CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 25
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Amber NICKNAME LAST Elenz ADDRESS / PO BOX; APT / SUITE #;	MI SUFFIX CITY; STATE; ZIP CODE	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	1900 Elton In. Austin,	•	
5 CANDIDATE/ OFFICEHOLDER PHONE	(512) 632-9249	<u> </u>	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	Ms/MRs/MR FIRST Arati	M·I	Receipt # Amount \$
NAME	NICKNAME LAST	. , , ,	Date Processed
	Singh		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI 8101 Cobblestone Dr.	uite#; city; state; Austin, TX 78735	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 586-5702	EXTENSION	
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 6 / 20 / 16	Month THROUGH 6	Day Year 30 16
11 ELECTION	Month Day Year Primary 11 8 16 X General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
·	Austin ISD Trustee District 5	Austin ISD To	rustee
	go то	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)		
Amber Ele	enz				
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITU PIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT. INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages		-			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAISS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 0		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 14,498.00				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0 4. TOTAL POLITICAL EXPENDITURES \$ 340.15				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 16,774.85				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 5,000.00				
18 AFFIDAVIT	1				
WINT PLACE	MARGERY ELAINE HO My Commission Ex July 9, 2018	true and correct and includes all inforunder Title 15, Election Code. OPKINS pires	rjury, that the accompanying report is mation required to be reported by me date or Officeholder		
AFFIX NOTARY STAM	IP/SEALABOVE				
Sworn to and subsc	ribed before me, t	by the said Amber Elenz	, this the		
day of July	, 20 16	to certify which, witness my hand and seal of office.			
A North	O011 00 00	who Margon Slainet	tuplains Executsus		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co		mmis	sion Filers)		
	Am	ber Elenz				
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT	
1.	x	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$1	1,998.00	
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	2,500.00	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0	
4.	X	SCHEDULE E: LOANS		\$	5,000.00	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	223.15	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$\$	0	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				
8.	x	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	117.00	
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$	0	
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	0	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	0	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$	0	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 17 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Amber Elenz 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:____ \$100 6/24/16 Lawrence P. Huang 6 Contributor address; City; State; Zip Code Austin, TX 78703 16 Scott Crescent 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) \$250 6/24/16 Barbara Knaggs City; State; Zip Code Contributor address; 3305 River Rd. Austin, TX 78703 Employer (See Instructions) Principal occupation / Job title (See Instructions) volunteer Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date \$1,000 6/24/16 Lisa Terrill Contributor address; City; State; Zip Code 1615 Mohle Dr. Austin, TX 78703 Employer (See Instructions) Principal occupation / Job title (See Instructions) retired teacher Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:___ \$200 6/27/16 Staley Gray Contributor address; City; State; Zip Code Austin, TX 78703 3212 Gilbert St. Principal occupation / Job title (See Instructions) Employer (See Instructions) volunteer ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Amber Elenz 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ 6/27/16 Ann Russell 6 Contributor address; City; State; Zip Code Arlington, TX 76012 \$500 1106 San Juan Ct. 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired teacher Full name of contributor __ out-of-state PAC (ID#:_ Amount of contribution (\$) 6/27/16 \$250 Paul Cameron Contributor address; City; State; Zip Code 2301 Sunny Slope Dr. Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 6/28/16 \$200 Kali' and Dan Rourke City; State; Zip Code Contributor address; 300 Bowie St. Apt. 2602 Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) community volunteer Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) \$500 6/28/16 Sue Phillips Contributor address; City; State; Zip Code 1406 Wathen Ave. Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Texas Oncology pharmacist ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 17 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Amber Elenz 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ \$200 6/28/16 Tracy and Drew Fielder 6 Contributor address; City; State; Zip Code 2505 Pecos St. Austin, TX 78703 8 Principal occupation / Job title (See Instructions) homemaker (Tracy), physician (Drew) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) \$100 6/28/16 Paul Holubec Contributor address; City; State; Zip Code 3318 Bowman Austin, TX 78703 Employer (See Instructions) Principal occupation / Job title (See Instructions) Plains Capital Bank banker Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) \$100 6/28/16 Christine Caudle Contributor address; City; State; Zip Code 2000 Elton Ln. Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:____ \$360 6/28/16 Jeff Friedman Contributor address: City; State; Zip Code 3500 Jefferson St. Austin, TX 78731 Employer (See Instructions) Principal occupation / Job title (See Instructions) business owner ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Amber Elenz 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:___ \$50 6/28/16 Maureen Barcinski 6 Contributor address; City; State; Zip Code 3211 Glenview Ave. Austin, TX 78703 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) architect out-of-state PAC (ID#:_ Full name of contributor Amount of contribution (\$) Date \$25 6/28/16 Ashley Unbehagen Contributor address; City; State; Zip Code 2709 Maria Anna Rd. Austin, TX 78703 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) Date \$225 6/28/16 Arati Singh City; State; Zip Code Contributor address; 8101 Cobblestone Dr. Austin, TX 78735 Principal occupation / Job title (See Instructions) Employer (See Instructions) Raise Achievement, LLC educational consultant Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:__ \$40 6/21/16 Arati Singh Contributor address: City: State; Zip Code 8101 Cobblestone Dr. Austin, TX 78735 Employer (See Instructions) Principal occupation / Job title (See Instructions) Raise Achievement, LLC educational consultant ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Amber Elenz 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ \$160 6/21/16 Amber Elenz. 6 Contributor address; City; State; Zip Code 1900 Elton Austin, TX 78703 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) community volunteer/AISD trustee out-of-state PAC (ID#:_ Full name of contributor Amount of contribution (\$) Date \$35 6/29/16 Sally Lohr City; State; Zip Code Contributor address; 2205 Quarry Rd. Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) \$100 6/29/16 James Wills Contributor address; City; State; Zip Code 3701 Bridle Path Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_____ \$400 6/30/16 Douglas Elenz City; State; Zip Code Contributor address; 1900 Elton Ln. Austin, TX 78703 Employer (See Instructions) Principal occupation / Job title (See Instructions) physician ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 17 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Amber Elenz 4 Date 5 Full name of contributor out-of-state PAC (ID#:____ 7 Amount of contribution (\$) 6/30/16 Buddie Ballard \$250 6 Contributor address; City; State; Zip Code 2306 Townes Ln. Austin, TX 78703 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) investment advisor Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) \$250 6/30/16 Julie Ballard Contributor address: City; State; Zip Code 2306 Townes Ln. Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) community volunteer Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 6/30/16 \$500 James Schneider Contributor address: City; State; Zip Code 3203 Greenlee Dr. Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) JR Schneider Construction contractor Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 6/30/16 \$250 Jeffrey Pace Contributor address; City; State; Zip Code 2800 Greenlee Dr. Austin, TX 78735 Principal occupation / Job title (See Instructions) Employer (See Instructions) commercial real estate HPI ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction gulde for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 17 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Amber Elenz 4 Date 5 Full name of contributor 7 Amount of contribution (\$) uut-of-state PAC (ID#:_ 6/30/16 Richard Burnight \$100 6 Contributor address; City; State; Zip Code 2613 Exposition Blvd. Austin, TX 78703 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) 6/30/16 Patricia Cochran \$150 Contributor address; City; State; Zip Code 3105 Harris Blvd. Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (iD#:_ Amount of contribution (\$) 6/30/16 Kristen Sjoberg \$50 Contributor address; City; State; Zip Code 1804 Elton Ln. Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 6/30/16 Regina Hinojosa Campaign Fund \$1000 Contributor address; City; State; Zip Code P.O. Box 300095 Austin, TX 78703 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Amber Elenz 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:____ 6/28/16 April Kubrik \$100 6 Contributor address; City; State; Zip Code 5301 Tortuga Trail Austin, TX 78731 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) attorney Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) \$100 6/28/16 Ashley Underwood Contributor address; City; State; Zip Code 1401 Westover Rd. Austin, TX 78703 Employer (See Instructions) Principal occupation / Job title (See Instructions) attorney Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) \$100 6/28/16 Sally Welch Contributor address; City; State; Zip Code 4500 Mantle Dr. Austin, TX 78746 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ 6/25/16 Arati Singh \$25 Contributor address; City; State; Zip Code 8101 Cobblestone Dr. Austin, TX 78735 Employer (See Instructions) Principal occupation / Job title (See Instructions) Raise Achievement, LLC educational consultant ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Amber Elenz 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:___ \$1 6/25/16 Arati Singh 6 Contributor address; City; State; Zip Code 8101 Cobblestone Dr. Austin, TX 78735 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Raise Achievement, LLC educational consultant Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) 6/25/16 \$1 Arati Singh Contributor address; City; State; Zip Code 8101 Cobblestone Dr. Austin, TX 78735 Employer (See Instructions) Principal occupation / Job title (See Instructions) Raise Achievement, LLC educational consultant Full name of contributor out-of-state PAC (iD#:_ Amount of contribution (\$) \$1 6/25/16 Arati Singh Contributor address; City; State; Zip Code 8101 Cobblestone Dr. Austin, TX 78735 Principal occupation / Job title (See Instructions) Employer (See Instructions) educational consultant Raise Achievement, LLC Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: \$100 6/27/16 Mark Franklin Contributor address: City; State; Zip Code 2413 Indian Trail Austin, TX 78703 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 17 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Amber Elenz 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ \$500 6/27/16 Robert Jenkins 6 Contributor address; City; State; Zip Code 1404 Ethridge Austin, TX 78703 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) ABC Home & Commercial Services Business owner out-of-state PAC (ID#:_ Full name of contributor Amount of contribution (\$) Date \$50 6/27/16 Sara Marler City; State; Zip Code Contributor address; 2705 Mountain Laurel Dr. Austin, TX 78703 Employer (See Instructions) Principal occupation / Job title (See Instructions) Nature's Classroom Institute Education Administrator out-of-state PAC (ID#: Full name of contributor Amount of contribution (\$) Date \$100 6/27/16 Patti Rogers City; State; Zip Code Contributor address; 8802 Smoketree Cove Austin, TX 78735 Employer (See Instructions) Principal occupation / Job title (See Instructions) Rallyhood Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:__ \$100 6/27/16 Cherylann Campbell Olion y and a service of the service City; State; Zip Code Contributor address; 2603 Forest Bend Dr. Austin, TX 78704 Employer (See Instructions) Principal occupation / Job title (See Instructions) human resources consultant ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 17 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Amber Elenz 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:__ \$50 6/27/16 Kathy Genet 6 Contributor address; City; State; Zip Code 3000 Kerby Ln. Austin, TX 78703 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Austin ISD architect Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) \$100 6/27/16 Gina McCool City; State; Zip Code Contributor address; 4807 Summerset Trail Austin, TX 78749 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Date \$100 6/27/16 Phyllis Schunck Contributor address; City; State; Zip Code 2007 Elton Ln. Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired Date Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:____ \$25 6/28/16 Margaret Talbot City; State; Zip Code Contributor address; 8504 Alverston Way Austin, TX 78759 Employer (See Instructions) Principal occupation / Job title (See Instructions) freelance editor ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Amber Elenz 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:____ \$250 6/28/16 Erika Brown City; State; Zip Code 6 Contributor address; 4208 Shoalwood Ave Austin, TX 78756 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#:__ Amount of contribution (\$) Date \$250 6/28/16 Monique Norman Contributor address; City; State; Zip Code 3605 Edgemont Drive Austin, TX 78731 Employer (See Instructions) Principal occupation / Job title (See Instructions) attorney Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) Date \$25 6/28/16 Melanie Johnston Contributor address; City; State; Zip Code 4400 Rosedale Ave. Austin, TX 78756 Principal occupation / Job title (See Instructions) Employer (See Instructions) small business owner Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:____ \$200 6/28/16 Melanie Gantt City; State; Zip Code Contributor address; 2404 Forest Bend Dr. Austin, TX 78704 Employer (See Instructions) Principal occupation / Job title (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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Amber Elenz 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:____ \$100 6/28/16 Mark Littlefield 6 Contributor address; City; State; Zip Code 7906 Henry Kinney Row Austin, TX 78749 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Littlefield Consulting Full name of contributor out-of-state PAC (ID#:__ Date Amount of contribution (\$) \$100 6/28/16 Amy Jones