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:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST SAM NICKNAME LAST	MI	Data Para Del Balle H
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address 5 CANDIDATE/ OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	ADDRESS / POBOX; APT / SUITE # CITY; OF SCHMIL - Waller TX. 774 AREA CODE PHONE NUMBER (J81) 667-5152 MS / MRS / MR FIRST Eileen NICKNAME LAST	484 extension	Date Handard or Postmarked Receipt # Amount Date Processed Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE #,	CITY: STATE:	ZIP CODE
TREASURER ADDRESS (residence or business)	1545 Main St	Hempste	ead, TX. 77445
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 525-683	EXTENSION	
9 REPORT TYPE	July 15 30th day before election 8th day before election	Runoff Exceeded \$500	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 12/9/2013 THROUGH	Month Day [2/3/	Year / 2013
11 ELECTION	Month Day Year ELECTION TYPE A Primary BLECTION TYPE Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	Commiss	Judge ioners Count)
	GO TO PAC	GE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Sam Eng	COUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POCANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RE	OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE GENERAL COMMITTEE ADDRESS SPECIFIC	
additional pages	COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. 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 LAST DAY OF THE REPORTING PERIOD	\$
18 AFFIDAVIT	I swear, or affirm, under penalty of perjury is true and correct and includes all information me under Title 15, Election Code. HILARY L AVERY otary Public, State of Texas My Commission Expires November 22, 2017 Signature of Candidate of	ation required to be reported by
Sworn to and subs	of Annual, 20 14, to certify which witness my ha	, this the nd and seal of office.
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

P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A:
2 FILER NAME SAM ENG		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)
6 Contributor address; City; State; Zip Code			
	,	(If travel outside	of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
10	NE	06 1000	
Principal occupation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	Employer (dee ii	nati detions)	
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		(If travel outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See In		ronad, complete conceder ry
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		Of troop outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Ir		rexas, complete Scredule 1)
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		(If travel outside o	f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See In		
		-	

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

Texas Ethics Co	mmission P.O. Box	12070 Austin, T	exas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
PLEDO	GED CONTRIBU	JTIONS			SCHEDULE B
	e Instruction Guide explain	s how to complete th	is form.	1 Total pages Sche	dule B:
2 FILER NAME	SAME	NG		3 ACCOUNT # (Eth	nics Commission Filers)
	AL OF UNITEMIZED PL	LEDGES: ⇔	$\Rightarrow \Rightarrow \Rightarrow$	$\Rightarrow \Rightarrow$	\$
5 Pate	6 Full name of pledgor 7 Pledgor address;	out-of-state PAC (ID#: City; State; Zip Cod	e	8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occu	pation / Job title (See Instruc	etions)	11 Employer (See II		Texas, complete Schedule T)
			11 Zmployor (occ ii	13(140(10113)	
Date	Full name of pledgor Pledgor address;	out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
		Mt		(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instruc	tions)	Employer (See Ir	nstructions)	
Date	Full name of pledgor Pledgor address;	out-of-state PAC (ID#). City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
				(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instruc	tions)	Employer (See In		roxas, complete scriedule 1)
Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of pleage (\$)	In-kind description (if applicable)
	Pledgor address;	City; State; Zip Code	•		
Principal occu	pation / Job title (See Instruct	tions)	Employer (See In	****	Texas, complete Schedule T)
Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;	City; State; Zip Code		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instruct	ions)	Employer (See In	structions)	
If c	ATTACH A ontributor is out-of-state I	DDITIONAL COPIES (PAC, please see instr			equirements.

Texas Ethics Commiss	sion P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800 (TDD 1-800-735-2989
LOANS			SCHEDULE E
The	Instruction Gulde explains how	w to complete this form.	1 Idapapa and
2 FILER NAME	IENG		3 ACCOUNT # (Ethics Commission Filers)
4 \	L OF UNITEMIZED LOAN	NS: & & & &	⇒ <
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
Y N	X		11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instru	uctions)
14 Description of Colla	ateral	15 Check if personal fun	ds were deposited into political account
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address:	City: State: Zip Code	
20 Principal Occupation	on (See Instructions)	21 Employer (See Instru	ctions)
Date of loan	Name of lender	Out-of-state PAC (ID#:	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Destru	tions)
Description of Colla	ıteral	Check if personal fund	were deposited into political account
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address;	City; State; Zip Code	
Principal Occupation	on (See Instructions)	Employer (See Instruc	tions)
If lend		NAL COPIES OF THIS SCHEDULE A	\

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Sa Legal Services Sc Food/Beverage Expense Tr Polling Expense Tr Printing Expense O	ATEGORIES FOR BOX 8(a alaries/Wages/Contract Labor olicitation/Fundraising Expense ravel In District ravel Out Of District ffice Overhead/Rental Expense uplains how to complete this f	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 F	SA 18 E1	V 6	3 Actions not a transmit alternation
4 Pate	5 Payee name	ų G	
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of the	his schedule) (b) Description	n (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	ght Office held
Date	Rayee name		
Amount (\$)	Payee address; City; State;	Zip Code	
PURPOSE OF EXPENDITURE	Calegory (See alegories is set at the total to	Coscinglion Description	0 12 com anderet fosci i upico Schiğliolecci
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	ght Office held
Date	Payee name		
Amount (\$)	Payee address; City, Stale:	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the	his schedule) Description	n (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	ht Office held
Date	Payee name		
Amount (\$)	Payee address, City, State;	Zip-Code.	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the	as schedale) Description	1 (If travel obtside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office soug	oht Office held
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS	SNEEDED

