

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 <i>Amber</i>	MI	OFFICE USE ONLY Date Received <i>12 OCT 9 AM 9:51:28</i> Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME	LAST <i>Elenz</i>	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE <i>P.O. Box 5985 Austin TX 78763</i>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(512)</i>	PHONE NUMBER <i>708-1231</i>	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Staley</i>	MI	
	NICKNAME	LAST <i>Gray</i>	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE <i>3212 Gilbert St. Austin TX 78703</i>	
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(512)</i>	PHONE NUMBER <i>423-1903</i>	EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input 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)			
10 PERIOD COVERED	Month Day Year <i>8 / 13 / 2012</i>		THROUGH Month Day Year <i>9 / 27 / 2012</i>	
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 06 / 2012</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>ASD Trustee, District 5</i>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Amber Elenz

15 ACCOUNT # (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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

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

\$ 1,240.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 13,569.98

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 50.00

4. TOTAL POLITICAL EXPENDITURES

\$ 2,082.44

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 9,391.00

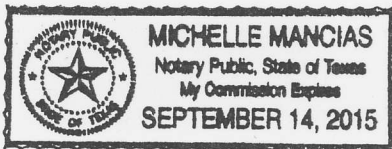
OUTSTANDING
LOAN TOTALS

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, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Amber R. Elenz
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said AMBER ELENZ, this the 9th day of October, 2012, to certify which, witness my hand and seal of office.

Michelle Mancias

Michelle MANCIAS

NOTARY

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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 Amber Elenz		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/26/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Bonilla	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1905 W. 37 th St. Austin TX 78731		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Homemaker		10 Employer (See Instructions)	
Date 9/26/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erika Brown	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4298 Shoalwood Ave, Austin, TX 78756		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Small business owner		Employer (See Instructions)	
Date 9/27/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Burnett	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3804 Laurel Ledge Ln, Austin, TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)	
Date 9/27/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie Cedar	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2503 Spring Lane, Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) VT - Texas Excs	
Date 9/22/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura and Drew Dunworth	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3909 Bonnell Dr, Austin, TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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

3 ACCOUNT # (Ethics 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)

9/25/2012

Will Eckert

6 Contributor address; City; State; Zip Code

P.O. Box 2087, Austin, TX 78768

100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Insurance Executive

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/25/2012

Mark Franklin

Contributor address; City; State; Zip Code

2413 Indian Trail, Austin, TX 78703

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Real Estate Broker

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/25/2012

Edward Fowler

Contributor address; City; State; Zip Code

3409 Timberwood Cir, Austin, TX 78703

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

Fin. Valuation Services

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/26/2012

Eric Harstern

Contributor address; City; State; Zip Code

911 Old Stonehedge St, Austin, TX 78746

500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Board Chair APS-NMS, TX.

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/18/2012

Shelly Grabe

Contributor address; City; State; Zip Code

7512 Laddle Ln., Austin, TX 78749

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

Amber Elenz

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/26/2012

5 Full name of contributor out-of-state PAC (ID#: _____)

Paul Holubec

6 Contributor address; City; State; Zip Code

3318 Bowman, Austin, TX 78703

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Banker

10 Employer (See Instructions)

Plains Capital Bank

Date

9/25/2012

Full name of contributor out-of-state PAC (ID#: _____)

Bobby Jenkins

Contributor address; City; State; Zip Code

1404 Ethridge, Austin, TX 78703

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

business owner

Employer (See Instructions)

ABC

Date

9/26/2012

Full name of contributor out-of-state PAC (ID#: _____)

Robert Kay

Contributor address; City; State; Zip Code

1608 Gaston, Austin, TX 78703

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

CFO Drilling Info

Employer (See Instructions)

Date

9/1/2012

Full name of contributor out-of-state PAC (ID#: _____)

Rob Buck Vicki Buck

Contributor address; City; State; Zip Code

8701 WHI St, Ste 900

Austin, TX 78754

Amount of contribution (\$)

2500.00

In-kind contribution description (if applicable)

website design,
artwork design
for promotional
materials

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Beehive Specialty

Date

9/25/2012

Full name of contributor out-of-state PAC (ID#: _____)

Lance Armstrong

Contributor address; City; State; Zip Code

P.O. BOX 50389, Austin, TX 78763

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Athlete

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

3 ACCOUNT # (Ethics 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)

9/27/2012

Barbara Klitch
6 Contributor address; City; State; Zip Code
1901 Dillman St, Austin, TX. 78703

100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/18/2012

April Kubik
Contributor address; City; State; Zip Code
5301 Tortuga, Austin, TX. 78731

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Social worker

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/18/2012

Ann and David Russell
Contributor address; City; State; Zip Code
1106 San Juan Ct, Arlington, TX. 7602

500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/19/2012

Kali and Dan Rourke
Contributor address; City; State; Zip Code
300 Bowie # 2602, Austin, TX. 78703

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Secretary of Board

Employer (See Instructions)

Seedling Foundation

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/26/2012

Elizabeth Layne
Contributor address; City; State; Zip Code
1312 Meiden, Austin, TX. 78703

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

homemaker

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Marder	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/26/2012	6 Contributor address; City; State; Zip Code 303 E 32 nd St, Austin, TX - 78703	100.00	
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Professor		10 Employer (See Instructions) UT - Austin	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monique Norman	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/26/2012	Contributor address; City; State; Zip Code 3605 Edgemont Dr, Austin, TX 78781	100.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcia Millikin	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/26/2012	Contributor address; City; State; Zip Code 2306 Tower Dr, Austin, TX - 78703	100.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Pace	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/19/2012	Contributor address; City; State; Zip Code 2800 Greenlee, Austin, TX - 78703	100.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Simmons Vedder Partners	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Garvey	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/18/2012	Contributor address; City; State; Zip Code 3907 Balcones Dr, Austin, TX - 78731	2,500.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Vice Chairman		Employer (See Instructions) Lance Armstrong Foundation	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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

Amber Elenz

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/26/2012

5 Full name of contributor out-of-state PAC (ID#: _____)

Laurie Painter

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

5610 Woodview Ave, Austin, TX 78756

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Paralegal

10 Employer (See Instructions)

Date

9/4/2012

Full name of contributor out-of-state PAC (ID#: _____)

Tracy Parker

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

101 W. 6th St. Ste 610, Austin, TX 78703

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Financial officer

Employer (See Instructions)

Date

9/25/2012

Full name of contributor out-of-state PAC (ID#: _____)

Georgine Peacock

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1310 Elton Ln, Austin, TX 780703

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

9/24/2012

Full name of contributor out-of-state PAC (ID#: _____)

Lindsay Rosenthal

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2500 Hatley Dr, Austin, TX 78746

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Business owner

Employer (See Instructions)

1379

Date

9/25/2012

Full name of contributor out-of-state PAC (ID#: _____)

Bridget Salas

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2106 Robinhood Trail, Austin, TX 78703

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

~~Business owner~~ Bookkeeper

Employer (See Instructions)

1379

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

Amber Elenz

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

Elise Schram

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

9/25/2012

6 Contributor address; City; State; Zip Code

1408 Hardouin Ave, Austin, TX 78703

100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

homemaker

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Julia Starkey

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/25/2012

Contributor address; City; State; Zip Code

3112 Windsor Rd, A113, Austin, TX 78703

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Co-founder AAA

Employer (See Instructions)

Aware, Awake, Alive non profit

Date

Full name of contributor out-of-state PAC (ID#: _____)

Sally Welch

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/25/2012

Contributor address; City; State; Zip Code

4500 Mantle Dr, Austin, TX 78746

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

homemaker

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Dana Wills

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/21/2012

Contributor address; City; State; Zip Code

3701 Bridle Path, Austin, TX 78703

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Small Business owner

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Seth Winick

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/25/2012

Contributor address; City; State; Zip Code

301 Congress, ste 1700, Austin, TX
78701

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Director

Employer (See Instructions)

Austin Achievement Zone, Inc

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 *Amber Elenz* 3 ACCOUNT # (Ethics Commission Filers)

4 Date <i>9/24/2012</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gayc Holden</i>	7 Amount of contribution (\$) <i>200.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2213 Quarry Rd, Austin, TX - 78703</i>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) *Attorney* 10 Employer (See Instructions)

Date <i>9/25/2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Julia Howry</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2401 Sweetbrush Dr, Austin, TX. 78703</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) *homemaker* Employer (See Instructions)

Date <i>8/28/2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stacey Gray</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3212 Gilbert St, Austin, TX - 78703</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) *volunteer* Employer (See Instructions)

Date <i>9/25/2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Walter Williams</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1315 Menden Ln, Austin, TX. 78703</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) *Attorney* Employer (See Instructions)

Date <i>9/14/2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Judie Cowan</i>	Amount of contribution (\$) <i>300.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4304 Tallowood Dr, Austin, TX. 78731</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) *homemaker* Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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 *Amber Elenz* 3 ACCOUNT # (Ethics Commission Filers)

4 Date <i>8/28/2012</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amber Elenz</i>	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1900 Elton Ln, Austin, TX 78703</i>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) *candidate, community vol.* 10 Employer (See Instructions)

Date <i>9/1/2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rob Buck</i>	Amount of contribution (\$) <i>1104.98</i>	In-kind contribution description (if applicable) <i>URL fee webhost fee 3 months</i>
Contributor address; City; State; Zip Code <i>708 S. Lamar Blvd. Austin, TX 78704</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)
Buck Studio

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>R</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(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	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Amber Elenz</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>9/21/2012</i>	5 Payee name <i>CheckMark Typesetting</i>
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6 Amount (\$) <i>1818.13</i>	7 Payee address; City; State; Zip Code <i>3217 N. IH 35, Austin, TX. 78722</i>
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>signs</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/27/2012</i>	Payee name <i>Click and Pledge</i>
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Amount (\$) <i>148.21</i>	Payee address; City; State; Zip Code <i>2200 Kraft Dr., ste 1175 Blacksburg, VA 24060</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>online banking fees</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(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	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Amber Elenz</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>9/11/2012</i>	5 Payee name <i>Office MAX</i>
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6 Amount (\$) <i>28.10</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>907 W. 5th St, Austin, TX 78703</i>
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>pushcard copies</i>
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Date <i>8/21/2012</i>	Payee name <i>U.S. Postal Service</i>
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Amount (\$) <i>38.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>West Austin station Austin, TX. 78703</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>bee</i>	Description (If travel outside of Texas, complete Schedule T) <i>post box</i>
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(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	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Business name
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6 Amount (\$)	7 Business address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(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	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 Schedule K:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount (\$)
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 (\$)
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 (\$)
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 (\$)
Purpose for which amount is received		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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, seminar, 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)

3 SIGNATURE

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.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. 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.

B. ASSETS

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.

Signature of Candidate

5 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