



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

**14 C/OH NAME** Amber Elenz **15 ACCOUNT # (Ethics Commission Filers)**

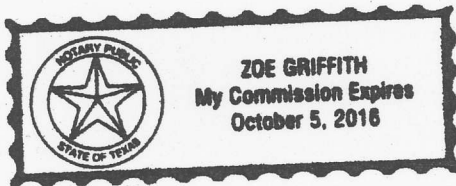
**16 NOTICE FROM POLITICAL COMMITTEE(S)**

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.

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

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1180.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 20.96
	4. TOTAL POLITICAL EXPENDITURES	\$ 7572.98
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 91.63
<b>OUTSTANDING LOAN TOTALS</b>	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 Elenz

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Amber Elenz, this the 15th day of January, 20 13, to certify which, witness my hand and seal of office.

Zoe Griffith  
Signature of officer administering oath

Zoe Griffith  
Printed name of officer administering oath

Election Administrator  
Notary Public  
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 <i>Amber Elenz</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/30/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kim Mansour</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>2904 Woodridge Dr., Austin, TX 78703</i>	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>homemaker</i>		10 Employer (See Instructions)	
Date <i>11/1/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Blazier</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>2401 Tower Dr. Austin, TX 78703</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/29/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kristin Roberts</i>	Amount of contribution (\$) <i>\$30.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>4800 Dawn Song Dr. Austin, TX 78735</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>homemaker</i>		Employer (See Instructions)	
Date <i>10/29/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Caroleeeton Strayhorn</i>	Amount of contribution (\$) <i>300.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>2904 Bowman Ave, Austin TX 78703</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)	
Date <i>10/29/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Montgomery</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>6800 Austen Ctr. Blvd # 1441 Austin, TX 78731</i>	(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 <b>Amber Elenz</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>10/30/12</b>	5 Payee name <b>Karl-Thomas Musselman</b>
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6 Amount (\$) <b>1,100.00</b>	7 Payee address; City; State; Zip Code <b>2024 Simond Ave, Unit B Austin, TX 78723</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>advertising</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>facebook</b>
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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 <b>10/31/12</b>	Payee name <b>Littlefield Consulting</b>
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Amount (\$) <b>725.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 90591 Austin TX 78709</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>consulting</b>	Description (If travel outside of Texas, complete Schedule T) <b>Survey</b>
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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 <b>10/30/12</b>	Payee name <b>Black Austin Democrats</b>
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Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code <b>Hand delivered</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>contribution</b>	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 <b>10/31/12</b>	Payee name <b>Office MAX</b>
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Amount (\$) <b>162.03</b>	Payee address; City; State; Zip Code <b>907 West 5th St. Austin TX 78703</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>solicitation expenses</b>	Description (If travel outside of Texas, complete Schedule T) <b>office supplies, copies</b>
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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**

**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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME <p style="text-align:center; font-size:1.2em;">Amber Elenz</p>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <p style="font-size:1.2em;">11/4/12</p>	<b>5</b> Payee name <p style="font-size:1.2em; text-align:center;">Office Max</p>	
<b>6</b> Amount (\$) <p style="font-size:1.2em;">389.99</p>	<b>7</b> Payee address; City; State; Zip Code <p style="font-size:1.2em; text-align:center;">907 W. 5<sup>th</sup> St., Austin TX. 78703</p>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <p style="font-size:1.2em; text-align:center;">solicitation</p>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <p style="font-size:1.2em; text-align:center;">supplies</p>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
<b>Date</b> <p style="font-size:1.2em;">11/4/12</p>	<b>Payee name</b> <p style="font-size:1.2em; text-align:center;">Karl-Thomas Musselman</p>	
<b>Amount (\$)</b> <p style="font-size:1.2em;">75.00</p>	<b>Payee address; City; State; Zip Code</b> <p style="font-size:1.2em; text-align:center;">2024 Smond Ave, Unit B Austin, TX. 78723</p>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <p style="font-size:1.2em; text-align:center;">Advertising</p>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <p style="font-size:1.2em; text-align:center;">email</p>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
<b>Date</b> <p style="font-size:1.2em;">11/14/12</p>	<b>Payee name</b> <p style="font-size:1.2em; text-align:center;">Rifeline Consulting</p>	
<b>Amount (\$)</b> <p style="font-size:1.2em;">5000.00</p>	<b>Payee address; City; State; Zip Code</b> <p style="font-size:1.2em; text-align:center;">P.O. Box 341176 Austin, TX 78734-2525</p>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <p style="font-size:1.2em; text-align:center;">consulting</p>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <p style="font-size:1.2em; text-align:center;">CAMPAIGN ASSISTANCE</p>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule)	<b>Description</b> (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

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