Texas Ethics Commissio	n P.O. Box 12070	Austin, Texas 7	8711-2070	(512) 463	-5800 (TE	DD 1-800-735-2989)
	TE / OFFICEH				FOI COVER SI	RM C/OH HEET PG 1
The C/OH Instruction	Guide explains how to com	plete this form.	1 ACCOUNT # (Ethics Commission		2 Total pages file	7
3 CANDIDATE /	(MS) MRS/MR F	FIRST	1	Al	OFFICE	USE ONLY
OFFICEHOLDER NAME	NICKNAME HA	JO PUSSMANN	,		Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / POBOX; APT/SUIT	ORD CIP #14	STATE; Z	IP CODE	Date Hand-delivered	or Postmarked
change of address	Ft WOKIN, IN	10071			Receipt #	Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE N (817) 938-900	NUMBER)	EXTENSION		Date Processed	
6 CAMPAIGN TREASURER NAME		INT	N	u	Date Imaged	
	M	LORB				
7 CAMPAIGN TREASURER ADDRESS (residence or business)	THE BEAVER HE THE WORTH, TX	ASE: APT/SUITE#; PAD RD 16137	city; s	STATE:	ZIPCODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE N (8/7)4/19-465	IUMBER	EXTENSION			я
9 REPORT TYPE	4/	th day before election	Runoff Exceeded \$5	500	15th day after treasurer appo (officeholder only)	intment
10 PERIOD COVERED	Month Day Year 05 / 02 / 14	THROUGH	Month /	30 / 1	Year / 4	
11 ELECTION	Month Day Year D5 / 10 / 14	ELECTION TYPE Primary	Runoff	×	eneral	Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGH	INT (if known) I Sh	PLACE 5 BOARS	

GO TO PAGE 2

Texas Ethics Commissio	n P.O. Box	12070	Austin, Texas 78711-2070	(512) 463-58	300 (TDD 1-800-735-298
CANDIDAT	TE / OFFI	CEHO	LDER REPORT:		FORM C/OH
SUPPORT	& TOTAL	.S		C	COVER SHEET PG 2
14 C/OH NAME	HAUSSM	ANN		15 AC	COUNT # (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	COMMITTE	NH		
	SPECIFIC				
additional pages		COMMITTEE	E CAMPAIGN TREASURER NAME		
		COMMITTE	E CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED				
			L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF I	LOANS)	525-2215
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 33055				
	4. TOTAL	POLITICA	L EXPENDITURES		\$ 1305 23
CONTRIBUTION BALANCE		OLITICAL CO	ONTRIBUTIONS MAINTAINED AS OF T	HE LAST DAY	\$0
OUTSTANDING LOAN TOTALS			MOUNT OF ALL OUTSTANDING LOAN EPORTING PERIOD	IS AS OF THE	\$0
18 AFFIDAVIT			is true and correct and in me under Title 10. Elect	ncludes all informa	y, that the accompanying report ation required to be reported by or Officeholder
AFFIX NOTARY STAMP		ne, by th	e said Jolynn I	Janssi	mann, this the
day	of July		14 , to certify which, w		
Signature of officer admin	Sia Cra	yely	Inne Montemayo	r No	Hary de of officer administering oath
Signature of officer admin	notering valit		and the second second second second	144	in a culture equipment and carri

POLITICAL EXPENDITURES

SCHEDULE F

Adventising Expense	Gift/Awards/Memorials Expense	Salarles/Wages/Contract Labor Solicitation/Fundraising Expense	Transportation Forting	emoursement ement & Related Expense
Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense	Travel in District	Contributions/Donat	ions Made By
Event Expense	Polling Expense	Travel Out Of District		holder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense		egory not listed above)
	The Instruction Guide	explains how to complete this		
1 Total pages Schedule F:	2 FILER NAME DAYNN HAM	SSMANN	3 ACCOUNT	(Ethics Commission Filers)
4 Date 5/9/14	5 Payed name / DEPOT			
6 Amount (8)	7 Payee address: City: St	ate; Zip Code		
	Ft WORTA, X	16131		
8 PURPOSE	(a) Category (See categories fisted at the to	po(this schedule) (b) Descript	ion (If travel outside of Texas	, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office so	ught	Office held
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Amount (S)		ate: Zip Code		
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Amount (\$)	Payee address: City, St.	ate; Zip Code √C		j
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	1 / 1)		£ 7	company to a last
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EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

SCHEDULE F

Adventising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Poling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Denations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
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4 Date 5/2//-/	FARTY CITY		
6 Amount (#)	7 Payee address: City: 5	State: Zip Code	1121-112110
-\$1292		HWY#616 WATH	
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9 Complete CALY & direct expenditure to benefit C/C	Candidate / Officeholder nam H	e Office soug	ht Office held
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321	KEUER TX 76	248	
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Case , ;	Payee name		
5/6/14	CHICK-FIL-A		
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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:	La euda vive	ISSMANN	3 ACCOUNT # (Ethics Commission Filers)
4 Date 6/10/14	CHICK-FIL-A		
6 Amount (5)	7 Payee address; City: KELLER FSU KELLER TX	State; Zip Code	
8 PURPOSE OF	(a) Category (See categories listed at the	top of this schedule) (b) Description	n (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nar OH	ne Office south	tht Office held //
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Amount (\$)	Payee address; City;	State: Zip Code	
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Date 5/10/14	Payee name DONALA	1 S	
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#325	KELLER, TX 76	248	
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75	KELLER TX	76248	
PURPOSE OF EXPENDITURE	Category (See categories listed at the	top of this schadule) Description	1 (Il trave) outside of Texas, complete Schedule T)
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	ATTACH ADDITIONAL	COPIES OF THIS SCHEDULE AS	NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

Accounting Senking Legal Services Solicitation Consuming Expense Food, Beverage Expense Travel In I Exent Expense Poling Expense Travel Out	Wages/Contract Labor on/Fundraising Expense District ut Of District verhead/Rental Expense how to complete this form. Code Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) A ACCOUNT # (Ethics Commission Filers)
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	YEE YOR CONTRIBUTION TROCESSIA
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PURPOSE Category See categories stee at the food fire screen.	

Austin, Texas 78711-2070

CANDIDATE / OFFICEHOLDER REPORT

· ·	SIGNATION OF FINAL REPORT FORM C/OH - FR
	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••
1 C/O	H NAME 2 ACCOUNT # (Ethics Commission Filers)
3 SIG	NATURE / I I I I JATITION
repo	not expect any further political contributions or political expenditures in connection with my candidacy. Lunderstand that designating a rt as a final report terminates my campaign treasurer appointment. I also understand that I may not abcept any campaign contributions ake any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder
	ER WHO IS NOT AN OFFICEHOLDER Implete A & B below <i>only</i> if you are not an officeholder. ••
A.	CAMPAIGN FUNDS
Ch	eck only one;
Þ	I do not have unexpended contributions or unexpended interest or income earned from political contributions.
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
В.	ASSETS
Ch	eck only one:
jΧ	I do not retain assets purchased with political contributions or interest or other income from political contributions.
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
5 OFF	ICEHOLDER (/
	explored this section only if you are an officeholder ••
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
	Signature of Officeholder