Texas Etnics Commissi	on P.O. Box	12070 Austin, Texas	s 78711-2070	(512) 463-5800	(TDD 1-800-735	5-2989)	
CANDIDA CAMPAIG	CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1						
The C/OH Instruction	Guide explains how	w to complete this form.	1 ACCOUNT # (Ethics Commission F	2 Total p	ages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MRS NICKNAME	Karrie Con mana	S SUF	Date Receive	FFICE USE ONLY	11.	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / PO BOX.	APT/SUITE#: CITY.	STATE; ZIP (Date Hand-di	elivered or Postmarked	ĊJ.	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (830 UI	PHONE NUMBER	FAUS. TV T	Receipt #	Amount		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MS/MRS/MR NICKNAME	FIRST FAMIL LAST MNAMAYOR	Suff	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO F	()	CITY. STATE		1		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 3-0156	EXTENSION	() 80 7			
9 REPORT TYPE	January 15 July 15	30th day before election 8th day before election	Runoff Exceeded \$500 limit	treasure: (officehold	/ after campaign r appointment er only) ort (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day	Year THROUGH	Month	Day Year			
11 ELECTION	Month ELECTION DATE Day	Year ELECTION TYPE Year Primary	Runoff	General	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if	known)			
		GOTOPAG	SF 2			-	

Texas Ethics Commission

P.O. Box 12070

CANDIDAT SUPPORT	TE / OFFICE & TOTAL	CEHOLDER REPORT:	FORM C/OH COVER SHEET PG 2
14 C/OH NAME		15	5 ACCOUNT # (Ethics Commission Filers
16 NOTICE FROM POLITICAL COMMITTEE(S)		TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE EHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID. TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TH	ATE'S OR OFFICE LAND I
! !	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
*	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL PO	OLITICAL EXPENDITURES OF \$100 OR LESS. UNLESS ITEMIZE	ED \$
*	4. TOTAL F	POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 10.92
OUTSTANDING LOAN TOTALS	6. TOTAL PR	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$
18 AFFIDAVIT		I swear, or affirm, under penalty of per is true and correct and includes all info me under Title 15, Election Code. Signature of Candida	ormation required to be reported by
AFFIX NOTARY STAMP		March A	
Sworn to and subscript day	of July	ne, by the said KAYYU CYDWN	hand and seal of office.
Signature of officer adminis	Stering oath	Printed name of officer administering oath	Title of officer administering oath

T	he Instruction Gulde explains how to complete	this form.	1 Total pages Sci	1 Total pages Schedule A:		
2 FILER NAM	AE .		3 ACCOUNT # (E	Ethics Commission Filers)		
4 0.4-						
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	6 Contributor address: City, State; Zip Co	ode				
0.03====1==			(If travel outside	of Texas, complete Schedule T)		
	cupation / Job title (See Instructions)	10 Employer (See	Instructions)	or remain sorreprint continues . ,		
Date	Full name of contributor	1D#)	Amount of	In-kind contribution		
			contribution (\$)	description (if applicable)		
	Contributor address; City, State; Zip Co	ode				
Principal occ	supation / Job title (See Instructions)	Employer (See	(If travel outside of Instructions)	of Texas, complete Schedule T)		
Date	Full power of problem.					
Date	Full name of contributor	iD#)	Amount of contribution (\$)	In-kind contribution		
	**	= 04 05 0500 , \$1	Continuation (a)	description (if applicable)		
	Contributor address: City; State, Zip Co	ode	1			
				İ		
			(If travel outside o	of Texas, complete Schedule T)		
Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	ir rexas, complete Schedule 1)		
Date	Full name of contributor Qui-of-state PAC (IF					
	Full name of contributor) #	Amount of contribution (\$)	In-kind contribution		
	Contributor address; City; State; Zip Co		(4)	description (if applicable)		
	Contributor address; City; State; Zip Co	de	!			
	1		1			
Principal occi			(If travel outside of	Texas, complete Schedule T)		
/ Intopar occu	upation / Job title (See Instructions)	Employer (See I	nstructions)	TOXAS, COMPLETE SCHEDULE 1)		
Date	Full name of contributor Dut-of-state PAC (IV)					
	ruii name of contributor out-of-state PAC (IDI	*	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Contributor address: City: State: Zip Con			description (it appricable)		
	Contributor address; City; State; Zip Coo	de į	1			
			l .			
Principal occu	pation / Job title (See Instructions)		(If travel outside of	Texas, complete Schedule T)		
,e=. ====	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	Tomas of the same of		
-		<u> </u>				
	ATTACH ADDITIONAL COPIES					

Texas Ethics C	ommission P.O. Box 12070 Austin, Te	exas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
PLED	GED CONTRIBUTIONS			SCHEDULE B
TI	ne Instruction Gulde explains how to complete th	is form.	1 Total pages Scher	dule B:
2 FILER NAM	IE .		3 ACCOUNT # (Eth	ics Commission Filers)
	TAL OF UNITEMIZED PLEDGES: ⇒	D D D	\$ \$	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occ	cupation / Job title (See Instructions)	11 Employer (See li	(If travel outside of	Texas, complete Schedule T)
			,	
Date	Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
	upation / Job title (See Instructions)	Employer (See Ir	(If travel outside of	Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
Procinal one			(If travel outside of	Fexas, complete Schedule T)
- Incipal occi	upation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of pledgor out-of-state PAC (ID#	. **	Amount of pledge (\$)	In-kind description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See in	(If travel outside of T	exas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID# Pledgor address; City: State: Zin Code		Amount of pledge (\$)	In-kind description (if applicable)
Principal			(If travel outside of To	exas, complete Schedule T)
- mcipai occu	pation / Job title (See Instructions)	Employer (See Ins		· · · · · · · · · · · · · · · · · · ·
lf c	ATTACH ADDITIONAL COPIES O contributor is out-of-state PAC, please see instru	F THIS SCHEDULE A	AS NEEDED itlonal reporting re-	quirements.

LOANS	F.O. Box 12070	Austin, Texas 78711-2070 (51	2) 463-5800 (TDD 1-800-735 SCHEDULE	-		
Th	e instruction Guide explains how	to complete this form.	1 Total pages Schedule E:			
2 FILER NAME			3 ACCOUNT # (Ethics Commission	Filers		
4 ТОТ/	AL OF UNITEMIZED LOANS	S: 0 0 0 0	⇒ \$			
5 Date of loan	7 Name of lender	Out-of-state PAC (ID#				
6 Is lender a financial Institution?	8 Lender address; City, S	State; Zip Code	10 Interest rate			
Y N			11 Maturity date			
12 Principal occupat	tion / Job title (See Instructions)	13 Employer (See Instruction	s)			
14 Description of Co	llateral	15 Check if pameral fund				
none		15 Check if personal funds were deposited into political account				
6 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed	1 (\$)		
not applicable	18 Guarantor address; Ci	ity. State; Zip Code				
Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender	Out-of-state PAC (ID#	Loan Amount (\$)			
Is lender a financial Institution?	Lender address: City: St	ate; Zip Code	Interest rate			
Y N			Maturity date			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)				
Description of Colla	iteral	Check if personal funds were	e deposited into political account			
none		D D D D D D D D D D D D D D D D D D D	e deposited into political account			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed ((\$)		
not applicable	Guarantor address; Cit	y: State; Zip Code				
Principal Occupation	on (See Instructions)	Employer (See Instructions)				
If lend	ATTACH ADDITIONAL er is out-of-state PAC, please see	COPIES OF THIS SCHEDULE AS NEE	EDED			

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to		/Contract Labor draising Expense ct District // Contract Labor Contributions/Donations Made By Candidate/Officeholder/Political Commit OTHER (enter a category not listed above)			
1 Total pages Schedule F	2 FILER NAME				NT # (Ethics Commission Filers
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address. City: St	ate; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to		(b) Description	(If travel outside of T	exas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	nt	Office held
Date	Payee name				
Amount (\$)	Payee address, City: St	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Te	xas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	it	Office held
Date	Payee name				
Amount (\$)	Payee address; City: Sta	ite; Zip Code			
		·			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top		Description	(If Iravel outside of Te	xas. complete Schedule T)
OF	Category (See categories listed at the top		Description Office sough		xas. complete Schedule T) Office held
OF EXPENDITURE Complete QNLY if direct	Category (See categories listed at the top				
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Category (See categories listed at the top Candidate / Officeholder name H Payee name				
OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/O	Category (See categories listed at the top Candidate / Officeholder name H Payee name	of this schedule)	Office sough		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	ZIII ZIIOOIIAZI O			
8	EXPENDITUR	E CATEGORIES I	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guid	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Distr Office Overhead/Re	ntract Labor sing Expense rict ental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule G	2 FILER NAME	re exhiging flow to t	omplete this ro	
T Total pages contestic C,	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name			1
6 Amount (\$)	7 Payee address: City; S	State; Zip Code		
Reimbursement from political contributions intended				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to	op of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
Date	Payee name			
Amount (\$)	Payee address; City; St	tate: Zip Code	-	
Reimbursement from political contributions intended	-			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
Date	Payee name			
Amount (\$)	Payee address; City; St	tate, Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(if travel outside of Texas, complete Schedule T)
Date	Payee name	=		
Amount (\$)	Payee address, City, Sta	ate; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL CO	OPIES OF THIS SCI	HEDULE AS N	EEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS

	NESS OF C/OH		SCHEDULE H
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation, Food/Beverage Expense Travel In D Polling Expense Travel Out	ages/Contract Labor L /Fundraising Expense T vistrict C Of District rhead/Rental Expense O	oan Repayment/Reimbursement fransportation Equipment & Related Expense contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
Total pages Schedule H:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filer
Date	5 Business name		
Amount (\$)	7 Business address. City: State. Zip Co	de	ii ii
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule	e) (b) Description (If	travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City, State, Zip Coo	de	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule	Description (If t	ravel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Coo	de	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule	Description (If tr	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE Complete QNLY if direct	Candidate / Officeholder name	Description (If to	ravel outside of Texas, complete Schedule T) Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	
OF	Candidate / Officeholder name H Business name	Office sought	

(TDD 1-800-735-2989)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

***	EXPENDITU	RE CATEGORIES	FOR BOX 8/s	1	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	ense Salaries/Wages/Contract Li Solicitation/Fundraising Exp Travel In District Travel Out Of District Office Overhead/Rental Exp on Guide explains how to comple		ract Labor Ing Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Contail Expense OTHER (enter a category not listed ab	
1 Total pages Schedule I.	2 FILER NAME				(Ethics Commission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7.00				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			_
8 PURPOSE	(a) Category (See categories listed at the	top of this schedule)	(b) Description	Λ (See instructions regarding	type of information required.)
OF EXPENDITURE					
Date	Payee name				
			8		
Amount (\$)	Payee address, City,	State; Zip Code			
PURPOSE	Category (See categories listed at the	top of this schedule)	Description	(See instructions regarding	type of information required.)
OF EXPENDITURE					
Date	Payee name				
Amount (\$)	Payee address; City;	State: Zip Code			
PURPOSE	Category (See categories listed at the ti	op of this schedule)	Description	(See instructions regarding	type of information required.)
OF EXPENDITURE					
Date	Payee name				
Amount (\$)	Payee address: City; S	State: Zip Code			
		E.p Cod			
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description	(See instructions	type of information required.)
OF EXPENDITURE		,	CCSCIPHOII	Coop manuctions regarding	type of information required.)
	ATTACH ADDITIONAL (COPIES OF THIS SO	HEDULE AS N	1EEDED	ļ

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

SCHEDULE K

FILER NAME	Instruction Guide explains how to complete this form.		ule K:
		3 ACCOUNT # (Ethic	es Commission Filers)
Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received: City, State: Zip Code		
	7 Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received. City; State; Zip Code		
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	(90)	
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received: City; State; Zip Code		
}	Purpose for which amount is received		

