



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME  
Amber Elenz

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

GENERAL

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)	\$ 14,498.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
4. TOTAL POLITICAL EXPENDITURES	\$ 340.15

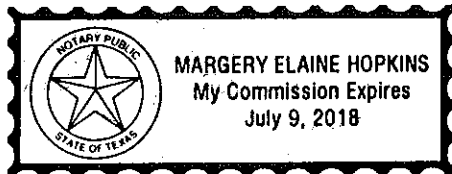
CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 16,774.85
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OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00
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18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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 Elenz*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Amber Elenz, this the 14th day of July, 2016, to certify which, witness my hand and seal of office.

*Margery Elaine Hopkins* Margery Elaine Hopkins Exec. Ass. ST  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> Amber Elenz		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$11,998.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,500.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 223.15
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 117.00
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 17

2 FILER NAME

Amber Elenz

3 Filer ID (Ethics Commission Filers)

4 Date

6/24/16

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Lawrence P. Huang

7 Amount of contribution (\$)

\$100

6 Contributor address;

City; State; Zip Code

16 Scott Crescent Austin, TX 78703

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/24/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Barbara Knaggs

Amount of contribution (\$)

\$250

Contributor address;

City; State; Zip Code

3305 River Rd. Austin, TX 78703

Principal occupation / Job title (See Instructions)

volunteer

Employer (See Instructions)

Date

6/24/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Lisa Terrill

Amount of contribution (\$)

\$1,000

Contributor address;

City; State; Zip Code

1615 Mohle Dr. Austin, TX 78703

Principal occupation / Job title (See Instructions)

retired teacher

Employer (See Instructions)

Date

6/27/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Staley Gray

Amount of contribution (\$)

\$200

Contributor address;

City; State; Zip Code

3212 Gilbert St. Austin, TX 78703

Principal occupation / Job title (See Instructions)

volunteer

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 17

2 FILER NAME  
Amber Elenz

3 Filer ID (Ethics Commission Filers)

4 Date  
6/27/16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Ann Russell

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
1106 San Juan Ct. Arlington, TX 76012

\$500

8 Principal occupation / Job title (See Instructions)  
retired teacher

9 Employer (See Instructions)

Date  
6/27/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Paul Cameron

Amount of contribution (\$)  
\$250

Contributor address; City; State; Zip Code  
2301 Sunny Slope Dr. Austin, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
6/28/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Kali' and Dan Rourke

Amount of contribution (\$)  
\$200

Contributor address; City; State; Zip Code  
300 Bowie St. Apt. 2602 Austin, TX 78703

Principal occupation / Job title (See Instructions)  
community volunteer

Employer (See Instructions)

Date  
6/28/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Sue Phillips

Amount of contribution (\$)  
\$500

Contributor address; City; State; Zip Code  
1406 Wathen Ave. Austin, TX 78703

Principal occupation / Job title (See Instructions)  
pharmacist

Employer (See Instructions)  
Texas Oncology

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 17

2 FILER NAME

Amber Elenz

3 Filer ID (Ethics Commission Filers)

4 Date

6/28/16

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Tracy and Drew Fielder

7 Amount of contribution (\$)

\$200

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

6/28/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Paul Holubec

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

3318 Bowman Austin, TX 78703

Principal occupation / Job title (See Instructions)

banker

Employer (See Instructions)

Plains Capital Bank

Date

6/28/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Christine Caudle

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

2000 Elton Ln. Austin, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/28/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jeff Friedman

Amount of contribution (\$)

\$360

Contributor address;

City; State; Zip Code

3500 Jefferson St. Austin, TX 78731

Principal occupation / Job title (See Instructions)

business owner

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: 17
<b>2</b> FILER NAME Amber Elenz		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 6/28/16	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maureen Barcinski	<b>7</b> Amount of contribution (\$) \$50
<b>6</b> Contributor address; City; State; Zip Code 3211 Glenview Ave. Austin, TX 78703		
<b>8</b> Principal occupation / Job title (See Instructions) architect		<b>9</b> Employer (See Instructions)
Date 6/28/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley Unbehagen	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code 2709 Maria Anna Rd. Austin, TX 78703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/28/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arati Singh	Amount of contribution (\$) \$225
Contributor address; City; State; Zip Code 8101 Cobblestone Dr. Austin, TX 78735		
Principal occupation / Job title (See Instructions) educational consultant		Employer (See Instructions) Raise Achievement, LLC
Date 6/21/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arati Singh	Amount of contribution (\$) \$40
Contributor address; City; State; Zip Code 8101 Cobblestone Dr. Austin, TX 78735		
Principal occupation / Job title (See Instructions) educational consultant		Employer (See Instructions) Raise Achievement, LLC
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 17

