

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

17

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mrs. Debra A
NICKNAME LAST SUFFIX

Debbie Bindseil

OFFICE USE ONLY

Date Received

RECEIVED

JUL 12 2016

Burnet Co Elections

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

PO Box 23 Spicewood, Tx.
78669

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(830) 693-4657

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mrs. Donna
NICKNAME LAST SUFFIX

Lewis

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

(Residence or Business)

104 CR 411 Spicewood, Tx. 78669

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(830) 693-0526

RECEIVED

JUL 12 2016

BURNET COUNTY
ELECTIONS

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year

01 / 01 / 2016 THROUGH 06 / 30 / 2016

11 ELECTION

ELECTION DATE

Month Day Year

5 / 24 / 16

ELECTION TYPE

Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Justice of the Peace #4

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer 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

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

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

\$ 555.00

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

\$ 3246.35

EXPENDITURE
TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 5598.33

CONTRIBUTION
BALANCE

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

\$ 415.37

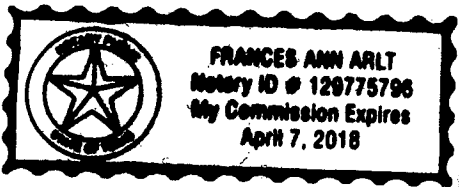
OUTSTANDING
LOAN TOTALS

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

\$ - 0 -

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Debra Bindseil
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said DEBRA BINDSEIL, this the 12TH day of JULY, 2016, to certify which, witness my hand and seal of office.

Frances Ann Arlt
Signature of officer administering oath

FRANCES ANN ARLT
Printed name of officer administering oath

CUSTOMER SERVICE
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2950.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 296.35
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ -0-
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4212.75
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1385.58
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Debbie Bindseil

3 Filer ID (Ethics Commission Filers)

4 Date

2-9-16

5 Full name of contributor out-of-state PAC (ID#: _____)

James + Lorraine Fletcher

6 Contributor address; City; State; Zip Code

200 White Bluff Trail
Burnet, Tx. 78611

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

Fletcher Capital Partners

9 Employer (See Instructions)

Date

2-11-16

Full name of contributor out-of-state PAC (ID#: _____)

Lance Mathis

Contributor address; City; State; Zip Code

1601 CR 402
Marble Falls, Tx. 78654

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-12-16

Full name of contributor out-of-state PAC (ID#: _____)

Dana Martin

Contributor address; City; State; Zip Code

205 Coventry Rd.
Spicewood, Tx. 78669

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Friendship Homes + Hangars

Employer (See Instructions)

Date

3-1-16

Full name of contributor out-of-state PAC (ID#: _____)

WT + Eileen Smith

Contributor address; City; State; Zip Code

115 Hidden Oaks Dr.
Kingsland, Tx. 78639

Amount of contribution (\$)

100.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Debbie Bindseil

3 Filer ID (Ethics Commission Filers)

4 Date

4-22-16

5 Full name of contributor out-of-state PAC (ID#: _____)

Don + Mary Lynn Ray

6 Contributor address; City; State; Zip Code

9 Augusta Meadowlakes, Tx. 78654

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-24-16

Full name of contributor out-of-state PAC (ID#: _____)

Ruth Ann Steele

Contributor address; City; State; Zip Code

POB 363 Spicewood, Tx. 78669

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-24-16

Full name of contributor out-of-state PAC (ID#: _____)

Carl + Susan Allen

Contributor address; City; State; Zip Code

POB 8481 Horseshoe Bay, Tx. 78657

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-24-16

Full name of contributor out-of-state PAC (ID#: _____)

WT + Eileen Smith

Contributor address; City; State; Zip Code

POB 1287 Marble Falls, Tx. 78654

Amount of contribution (\$)

500.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Debbie Bindseil

3 Filer ID (Ethics Commission Filers)

4 Date

4-24-16

5 Full name of contributor out-of-state PAC (ID#: _____)

Gina Castro

6 Contributor address; City; State; Zip Code

127 Chapparral Circle
Spicewood, Tx 78669

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-24-16

Full name of contributor out-of-state PAC (ID#: _____)

Carolyn Keeny

Contributor address; City; State; Zip Code

105 Electric Trail
Spicewood, Tx, 78669

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-24-16

Full name of contributor out-of-state PAC (ID#: _____)

Riley + Iris Walker

Contributor address; City; State; Zip Code

107 Taylor Dr.
Spicewood, Tx, 78669

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-24-16

Full name of contributor out-of-state PAC (ID#: _____)

William Earnest

Contributor address; City; State; Zip Code

1117 majestic Hills Blvd.
Spicewood, Tx, 78669

Amount of contribution (\$)

100.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Debbie Bindseil

3 Filer ID (Ethics Commission Filers)

4 Date

4-24-16

5 Full name of contributor

out-of-state PAC (ID#: _____)

Connie Heller + Kellie Laney

6 Contributor address;

City; State; Zip Code

POB 481 Spicewood, Tx, 78669

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-17-16

Full name of contributor

out-of-state PAC (ID#: _____)

Leo + Sherry Staley

Contributor address;

City; State; Zip Code

305 Mahan St,
Meadowlakes, Tx, 78654

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-26-16

Full name of contributor

out-of-state PAC (ID#: _____)

Doyle + Alane Simons

Contributor address;

City; State; Zip Code

POB 758 Spicewood, Tx, 78669

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-16-16

Full name of contributor

out-of-state PAC (ID#: _____)

Billy + Binnie Seymour

Contributor address;

City; State; Zip Code

219 Crest Dr,
Spicewood, Tx, 78669

Amount of contribution (\$)

50.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Debbie Bindseil

3 Filer ID (Ethics Commission Filers)

4 Date

1-16-16

5 Full name of contributor out-of-state PAC (ID#: _____)

Bob + Ann Glassow

6 Contributor address; City; State; Zip Code

POB 56 Spicewood, Tx. 78669

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5-11-16

Full name of contributor out-of-state PAC (ID#: _____)

A.B. Walters

Contributor address; City; State; Zip Code

PO B 1669 Burnet, Tx 78611

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

1

2 FILER NAME

Debbie Bindseil

3 Filer ID (Ethics Commission Filers)

4. TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 296.35

5 Date

2-11-16

6 Full name of contributor out-of-state PAC (ID#: _____)

Ed + Paula Cutchin

7 Contributor address; City; State; Zip Code

Meadowlakes, Tx. 78654

8 Amount of Contribution \$

296.35

9 In-kind contribution description

Postage

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

retired

11 Employer (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

Contributor address; City; State; Zip Code

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| 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: 7	2 FILER NAME Debbie Bindseil	3 Filer ID (Ethics Commission Filers)
4 Date 1-27-16	5 Payee name KITY Radio	
6 Amount (\$) 147.00	7 Payee address; City; State; Zip Code 719 Ford St., Ste. 200 Llano, Tx. 78643	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) radio ad.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 1-30-16	Payee name Postmaster	
Amount (\$) 525.00	Payee address; City; State; Zip Code Spicewood, Tx 78669	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) stamps	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 2-5-16	Payee name The Business Center	
Amount (\$) 64.92	Payee address; City; State; Zip Code 3410 N. US 281 Marble Falls, Tx. 78654	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) badges + political stamp	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME Debbie Bindseil	3 Filer ID (Ethics Commission Filers)
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4 Date 2-5-16	5 Payee name The Picayune
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6 Amount (\$) 678.00	7 Payee address; City; State; Zip Code 1007 Ave K Marble Falls, Tx. 78654
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) newspaper + radio ads	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-2-16	Payee name Voice Broadcasting
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Amount (\$) 19.32	Payee address; City; State; Zip Code 2611 Internet Blvd Suite 120 Frisco, Tx. 75034
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) robo call (phone message)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-8-16	Payee name Debi King
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Amount (\$) 41.85	Payee address; City; State; Zip Code 136 Turkey Run Meadowlakes, Tx. 78657
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) parade decorations	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>7</i>	2 FILER NAME <i>Debbie Bindseil</i>	3 Filer ID (Ethics Commission Filers)		
4 Date <i>4-5-16</i>	5 Payee name <i>Highland Lakes Newspaper</i>			
6 Amount (\$) <i>125.00</i>	7 Payee address; City; State; Zip Code <i>PO Box 1000 Marble Falls, Tx. 78654</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>newspaper ad</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		

Date <i>4-24-16</i>	Payee name <i>Spicewood Community Center</i>			
Amount (\$) <i>60.00</i>	Payee address; City; State; Zip Code <i>PO Box 44 Spicewood, Tx. 78669</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Building rental for fundraiser</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		

Date <i>5-7-16</i>	Payee name <i>Office May</i>			
Amount (\$) <i>114.70</i>	Payee address; City; State; Zip Code <i>1311 Norman Mills Rd. Marble Falls, Tx. 78654</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign brochure</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| 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: 7	2 FILER NAME <i>Debbie Bindseil</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5-7-16</i>	5 Payee name <i>Wal Mart</i>	
6 Amount (\$) <i>51.56</i>	7 Payee address; City; State; Zip Code <i>2700 US Hwy 281 Marble Falls, Tx. 78654</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Campaign brochure</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-9-16</i>	Payee name <i>Highland Lakes Newspapers</i>
Amount (\$) <i>325.00</i>	Payee address; City; State; Zip Code <i>304 Gateway Loop Marble Falls, Tx. 78654</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-11-16</i>	Payee name <i>KBEY 103.9</i>
Amount (\$) <i>374.40</i> <i>517.16</i>	Payee address; City; State; Zip Code <i>POB 10 Marble Falls, Tx. 78654</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>radio + newspaper ads</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| 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: <i>7</i>	2 FILER NAME <i>Debbie Bindseil</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5-11-16</i>	5 Payee name <i>Postmaster</i>	
6 Amount (\$) <i>846.00</i>	7 Payee address; City; State; Zip Code <i>Marble Falls, Tx. 78654</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Stamps for brochures</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-13-16</i>	Payee name <i>Print Works</i>
Amount (\$) <i>544.50</i>	Payee address; City; State; Zip Code <i>314 Main Street Marble Falls, Tx. 78654</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Brochures</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-26-16</i>	Payee name <i>Voice Broadcasting</i>
Amount (\$) <i>46.00</i>	Payee address; City; State; Zip Code <i>1527 S. Cooper St. Arlington, Tx. 76010</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>robs phone calling</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>7</i>	2 FILER NAME <i>Debbie Bindseil</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6-8-16</i>	5 Payee name <i>KITY RADIO</i>	
6 Amount (\$) <i>35.00</i>	7 Payee address; City; State; Zip Code <i>719 Ford St. Ste 200 Llano, Tx. 78643</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>6-8-16</i>	Payee name <i>Highland Lakes Newspaper</i>
Amount (\$) <i>225.00</i>	Payee address; City; State; Zip Code <i>PO Box 1000 Marble Falls, Tx. 78654</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>radio ad</i>
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>6-10-16</i>	Payee name <i>Horseshoe Bay Beacon</i>
Amount (\$) <i>156.70</i>	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>newspaper ad</i>
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
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: 7	2 FILER NAME Debbie Bindseil	3 Filer ID (Ethics Commission Filers)
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4 Date 6-29-16	5 Payee name KBEY
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6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) radio ads	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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 MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
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 G: <i>1</i>	2 FILER NAME <i>Debbie Bindseil</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-11-16</i>	5 Payee name <i>Marble Falls Highlander</i>	
6 Amount (\$) <i>225.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>304 Gateway Loop Marble Falls, Tx 78654</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>newspaper ad</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

4 Date <i>2-20-16</i>	5 Payee name <i>Burnet County Republican Club</i>	
6 Amount (\$) <i>50.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>R.O. Box 792 Marble Falls, Tx 78654</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>tickets for Chili Cook-off</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

4 Date <i>3-11-16</i>	5 Payee name <i>Dirt Cheap Signs</i>	
6 Amount (\$) <i>693.88</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>7301 Bark Ranch Rd. Lago Vista, Tx. 78645</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Political signs</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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