City; State; Zip Code Contributor address; 7135 Ridge Oak Road Austin, TX 78749 Principal occupation / Job title (See Instructions) Employer (See Instructions) O'Connell Robertson president Full name of contributor out-of-state PAC (ID#:__ Date Amount of contribution (\$) \$50 6/28/16 Karoline Felts Contributor address; City; State; Zip Code 6130 Jumano Lane Austin, TX 78749 Employer (See Instructions) Principal occupation / Job title (See Instructions) The University of Texas System development specialist Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) .Kelly.Kocurek..... \$100 6/28/16 Contributor address; City; State; Zip Code 303 Colorado Street, Ste. 2300 Austin, TX 78701 Employer (See Instructions) Principal occupation / Job title (See Instructions) Dubois, Campbell and Bryant, LLP attorney ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Amber Elenz 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:__ \$250 6/28/16 Robbi Cooper 6 Contributor address; City; State; Zip Code 9 Scott Crescent Austin, TX 78703 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Date \$50 6/28/16 Laura Dunworth Contributor address; City; State; Zip Code 608 Crystal Creek Austin, TX 78746 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date \$250 6/28/16 Erick and Jodi Allen City; State; Zip Code Contributor address; 6802 Edgefield Dr. Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) Austin Anesthesiology physician Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ 6/28/16 \$50 Melanie Williamson Contributor address; City; State; Zip Code 5410 Odessa Lane Austin, TX 78 Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) bookkeeper ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 17 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Amber Elenz 7 Amount of contribution (\$) 5 Full name of contributor 4 Date out-of-state PAC (ID#:___ \$25 6/28/16 Laura DiCarlo City; State; Zip Code 6 Contributor address; Austin, TX 78757 6307 Wilbur Dr. 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:_ Full name of contributor Amount of contribution (\$) Date \$100 6/29/16 Dana Kocurek City; State; Zip Code Contributor address; Austin, TX 78703 2521 Pecos Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date \$100 6/29/16 Samara Kline Contributor address; City; State; Zip Code 5636 West Hanover Dallas, TX 75209 Employer (See Instructions) Principal occupation / Job title (See Instructions) Baker Botts attorney Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_____ \$100 Suzanne Plummer 6/29/16 City; State; Zip Code Contributor address; Austin, TX 78703 1802 Forest Trail Employer (See Instructions) Principal occupation / Job title (See Instructions) AMD engineer ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 17 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Amber Elenz 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:__ \$500 6/29/16 Patrick Parker 6 Contributor address; City; State; Zip Code Austin, TX 78703 2203 Quarry Road 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Parker Solutions Group, LLC consultant Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) Date \$50 Cindy Fowler 6/29/16 City; State; Zip Code Contributor address; 3409 Timberwood Circle Austin, TX 78703 Employer (See Instructions) Principal occupation / Job title (See Instructions) Levy Properties realtor ut-of-state PAC (ID#:___ Amount of contribution (\$) Date Full name of contributor \$100 6/30/16 Liz Breed Contributor address; City; State; Zip Code 1303 Belmont Pkwy Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:___ \$250 Linda and Mark Williams 6/30/16 City; State; Zip Code Contributor address; 2801 Scenic Drive Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 17 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Amber Elenz 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:____ \$100 6/30/16 Frances D. Thompson City; State; Zip Code 6 Contributor address; Austin, TX 78703 1800 Forest Trl 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) Date \$200 6/30/16 Jana Loucks City; State; Zip Code Contributor address; 2012 Brentwood St. Austin, TX 78757 Employer (See Instructions) Principal occupation / Job title (See Instructions) ResearchPoint Global Human Resources Manager Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) Date City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:____ City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: 1		
2 FILER NAME Amber Elenz			3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date 6/28/16				9 In-kind contribution description website development	
	300 Bowie St., Apt. 2602 Austi	ln, TX 78703	Check if travel outs	side of Texas. Complete Schedule T.	
	upation / Job title (FOR NON-JUDICIAL)(See Instructions) ity volunteer	11 Employe	er (FOR NON-JUDIC	IAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR J	UDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spot	use (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor)	Amount of In-kind contribution Contribution \$ description		
	Contributor address; City; State; Zip Cod	 de	Check if travel outs	side of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
1000					
lf	ATTACH ADDITIONAL COPIES OF T			requirements.	

Revised 9/8/2015

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E: 1
2 FILER NAME	Amber Elenz		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$ 0
5 Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)
6/21/16	Amber Elenz		\$5000
6 Is lender a financial Institution?	8 Lender address; City; S	State; Zip Code	10 Interest rate 0%
Y (N)	1900 Elton Ln. Austin	1, TX 78703	11 Maturity date 2/10/17
	on / Job title (See Instructions) volunteer/AISD trustee	13 Employer (See Instructions)	
14 Description of Coll X none	ateral .	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
区 not applicable	18 Guarantor address; City; S	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City; S		Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colle	ateral	Check if personal funds were of	deposited into political
none		account (See Instructions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; S	State; Zip Code	
not applicable		<u>, </u>	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
[f]ı	ATTACH ADDITIONAL COPender is out-of-state PAC, please see ins	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	······································				
EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage / Gift/Awards/M I Committee Legal Services	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Foot/Beverage Expense Polling Expense Citt/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:					3 Filer ID (Ethics Commission Filers)
4 Date 6/25/16	5 Payee name Raise t	he Money,	Inc.		
6 Amount (\$)	7 Payee address;	City; State; Zip	Code		
\$2.37	P.O. Bo	x 26466	Littl	e Rock, AR	72221
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				•
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeho	lder name	,,	Office sought	Office held
Date	Payee name				
6/27/16	Raise the	Money, In	c.		
Amount (\$) \$50.75	Payee address; P.O. Box	City; State; Zip 26466 L		Rock, AR 7	2221
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehol	der name	l	Office sought	Office held
Date	Payee name				
6/28/16	Raise the M	oney, Inc.			
Amount (\$) \$90.14	Payee address; P.O. Box 26	City; State; Zip 466 Litt		ck, AR 7222	1
PURPOSE OF EXPENDITURE	Category (See Categories	·	nedule}	\equiv	ide of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct	Accounting/			Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH	Carididate / Oniceno	ndoi name		Onice sought	Onice neid
	ATTACH ADDIT	IONAL COPIES O	F THIS SC	CHEDULE AS NEE	DED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politice Credit Card Payment	, inting Ex	ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Amber Elenz	3 Filer ID (Ethics Commission Filers)
4 Date 6/29/16	5 Payeename Raise the Money, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$47.04	P.O. Box 26466 Little	Rock, AR 72221
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
6/30/16	Raise the Money, Inc.	
Amount (\$) \$32.85	Payee address; City; State; ZipCode P.O. Box 26466 Little F	Rock, AR 72221
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule) Accounting/Banking	Description Check if travel outside of Texas. Complete Schedule T. Check if Austlin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

	EXPENDITURE CATEO	GORIES FOR	BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Office Overhead Polling Expense Printing Expense Salaries/Wages	e /Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME Amber Elenz			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED	TOACRED	ITCARD	\$ 0
5 Date 6/30/16	6 Payee name Wix.com			
7 Amount (\$)	8 Payee address; City; State;	7in Code		
\$117	PO Box 40190 San Fran	•	CA United	l States
9 TYPE OF EXPENDITURE	X Political	Non-Political		
10	(a) Category (See Categories listed at the top of this	is schedule)	(b) Description	n
PURPOSE			Checkiff	travel outside of Texas, Complete Schedule T.
OF Expenditure	Advertising Expense			f Austin, TX, officeholder living expense
-				Austin, 17, onicentities living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/Of	Candidate / Officeholder name	Office :	sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; State; 2	Zip Code		
TYPE OF EXPENDITURE	Political	Non-Political		·
	Category (See Categories listed at the top of this	schedule)	Description	
PURPOSE			Check if tr	avel outside of Texas. Complete Schedule T.
OF Expenditure		ļ	Check if a	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office s	ought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHE	THEASNEE	nen