Texas Ethics Commission

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 /	MS / MRS MR FIRST	MI	OFFICE USE ONLY		
OFFICEHOLDER NAME	RUSSELL	E.	Date-Received		
INVINE	NICKNAME LAST	SUFFIX			
	\$1000000000000000000000000000000000000	and of the party o	JUL DEB PALLE		
	KLECKA				
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	FOR ILL		
OFFICEHOLDER MAILING	25442 CURTIS RO.	TEXAS	Date Hand delivered or Postmarked		
ADDRESS	WALLER		Date Hand delivered or Postmarked		
change of address	11/1000		Receipt# > Amount O		
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	4 E =		
OFFICEHOLDER PHONE	(936) 931-3600		Date Processed		
6 CAMPAIGN	MS MRS / MR FIRST	МІ	Date Imaged		
TREASURER NAME	LINDA	J			
	NICKNAME LAST	SUFFIX			
	KLECKA				
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE		
TREASURER ADDRESS	25442 CURTIS RD.	TEXAS			
(residence or business)	WALLER				
	771122614	77767			
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER (936) 931-3600					
PHONE	(130) 101 3000				
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign		
			treasurer appointment (officeholder only)		
	July 15 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)		
		limit			
10 PERIOD	Month Day Year	Month Day	Year		
COVERED	2 / 25 / 2014 THROUGH	7/15/	7014		
	2 / 23 / 2017	, , , , , ,	2014		
11 ELECTION	ELECTION DATE ELECTION TYPE				
	Month Day Year Primary	Runoff	General Special		
	3 /04/2014				
		T.,			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	Commissions		
			NTY COMMISSIONER		
		PRECINET 2			
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT # (Ethics Commission Filers)		
RUSSELL KLECKA					
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL F	MIZED \$ A			
	4. TOTAL	\$ 0			
CONTRIBUTION BALANCE	5. TOTAL P	\$ 1,881.13			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				
18 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by					
	SANJUANA DOLORES RA	MGEL me under Title 15, Election Code.			
NOTARY PUBLIC State of Texas Comm. Exp. 11-21-2015					
Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEAL ABOVE P. SSOIL KLOOK					
Sworn to and subscribed before me, by the said (4) Self Necrot , this the					
day of All , 20 19 , to certify which, witness my hand and seal of office.					
Rignature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT#			2 Total pages filed:	OFFICE USE ONLY		
3	CANDIDATE / OFFICEHOLDER NAME	RUS	SELL E. ST SUFFIX	Date Received		
4	ORIGINAL REPORT TYPE January 15 Runoff Other (specify) Exceeded \$500 limit 30th day before election 15th day after treasurer appointment (officeholder only) 8th day before election Final report			Date Hand-delivered or Postmarked Receipt # Amount Date Processed		
5	ORIGINAL PERIOD Month Day Year Month Day Year 2 / 25 / 14 THROUGH 7 / 15 / 14			Date Imaged		
6 EXPLANATION OF CORRECTION MONTHLY BANKS FEES AND AMINOR MISCALCULATION						
7	7 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.					
		Che	ck ONLY if applicable:			
	Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.					
Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Signature of Candidate or Officeholder						
Swom to and subscribed before me, by the said RSCI KICK , this the day of Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						
	Remember To Attach Any Part Of The Campaign Finance Report Form					

Needed To Report And Explain Corrections

Needed To Report And Explain Corrections El lo d agaq

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:		
2 FILER NAME	2 FILER NAME RUSSELL KLECKA			3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-14-14	5 Full name of contributor out-of-state PAC (ID#)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
9 Principal occup	ation / Job title (See Instructions) 10 Employer (See		Instructions)		
Date	Full name of contributor out-of-state PAC (ID# Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I	ee Instructions)		
Date	Full name of contributor out-of-state PAC (ID# Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions) Employer (See		Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID# Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Empl			oyer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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