EXPENDITURE: CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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/Rei	ing 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 co	emplete this for	m.
1 Total pages Schedule G:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers
one	sam Eng			
4 Date	5 Payee name	4		(N
12-9-2013	Wallen Count	v Dem	ocha	tic Party
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code		, /
Reimbursement from political contributions intended	P.O. Box 108	33, Hem	pstea	ed, TX 77445
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	F		F-1	/
	FEES		FILIN	g ree
Date	Payee name			
Δ				
Amount (\$)	Payee address; City; Sta	ite; Zip Code		
Reimbursement from political contributions intended				
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE				
EXPENDITORE				
Date	Payee name			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
Reimbursement from political contributions intended				
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE				
Date	Payee name			
Amount (\$)	Payee address; City; Sta	te; Zip Code		
Reimbursement from political contributions intended				
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE				
	ATTACH ADDITIONAL CO	OPIES OF THIS SC	HEDULE AS N	EEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	EXPENDITUR	E CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/C	Contract Labor Lo	an Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundra	aising Expense Tra	ansportation Equipment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel In District		ontributions/Donations Made By
Fees	Printing Expense	Travel Out Of Dis Office Overhead/I		Candidate/Officeholder/Political Committee
	The Instruction Guid			THER (enter a category not listed above)
1 Total pages Schedule H:		e explains now to	complete this form.	
/ rotal pages Schedule H:	2 FILER NAME Δ /)/	Y NIG		3 ACCOUNT # (Ethics Commission Filers)
/	2/7/1/1	E1110		
4 Date	5 Business name			
6 Amount (\$)	7 Business address; City; S	Sate; Zip Code		
8 RURPOSE	(a) Category (See categories listed at the	op of this schedule)	(b) Description (If tr	ravel outside of Texas, complete Schedule T)
OF				,
EXPENDITURE				
9 Complete ONLY if direct	Candidate / Officeholder nam	e	Office sought	Office held
expenditure to benefit C/C	H			
Date	Business name			
Amount (\$)	Business address; City; S	state; Zip Code		
	V			
	1			
PURPOSE	Category See categories listed at the t	op of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	XU X			
EXPENDITURE				
Complete ONLY if direct	Candidate / Officeholder pam	Э/	Office sought	Office held
expenditure to benefit C/O	H V			
Date	Business name			
Date	business fiame	\		
Amount (\$)	Business address; City; S	state; Zip Code		
	0-1			
PURPOSE OF	Category (See categories listed at the t	op of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)
EXPENDITURE				
0	Candidate / Officeholder name		Office sought	Office held
Complete ONLY if direct expenditure to benefit C/O		7	Office sought	Office field
Date	Business name			
			`	
Amount (\$)	Business address; City; S	tata: Zin Cada		
Amount (\$)	Business address, City, S	tate; Zip Code		
PURPOSE	Category (See categories listed at the to	ρ of this schedule)	Description (If to	avel outside of Texas, complete Schedule T)
OF		,		, ,
EXPENDITURE				
Complete ONLY if direct	Candidate / Officeholder name	2	Office sought	Office held
expenditure to benefit C/O				
	ATTACH ADDITIONAL (COPIES OF THIS	SCHEDULE AS NE	EDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule I	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
ſ	SAM ENG	
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME	SAM ENG	3 ACCOUNT # (Et	nics Commission Filers)
4 (Pate	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		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	

IN-KIND CONTRIBUTION OR POLITICAL EXPEN FOR TRAVEL OUTSIDE OF TEXAS	DITURE SCHEDULE T
The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:
2 FILER NAME SAMENG	3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
5 Contribution / Expenditure reported on:	
Schedule A Schedule B Schedule C Schedu	
Schedule H Schedule N COH-UC COH-T	PAC-C PAC-E
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,	seminar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expenditure reported on:	
Schedule A Schedule B Schedule C Schedu	ule 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	
Destination city or name of destination location	
Means of transportation Purpose of travel (including name of conference, see	eminar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expenditure reported on:	
Schedule A Schedule B Schedule C Schedu	ule D Schedule F Schedule G
Schedule H Schedule N COH-UC COH-T	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, se	eminar, or other event)
ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

A candidate or officeholder who has accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in any calendar year must file all subsequent reports electronically.

Sam Eng	Account #	
---------	-----------	--



- 1. I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.

5.	5. I am filing this affidavit with the report due on	5, 201.4
	I understand that this affidavit is required to be filed with each campaign finance repo	ort for which I
	am claiming an exemption from electronic filing.	

HILARY L AVERY Notary Public, State of Texas My Commission Expires November 22, 2017

Signature of Candidate or Officeholder

NOTARY STAMP / SEAL

Sworn to and subscribed before me by

this the

certify which, witness my hand and seal of office.

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER