

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

<p><b>The C/OH Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Filer ID (Ethics Commission Filers)</p>		<p><b>2</b> Total pages filed:</p>								
<p><b>3</b> CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR                      FIRST                      MI</p> <p style="text-align:center;">manna                      Elizabeth</p> <p>NICKNAME                      LAST                      SUFFIX</p> <p style="text-align:center;">liz                      Pirkle</p>		<p><b>OFFICE USE ONLY</b></p>			<p>Date Received</p> <p style="font-size: 2em; color: red;">JUL 05 2019</p> <p style="color: blue; transform: rotate(-90deg);">Waller County Elections</p> <p>Received</p> <p>Date Hand-delivered or Date Postmarked</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged	
Receipt #	Amount \$											
Date Processed												
Date Imaged												
<p><b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX;     APT / SUITE #;     CITY;     STATE;     ZIP CODE</p> <p style="text-align:center;">26858 Muckelroy Rd. Hempstead, TX 77445</p>											
<p><b>5</b> CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE                      PHONE NUMBER                      EXTENSION</p> <p style="text-align:center;">(713) 825-4147</p>											
<p><b>6</b> CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR                      FIRST                      MI</p> <p style="text-align:center;">Mr.                      Michael                      P</p> <p>NICKNAME                      LAST                      SUFFIX</p> <p style="text-align:center;">Pirkle</p>											
<p><b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE);     APT / SUITE #;     CITY;     STATE;     ZIP CODE</p> <p style="text-align:center;">26858 Muckelroy Rd. Hempstead, TX 77445</p>											
<p><b>8</b> CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE                      PHONE NUMBER                      EXTENSION</p> <p style="text-align:center;">(281) 795-1283</p>											
<p><b>9</b> REPORT TYPE</p>	<p><input type="checkbox"/> January 15                      <input type="checkbox"/> 30th day before election                      <input type="checkbox"/> Runoff                      <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</p> <p><input checked="" type="checkbox"/> July 15                      <input type="checkbox"/> 8th day before election                      <input type="checkbox"/> Exceeded \$500 limit                      <input type="checkbox"/> Final Report (Attach C/OH - FR)</p>											
<p><b>10</b> PERIOD COVERED</p>	<p>Month     Day     Year                      MONTH     DAY     YEAR</p> <p style="text-align:center;">1 / 1 / 2019                      THROUGH                      6 / 30 / 2019</p>											
<p><b>11</b> ELECTION</p>	<p>ELECTION DATE</p> <p>Month     Day     Year</p> <p style="text-align:center;">/ /</p>		<p>ELECTION TYPE</p> <p><input type="checkbox"/> Primary                      <input type="checkbox"/> Runoff                      <input type="checkbox"/> Other Description</p> <p><input type="checkbox"/> General                      <input type="checkbox"/> Special</p>									
<p><b>12</b> OFFICE</p>	<p>OFFICE HELD (if any)</p> <p style="text-align:center;">Waller Co. District Clerk</p>		<p><b>13</b> OFFICE SOUGHT (if known)</p>									

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Martha Elizabeth "Liz" Pirkle 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 me under Title 15, Election Code.

M. Elizabeth Pirkle  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said M. Elizabeth Pirkle, this the 5th day of July, 2019, to certify which, witness my hand and seal of office.

Amanda Stevens      Amanda Stevens      Notary  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath