashley	Ponder	
Amount (\$)	Payee address;	City; State; Zip Code	

Reimbursement from political contributions intended	TX.	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Conthact labor	Description (If travel outside of Texas, complete Schedule T)

EXPENDITURE	Contract labor
Date	Payee name
5-29-12	Rachal AKer
Amount (\$)	Payee address; City; State; Zip Code

Reimbursement from political contributions intended	<i>†X</i> .	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract fabor	Description (If travel outside of Texas, complete Schedule T)

Date	Payee name	
[/all 10	Ohac Carlo aus	
0-11-12	Chase Card Services	
Amount (\$)	Payse address; City, State; Zip Code	
14/24/124	$P \cdot P \cdot X \cdot A \cdot A$	

Reimbursement from political contributions intended	Palatine IL 60094-4014
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Phinting, Travel in district

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

				0
	EXPENDITURE CAT	EGORIES FOR BOX 8(a)	
Advertising Expense		ries/Wages/Contract Labor	Loan Repayment/Reimbursement	
Accounting/Banking	· ·	citation/Fundraising Expense	Transportation Equipment & Relate	,
Consulting Expense	Food/Beverage Expense Travel In District Contributions/Donations Made B			7
Event Expense	Polling Expense Trav	el Out Of District	Candidate/Officeholder/Politica	
Fees	Printing Expense Office	e Overhead/Rental Expense	OTHER (enter a category not liste	above)
	The Instruction Guide expla	ains how to complete this	form.	
1 Total pages Schedule H:	2 FILER NAME		3 ACCOUNT # (Ethics Com	mission Filers)
				,
4 Date	5 Business name			
4 Date	5 Dusiness name			
6 Amount (\$)	7 Business address; City; State;	Zip Code		
8 PURPOSE	(a) Category (See categories listed at the top of this	schedule) (b) Description	on (If travel outside of Texas, complete Sched	dule T)
OF				
EXPENDITURE				
9 Complete ONLY if direct	Candidate / Officeholder name	Office sou	ght Office h	eld
expenditure to benefit C/C	рн 🚶		7	
Date	Business name			
Amazint (#)	l Business A. L. Sid Share	7:- 0-1:-		
Amount (\$)	Business address; City; State;	Zip Code		
PURPOSE	Category (See categories listed at the top of this	schedule) Description	on (If travel outside of Texas, complete Sched	duie T)
OF EXPENSITION	` `			*
EXPENDITURE				
Complete ONLY if direct	Candidate / Officeholder name	/ Office sou	ght Office h	eld
expenditure to benefit C/C)H	,		
Date .	Business name			
Amount (\$)	Business address; City State;	Zip Code		
, ,				
PURPOSE	Category (See categories listed at the top of this	schedule) Descriptic	on (If travel outside of Texas, complete Sched	dulo T)
OF	Category (See Categorias iisted at the top of this	Description Description	Wit (II travel outside of Texas, complete schet	uule 1)
EXPENDITURE				
	Candidate / Officeholder name	O#ins no.		
Complete ONLY if direct expenditure to benefit C/C		Office sou	ght Office h	eia
experientare to belieff C/C				
Date	Business name			
33				
Amount (\$)	Business address; City; State;	Zip Code		•
/	1			
/				
PURPOSE	Category (See categories listed at the top of this	schedule) Description	on (If travel outside of Texas, complete Sched	dule T)
OF /				
EXPENDITURE				
Complete ONLY if direct	Candidate / Officeholder name	Office sou	ght Office h	eld
expenditure to benefit C/C				
/				
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE A	S NEEDED	

NON-P	OLITICAL	EXPEND	ITURES	
MADE	FROM POI	LITICAL (CONTRIBL	JTIONS

SCHEDULE I

WADE THE				90/12
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR Gift/Awards/Memorials Expense Solicitation/Fundraisi Food/Beverage Expense Travel In District Polling Expense Office Overhead/Results Food/Beverage Expense Overhead/Results Food/Beverage Expense Office Overhead/Results Food/Beverage Expense Overhead/Results Food/Beverage Expen	tract Labor ing Expense ct ntal Expense	Loan Repayment/Re Transportation Equip Contributions/Donati Candidate/Office OTHER (enter a cat	pment & Related Expense
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 the top of this schedule)	(b) Description	(See instructions regard	ing type of information required.)
Date	Payed name			
Amount (\$)	Payee address; City State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	(See instructions regard	ing 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 regard	ding 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 regard	ding type of information required.)
0	ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE AS N	VEEDED	

Texas Ethics Com	mission P.O. Box 12070 Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-73 <i>5</i> -2989)
	ST EARNED, OTHER CREDITS/GAINS DS, AND PURCHASE OF INVESTMENT		SCHEDULE K
The	Instruction Guide explains how to complete this form.	1 Total pages Sched	ule K:
2 FILER NAME		3 ACCOUNT # (Eth)	cs Commission Filers)
4 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 Address of person from whom amount is received; City; State; Zip Code		Amount (\$)
, <u>av</u> <u>an</u> announce.	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Purpose for which amount is received		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

IN-KIND CO	NTRIBUTION OR POLITICAL EXPEND	NTHE:	
I .	L OUTSIDE OF TEXAS	HUKE	SCHEDULET
·			/110/12
The Instru	uction Guide explains how to complete this form.	1 Total pages Schedule	f:
2 FILER NAME	•	3 ACCOUNT # (Ethics	Commission Filers)
4 Name of Contributor	/ Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expend	Liture reported on:		***
Sci	nedule A Schedule B Schedule C Schedule	D Schedule F	Schedule G
Sci	nedule H Schedule N COH-UC COH-T	PAC-C	PAC-E
6 Dates of travel	7 Name of person(s) traveling		
	Departure city or name of departure location		
·	beparture city or name of departure location		
	9 Destination city or name of destination location		
10 Means of transportat	ion 11 Purpose of ravel (including name of conference, se	eminar or other event)	
:	The state of the s	similar, or other eventy	
Name of Contributor /	Corporation of Labor Organization / Pledgor Payee		NUMBER OF THE PARTY OF THE PART
Contribution / Expendit	ure reported on:		
Sch	nedule A 📗 Schedule B 📈 Schedule C 🔲 Schedule	D Schedule F	Schedule G
Scl	hedule 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		
	Beparture occasion		
	Destination city or game of destination location		

Means of transportation	Pyrpose of travel (including name of conference, sem	inar, or other event)	
Name of Contributor /	Corporation or Labor Organization / Pledgor / Payee	· · · · · · · · · · · · · · · · · · ·	
Contribution / Expendit	ure reported on:		
☐ Sch	nedule A 🔲 Schedule B 🔲 Schedule C 🔲 Schedule	D Schedule F	Schedule G
Sct	nedale 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		
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

The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" •• 1 C/OH NAME 2 ACCOUNT # (Ethics Commission Filers) BIRNEY I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. **FILER WHO IS NOT AN OFFICEHOLDER** .. Complete A & B below only if you are not an officeholder. .. **CAMPAIGN FUNDS** Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. **ASSETS** В. Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Eilen Burnu Signature of Candidate **OFFICEHOLDER** · Complete this section only if you are an officeholder · I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. Signature of Officeholder