Texas Ethics Commission	on P	O. Box 12070	Austin, Texas 78711	1-2070	(512) 463-5800	(TDD 1-800-735-2989)	
IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS							
The Instr	uction Guid	e explains how to	complete this form.		1 Total pages Schedule	Т:	
2 FILER NAME					3 ACCOUNT # (Ethics	Commission Filers)	
4 Name of Contributor	Corporation	or Labor Organizat	ion / Pledgor / Payee		L	-	
5 Contribution / Expend	5 Contribution / Expenditure reported on						
Sci	Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G						
Scl	nedule H	Schedule N	СОН-ОС] сон-т	PAC-C	PAC-E	
6 Dates of travel	7 Name	of person(s) travelin	9				
	8 Departu	ure city or name of d	eparture location				
	9 Destina	ition city or name of	destination location				
10 Means of transportat	ion	11 Purpose of tra	vel (including name of co	onference, se	eminar, or other event)		
Name of Contributor /	Corporation	or Labor Organization	on / Pledgor / Payee				
Contribution / Expendit	ture reported	on					
Sci	nedule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G	
Sc	hedule H	Schedule N	COH-UC] сон-т	PAC-C	PAC-E	
Dates of travel	Name of	person(s) traveling					
	Departure	e city or name of dep	parture location				
	Destination	on city or name of de	estination location				
Means of transportation	1	Purpose of trave	l (including name of conf	erence, sem	ınar, or other event)		
Name of Contributor /	Corporation	or Labor Organization	on / Pledgor / Payee				
Contribution / Expendi	ture reported	lon					
Sci	nedule A	Schedule B	Schedule C	Schedule	D Schedule F	Sabadula C	
Sci	nedule H	Schedule N	COH-UC] сон-т	PAC-C	Schedule G	
Dates of travel	Name of	person(s) traveling					
	Departure	city or name of dep	arture location				
		any or haine of dep	andre location				
	Destinatio	n city or name of de	stination location				
Means of transportation	n	Purpose of trave	l (including name of conf	erence, sem	inar, or other event)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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Texas Ethics Commission

Revised 09/28/2011

CANDIDATE / OFFICEHOLDER REPORT

	DE	SIGNATION OF FINAL REPORT	FORM C/OH - FR					
		The Instruction Guide explains how to complete this Complete only if "Report Type" on page 1 is marked "Fin	form. al Report" ••					
1	С/ОН	NAME	2 ACCOUNT# (Ethics Commission Filers)					
3	3 SIGNATURE							
		it expect any further political contributions or political expenditures in connection with my can- as a final report terminates my campaign treasurer appointment. I also understand that I may e any campaign expenditures without a campaign treasurer appointment on file.	didacy. I understand that designating a not accept any campaign contributions					
		Signature	e of Candidate / Officeholder					
4	FILER	R WHO IS NOT AN OFFICEHOLDER splete A & B below only if you are not an officeholder. ••						
	A.	CAMPAIGN FUNDS						
	Chec	ck only one:						
		I do not have unexpended contributions or unexpended interest or income earned from pol	itical contributions.					
		I have unexpended contributions or unexpended interest or income earned from political contributions or unexpended interest or income earned or use. It also understand that I must file an annual report of unexpended contributions and contributions or unexpended interest or income earned on political contributions longer to report. Further, I understand that I must dispose of unexpended political contributions and earned on political contributions in accordance with the requirements of Election Code, § 25	n political contributions to personal that I may not retain unexpended than six years after filing this final					
	В.	ASSETS						
	Chec	k only one:						
		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 politic I may not convert assets purchased with political contributions or interest or other income from use. I also understand that I must dispose of assets purchased with political contributions in of Election Code, § 254.204.	n political contributions to nome - 1					
		Sig	nature of Candidate					
•	OFFIC • Comp	EHOLDER plete this section <i>only</i> if you are an officeholder ••						
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not I am also aware that I will be required to file reports of unexpended contributions if, after fil officeholder. I retain political contributions, interest or other income from political contributions, contributions or interest or other income from political contributions.	ing the lest required as and as a					
		Sign	ature of Officeholder					