# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete this form.	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST yothice MIM	OFFICE USE ONLY		
EMPHOLIC	NICKNAME LAST SUFFIX	Date Received		
	NOTION)			
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  5304 GRAND MESA DR  FTW TX 7(0137)			
Change of Address	, , , , , , , , , , , , , , , , , , , ,			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION $891-2206$	Date Hand-delivored or Date Postmarked		
6 CAMPAIGN - TREASURER	MS / MRS/I MR ) FIRST	Receipt # Amount \$		
NAME .	Clayton H	Date Processed		
	ScootER Lotton	Date Imaged		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE;	ZIP CODE		
TREASURER ADDRESS	5304 GRAND MESA DR			
(Residence or Business)	Frw TX 76137			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION $(817)$ 891 - 3207			
9 REPORT TYPE	January 15 30th day before election Runoff  The behave before election Fyrogeder \$500 limit	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 Sth day before election Exceeded \$500 limit	Final Report (Altach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month 4/1/16 THROUGH	Day Year 29 / 16		
11 ELECTION	ELECTION DATE  ELECTION TYPE  Primary Pupoff Other			
	Month Day Year Primary Runoff Other Description  5 / 7 / 16 General Special			
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)	a		
	Keller ISD Board KISD PI	BOT ace 3		
GO TO PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

<u> </u>					
14 C/OH NAME		15 Fi	ler 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	<del></del>		
Additional Pages					
	:	COMMITTEE CAMPAIGN TREASURER ADDRESS			
			<u> </u>		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1, 189.35		
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS,	\$ Itomzed		
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 655. 42		
CONTRIBUTION BALANGE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 1, 189.35 \$ Itomzed \$ 655, 42 \$ 533.93		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$		
18 AFFIDAVIT					
GAY!	ELYNNE MONTEMAYO COMMISSION EXPIRES July 24, 2017	I swear, or affirm, under penalty of perjury, true and correct and includes all informatio under Title 15, Election Code.	n required to be reported by me		
AFFIX NOTARY STAMP	/SEALABOVE				
Sworn to and subseri	bed before me Ihi	the said Cynthia Lotton	, this the 29		
day of April		certify which, witness my hand and seal of office.	_, ans me		
May Lynn Morting Grayelynne Montemayor Notary					
Signature of officer ad	- <del>   -  </del>	t tri	le of officer administering bath		

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ 7 Amount of contribution (\$) DAVID GERICA 6 Contributor address; City; State; Zip Code 1505 Brentwood TR Kelen Tx 76248 250,00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (ID#; Date Amount of contribution (\$) MnH Strong Contributor address; City; State; Zip Code 345 Huffman Bluff Kullu TX 76248 150.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:\_\_\_\_\_ Amount of contribution (\$) Jennifer Strong Contributor address; City; State; Zip Code 150.00 345 Huffman Bluff Leller TX 76248 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor 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

CONTRIBUTIONS	SCHEDULE AZ	
The Instruction Guide explains how to complete this fo	rm. 1 Total pages Schedule A2:	
2 FILER NAME Cindy Lotton	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTR	IBUTIONS \$	
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution description  531. 47 Advertised Description  Check if travel outside of Texas. Complete Schedule To	
10 Principal occupation / Job title (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 out-of-state PAC (ID#:	Amount of Contribution \$ In-kind contribution description  157. 68 Advectisy  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)		

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 MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Fees Consulting Expense Food/Beverage Expense Glft/Awards/Momorials Expense Printing Expense

Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By 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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee.name 6 Amount (\$ 7 Payee address; (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Advertising OF Check If Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 4-19-16 Amount (\$) Payee address; Huffman Sheff aller TV 76248 157.68 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas, Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FILERNAME CYPTHIA M. hotter 20 Filer ID (Ethics Con	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 457. 48
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 531. 47
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 157.68
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 375. 12
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ /
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ /

#### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

Advortising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense

Travel Out Of District

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: 2 FILER NAME City; State; , Zip Code 5 Payee name 7 Payee address; 6 Amount (\$) political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE J Check if travel outside of Texas. Complete Schedule ₹. OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) City; State; Zip Code Payee address; Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas, Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit G/OH Date Pavee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions Intended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas, Complete Schedule T. OF EXPENDITURE Check if Auslin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED