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 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST Debra	мі Д	OFFICE USE ONLY		
NAME	Mrs. Debra	SUFFIX	Date Received		
	Debbie Bind		RECEIVED		
4 CANDIDATE / OFFICEHOLDER		CITY; STATE; ZIP CODE	JAN 17 2017		
MAILING ADDRESS	P.O. Box 23	Burnet Co Elections			
Change of Address	Spicewood	Tx. 78669			
5 CANDIDATE/ OFFICEHOLDER PHONE	(830) 693-465°	EXTENSION 7	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$		
TREASURER NAME	Mrs. Donn		Date Processed		
	NICKNAME LAST LEWIS	SUFFIX	Date Imaged		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / St	UITE #; CITY; STATE;	ZIP CODE		
TREASURER ADDRESS	1011 00 1111 5	. 17	70119		
(Residence or Business)	104 CR 411 Sp	icewood, IX	. 18661		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER .	EXTENSION			
	830 693-DS	26			
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment		
	July 15 8th day before ele	ection Exceeded \$500 limit	(Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD	Month Day Year	Month	Day Year		
COVERED	07/01/2016	THROUGH OI	15/2017		
11 ELECTION	ELECTION DATE	ELECTION TYPE			
	Month Day Year Primary	Runoff Other Description			
	11 / 2016 General	Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	n)		
	Justice of the				
	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)	SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 20.00			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ -0-			
	4. TOTAL	POLITICAL EXPENDITURES	\$ -0-			
CONTRIBUTION BALANCE	5. TOTAL I OF REF	* \$ 435.37				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$					
18 AFFIDAVIT	•					
ANA LOWE NOTARY PUBLIC STATE OF TEXAS ID # 130740082 My Comm. Expires 07-14-2020 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. Signature of Candidate or Officeholder						
AFFIX NOTARY STAM	IP/SEALABOVE					
Sworn to and subscribed before me, by the said <u>Debra Bindseil</u> , this the <u>17H</u>						
day of <u>January</u> , 20 <u>17</u> , to certify which, witness my hand and seal of office.						
Clue Kone ana Lowe Notary						
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Debra Bindseil 5 Full name of contributor Out-of-state PAC (ID#:_______ Date 7 Amount of contribution (\$) Debra Bindseil 6 Contributor address; City; State; Zip Code PO Box 23 Spicewood, Tx. 78669 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 20.00 Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Contributor address; City; State; Zip Code 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) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: 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.

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics C		mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 20.60
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ -0-
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ -0-
4.	SCHEDULE E: LOANS		\$ -6 -
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ -0 -
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ -0 -
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ -0-
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ -0-
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$ -6 -
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ -6-
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ -O -
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	TIONS	\$ -0 -