

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <i>2</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mrs</i> NICKNAME	FIRST <i>Christine</i> LAST	MI <input checked="" type="checkbox"/> SUFFIX
	OFFICE USE ONLY Date Received <i>'12 OCT 29 PM 4:06:43</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	<i>9805 Chukan Cir, Austin, TX 78758</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(512)</i>	PHONE NUMBER <i>837-2434</i>	EXTENSION
	Date Hand-delivered or Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mrs. Dee Dee</i> NICKNAME	FIRST <i>Evans</i> LAST	MI SUFFIX
	Receipt #		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	<i>10410 MacMora, Austin, TX. 78758</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(512)</i>	PHONE NUMBER <i>873 8622</i>	EXTENSION
	Date Processed		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	<i>9</i>	<i>28</i>	<i>12</i>
THROUGH		Month	Day
		<i>10</i>	<i>29</i>
11 ELECTION	Month	Day	Year
	<i>11</i>	<i>6</i>	<i>12</i>
ELECTION TYPE			
<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)		
	<i><del>FR</del> Austin ISD Bd of Trustees Dist 3</i>		
13 OFFICE SOUGHT (if known)			
<i>same as</i>			
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Christine V Brister*

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ - 0 -

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

\$ - 0 -

EXPENDITURE  
TOTALS

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

\$ 0 - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ - 0 -

CONTRIBUTION  
BALANCE

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

\$ - 0 -

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 2000.00

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.

*Christine V Brister*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kathy R. Sparks, this the 29th day of October 2012, to certify which, witness my hand and seal of office.

*Kathy Sparks*  
Signature of officer administering oath

Kathy Sparks  
Printed name of officer administering oath

Notary  
Title of officer administering oath