CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:				
3 CANDIDATE /	MS/MRS/MRS FIRST	MI	OFFICE USE ONLY				
OFFICEHOLDER	Robert	S	7 F N				
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	NICKNAME LAST	SUFFIX	1 2 8 B				
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	J Pere						
4 CANDIDATE /	ADDRESS / PO BOX: APT / SUITE #: CITY:	STATE: ZIP CODE					
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			54 <u>54 -44</u>				
change of address			Receipt # Amount				
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION					
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PHONE							
6 CAMPAIGN	MS/MRS/MR FIRST	M	Date Imaged				
TREASURER	Morre	-+-					
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	Murphy						
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE				
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION					
PHONE							
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment				
			(officeholder only				
	L Suly 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)				
10 PERIOD	Month Day Year	Month Day	Year				
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	/ /	21/9	2014				
		Car					
11 ELECTION	ELECTION DATE ELECTION TYPE						
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CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH SUPPORT & TOTALS COVER SI 14 C/OH NAME 15 AC erm **16 NOTICE FROM POLITICAL** THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL EXPENDITURES ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL EXPENDITURES ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL EXPENDITURES ACCEPTED OR POLITICAL EXPENDITURES ACCEPTED COMMITTEE(S) MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED RECEIVE NOTICE OF SUCH EXPENDITURES. C/S COMMITTEE NAME COMMITTEE TYPE O GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME ___ additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS 17 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN 1. **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE TOTALS** TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 3. TOTAL POLITICAL EXPENDITURES **CONTRIBUTION BALANCE OUTSTANDING** 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD **LOAN TOTALS** 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

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	August 23, 2015	O New	
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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** SCHEDULE F **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee Event Expense Polling Expense Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F: 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State: Zip Code **PURPOSE** (a) Category (See categories listed at the top of this schedule) (b) Description (if travel outside of Texas, comp EXPENDITURE Check if Austin, TX, officeholder liv Candidate / Officeholder name Office sought Office he 9 Complete ONLY if direct ОН expenditure to benefit C/ İΤ Date Pavee name Amount (\$) Payee address; City; State; Zip Code Q) **PURPOSE** Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, com **EXPENDITURE** (...) Check if Austin, TX, officeholder living exp. Complete ONLY if direct Candidate / Officeholder name Office sought Office he expenditure to benefit C/ OH Date Payee name Amount (\$) Payee address; City; State: Zip Code **PURPOSE** Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, com EXPENDITURE Check if Austin, TX, officeholder living exp

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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

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The Instruction Guide explains how to complete this form.								
2 FILER NAME	3							
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4	FILER WHO IS NOT AN OFFICEHOLDER "Complete A & B below only if you are not an officeholder. "						
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		I am aware that I remain subject to filing requirements applicable to file reports of unexpended contributions if, after filing the last contributions, or assets purchased with political contributions or i	equired report as an office	holder, i n	etain politi	cal contributio	
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