2 FILER NAME  
Amber Elenz

3 Filer ID (Ethics Commission Filers)

4 Date  
6/21/16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Amber Elenz.

7 Amount of contribution (\$)  
\$160

6 Contributor address; City; State; Zip Code  
1900 Elton Austin, TX 78703

8 Principal occupation / Job title (See Instructions)  
community volunteer/AISD trustee

9 Employer (See Instructions)

Date  
6/29/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Sally Lohr

Amount of contribution (\$)  
\$35

Contributor address; City; State; Zip Code  
2205 Quarry Rd. Austin, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
6/29/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
James Wills

Amount of contribution (\$)  
\$100

Contributor address; City; State; Zip Code  
3701 Bridle Path Austin, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
6/30/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Douglas Elenz

Amount of contribution (\$)  
\$400

Contributor address; City; State; Zip Code  
1900 Elton Ln. Austin, TX 78703

Principal occupation / Job title (See Instructions)  
physician

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1: 17

**2** FILER NAME  
Amber Elenz

**3** Filer ID (Ethics Commission Filers)

**4** Date  
6/30/16

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Buddie Ballard

**7** Amount of contribution (\$)  
\$250

**6** Contributor address; City; State; Zip Code  
2306 Townes Ln. Austin, TX 78703

**8** Principal occupation / Job title (See Instructions)  
investment advisor

**9** Employer (See Instructions)

Date  
6/30/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Julie Ballard

Amount of contribution (\$)  
\$250

Contributor address; City; State; Zip Code  
2306 Townes Ln. Austin, TX 78703

Principal occupation / Job title (See Instructions)  
community volunteer

Employer (See Instructions)

Date  
6/30/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
James Schneider

Amount of contribution (\$)  
\$500

Contributor address; City; State; Zip Code  
3203 Greenlee Dr. Austin, TX 78703

Principal occupation / Job title (See Instructions)  
contractor

Employer (See Instructions)  
JR Schneider Construction

Date  
6/30/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Jeffrey Pace

Amount of contribution (\$)  
\$250

Contributor address; City; State; Zip Code  
2800 Greenlee Dr. Austin, TX 78735

Principal occupation / Job title (See Instructions)  
commercial real estate

Employer (See Instructions)  
HPI

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: 17

2 FILER NAME

Amber Elenz

3 Filer ID (Ethics Commission Filers)

4 Date

6/30/16

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Richard Burnight

7 Amount of contribution (\$)

\$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)

Date

6/30/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Patricia Cochran

Amount of contribution (\$)

\$150

Contributor address;

City; State; Zip Code

3105 Harris Blvd. Austin, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/30/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Kristen Sjoberg

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

1804 Elton Ln. Austin, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/30/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Regina Hinojosa Campaign Fund

Amount of contribution (\$)

\$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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17
2 FILER NAME Amber Elenz		3 Filer ID (Ethics Commission Filers)
4 Date 6/28/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) April Kubrik	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 5301 Tortuga Trail Austin, TX 78731		
8 Principal occupation / Job title (See Instructions) attorney		9 Employer (See Instructions)
Date 6/28/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley Underwood	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 1401 Westover Rd. Austin, TX 78703		
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions)
Date 6/28/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sally Welch	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 4500 Mantle Dr. Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/25/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arati Singh	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code 8101 Cobblestone Dr. Austin, TX 78735		
Principal occupation / Job title (See Instructions) educational consultant		Employer (See Instructions) Raise Achievement, LLC

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: 17

2 FILER NAME  
Amber Elenz

3 Filer ID (Ethics Commission Filers)

4 Date  
6/25/16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Arati Singh

7 Amount of contribution (\$)  
\$1

6 Contributor address; City; State; Zip Code  
8101 Cobblestone Dr. Austin, TX 78735

8 Principal occupation / Job title (See Instructions)  
educational consultant

9 Employer (See Instructions)  
Raise Achievement, LLC

Date  
6/25/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Arati Singh

Amount of contribution (\$)  
\$1

Contributor address; City; State; Zip Code  
8101 Cobblestone Dr. Austin, TX 78735

Principal occupation / Job title (See Instructions)  
educational consultant

Employer (See Instructions)  
Raise Achievement, LLC

Date  
6/25/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Arati Singh

Amount of contribution (\$)  
\$1

Contributor address; City; State; Zip Code  
8101 Cobblestone Dr. Austin, TX 78735

Principal occupation / Job title (See Instructions)  
educational consultant

Employer (See Instructions)  
Raise Achievement, LLC

Date  
6/27/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Mark Franklin

Amount of contribution (\$)  
\$100

Contributor address; City; State; Zip Code  
2413 Indian Trail Austin, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 17

2 FILER NAME  
Amber Elenz

3 Filer ID (Ethics Commission Filers)

4 Date  
6/27/16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Robert Jenkins

7 Amount of contribution (\$)  
\$500

6 Contributor address; City; State; Zip Code  
1404 Ethridge Austin, TX 78703

8 Principal occupation / Job title (See Instructions)  
Business owner

9 Employer (See Instructions)  
ABC Home & Commercial Services

Date  
6/27/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Sara Marler

Amount of contribution (\$)  
\$50

Contributor address; City; State; Zip Code  
2705 Mountain Laurel Dr. Austin, TX 78703

Principal occupation / Job title (See Instructions)  
Education Administrator

Employer (See Instructions)  
Nature's Classroom Institute

Date  
6/27/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Patti Rogers

Amount of contribution (\$)  
\$100

Contributor address; City; State; Zip Code  
8802 Smoketree Cove Austin, TX 78735

Principal occupation / Job title (See Instructions)

Employer (See Instructions)  
Rallyhood

Date  
6/27/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Cherylann Campbell

Amount of contribution (\$)  
\$100

Contributor address; City; State; Zip Code  
2603 Forest Bend Dr. Austin, TX 78704

Principal occupation / Job title (See Instructions)  
human resources consultant

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: 17

2 FILER NAME  
Amber Elenz

3 Filer ID (Ethics Commission Filers)

4 Date  
6/27/16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Kathy Genet

7 Amount of contribution (\$)  
\$50

6 Contributor address; City; State; Zip Code  
3000 Kerby Ln. Austin, TX 78703

8 Principal occupation / Job title (See Instructions)  
architect

9 Employer (See Instructions)  
Austin ISD

Date  
6/27/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Gina McCool

Amount of contribution (\$)  
\$100

Contributor address; City; State; Zip Code  
4807 Summerset Trail Austin, TX 78749

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
6/27/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Phyllis Schunck

Amount of contribution (\$)  
\$100

Contributor address; City; State; Zip Code  
2007 Elton Ln. Austin, TX 78703

Principal occupation / Job title (See Instructions)  
retired

Employer (See Instructions)

Date  
6/28/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Margaret Talbot

Amount of contribution (\$)  
\$25

Contributor address; City; State; Zip Code  
8504 Alverston Way Austin, TX 78759

Principal occupation / Job title (See Instructions)  
freelance editor

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17
2 FILER NAME Amber Elenz		3 Filer ID (Ethics Commission Filers)
4 Date 6/28/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erika Brown 6 Contributor address; City; State; Zip Code 4208 Shoalwood Ave Austin, TX 78756	7 Amount of contribution (\$) \$250
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/28/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monique Norman Contributor address; City; State; Zip Code 3605 Edgemont Drive Austin, TX 78731	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions)
Date 6/28/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melanie Johnston Contributor address; City; State; Zip Code 4400 Rosedale Ave. Austin, TX 78756	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions) small business owner		Employer (See Instructions)
Date 6/28/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melanie Gantt Contributor address; City; State; Zip Code 2404 Forest Bend Dr. Austin, TX 78704	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: 17

2 FILER NAME  
Amber Elenz

3 Filer ID (Ethics Commission Filers)

4 Date  
6/28/16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Mark Littlefield

7 Amount of contribution (\$)  
\$100

6 Contributor address; City; State; Zip Code  
7906 Henry Kinney Row Austin, TX 78749

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)  
Littlefield Consulting

Date  
6/28/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Amy Jones

Amount of contribution (\$)  
\$100

Contributor address; City; State; Zip Code  
7135 Ridge Oak Road Austin, TX 78749

Principal occupation / Job title (See Instructions)  
president

Employer (See Instructions)  
O'Connell Robertson

Date  
6/28/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Karoline Felts

Amount of contribution (\$)  
\$50

Contributor address; City; State; Zip Code  
6130 Jumano Lane Austin, TX 78749

Principal occupation / Job title (See Instructions)  
development specialist

Employer (See Instructions)  
The University of Texas System

Date  
6/28/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Kelly Kocurek

Amount of contribution (\$)  
\$100

Contributor address; City; State; Zip Code  
303 Colorado Street, Ste. 2300 Austin, TX 78701

Principal occupation / Job title (See Instructions)  
attorney

Employer (See Instructions)  
Dubois, Campbell and Bryant, LLP

**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

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: 17
<b>2</b> FILER NAME Amber Elenz		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 6/28/16	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbi Cooper	<b>7</b> Amount of contribution (\$) \$250
<b>6</b> Contributor address; City; State; Zip Code 9 Scott Crescent Austin, TX 78703		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 6/28/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Dunworth	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 608 Crystal Creek Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/28/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erick and Jodi Allen	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 6802 Edgefield Dr. Austin, TX 78731		
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) Austin Anesthesiology
Date 6/28/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melanie Williamson	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 5410 Odessa Lane Austin, TX 78731		
Principal occupation / Job title (See Instructions) bookkeeper		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 17

2 FILER NAME  
Amber Elenz

3 Filer ID (Ethics Commission Filers)

4 Date  
6/28/16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Laura DiCarlo

7 Amount of contribution (\$)  
\$25

6 Contributor address; City; State; Zip Code  
6307 Wilbur Dr. Austin, TX 78757

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
6/29/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Dana Kocurek

Amount of contribution (\$)  
\$100

Contributor address; City; State; Zip Code  
2521 Pecos Austin, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
6/29/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Samara Kline

Amount of contribution (\$)  
\$100

Contributor address; City; State; Zip Code  
5636 West Hanover Dallas, TX 75209

Principal occupation / Job title (See Instructions)  
attorney

Employer (See Instructions)  
Baker Botts

Date  
6/29/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Suzanne Plummer

Amount of contribution (\$)  
\$100

Contributor address; City; State; Zip Code  
1802 Forest Trail Austin, TX 78703

Principal occupation / Job title (See Instructions)  
engineer

Employer (See Instructions)  
AMD

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17
2 FILER NAME Amber Elenz		3 Filer ID (Ethics Commission Filers)
4 Date 6/29/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Parker	7 Amount of contribution (\$) \$500
6 Contributor address; City; State; Zip Code 2203 Quarry Road Austin, TX 78703		
8 Principal occupation / Job title (See Instructions) consultant		9 Employer (See Instructions) Parker Solutions Group, LLC
Date 6/29/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cindy Fowler	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 3409 Timberwood Circle Austin, TX 78703		
Principal occupation / Job title (See Instructions) realtor		Employer (See Instructions) Levy Properties
Date 6/30/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liz Breed	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 1303 Belmont Pkwy Austin, TX 78703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/30/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda and Mark Williams	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 2801 Scenic Drive Austin, TX 78703		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

# 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 OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 6/28/16	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelli "Kali" Rourke	8 Amount of Contribution \$ \$2,500	9 In-kind contribution description website development
7 Contributor address; City; State; Zip Code 300 Bowie St., Apt. 2602 Austin, TX 78703		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) community volunteer		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Amber Elenz		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 6/21/16	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amber Elenz	9 Loan Amount (\$) \$5000
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code 1900 Elton Ln. Austin, TX 78703	10 Interest rate 0%
		11 Maturity date 2/10/17
12 Principal occupation / Job title (See Instructions) community volunteer/AISD trustee		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor ..... 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor ..... Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2	<b>2</b> FILER NAME Amber Elenz	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 6/25/16	<b>5</b> Payee name Raise the Money, Inc.
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<b>6</b> Amount (\$) \$2.37	<b>7</b> Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72221
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/27/16	Payee name Raise the Money, Inc.
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Amount (\$) \$50.75	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72221
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Accounting/Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 6/28/16	Payee name Raise the Money, Inc.
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Amount (\$) \$90.14	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72221
------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Accounting/Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2	<b>2</b> FILER NAME Amber Elenz	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 6/29/16	<b>5</b> Payee name Raise the Money, Inc.
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<b>6</b> Amount (\$) \$47.04	<b>7</b> Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72221
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/30/16	Payee name Raise the Money, Inc.
-----------------	-------------------------------------

Amount (\$) \$32.85	Payee address; City; State; Zip Code P.O. Box 26466 Little Rock, AR 72221
------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Accounting/Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 1	<b>2</b> FILER NAME Amber Elenz	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0
<b>5</b> Date 6/30/16	<b>6</b> Payee name Wix.com	
<b>7</b> Amount (\$) \$117	<b>8</b> Payee address; City; State; Zip Code PO Box 40190 San Francisco, CA United States	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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