| i | TE / OFFICEHOLDER N FINANCE REPORT | | FORM C/OH COVER SHEET PG 1 | | |
|--|--|-----------------------------------|--|--|--|
| The C/OH instruction Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission Filers) | | | 2 Total pages filed: | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR FIRST Shen | MI | OFFICE USE ONLY Date Received | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT/SUITE#; CITY; 609 Lakeway Bu | state; zipcode Lurnet Tx 78611 | Date Hand-delivered or Postmarked | | |
| change of address 5 CANDIDATE/ OFFICEHOLDER PHONE | (514) 755-1006 | EXTENSION | Receipt # Amount Date Processed | | |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR FIRST SINEN NICKNAME LAST FRUZIER | MI | Date Imaged | | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; | city, state; Burnet T | zipcode X 78611 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (512) 156-1006 | EXTENSION | | | |
| 9 REPORT TYPE | January 15 30th day before election July 15 8th day before election | Runoff [| 15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR) | | |
| COVEDED | Month Day Year 0'7/01/2011 THROUGH | Month Day 12/31/ | Year (2011 | | |
| 11 ELECTION | Month Day Year Primary | Runoff G | General Special | | |
| 12 OFFICE | OFFICEHELD (Ifany) Tax HSSESSOr | 13 OFFICE SOUGHT (if known) | ssessor | | |
| GO TO PAGE 2 | | | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME Shen Frazier 15 ACCOUNT # (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 GENERAL SPECIFIC | COMMITTEE NAME COMMITTEE ADDRESS | | | |
| additional pages | | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | | | | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | | |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | | AIZED \$ | | |
| | 4. TOTAL POLITICAL EXPENDITURES \$ 750.00 | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ | | | | |
| 18 AFFIDAVIT | | is true and correct and includes all me under Title 15, Election Code. | perjury, that the accompanying report information required to be reported by | | |
| Sworn to and subs | \sim | | this the | | |
| Jolene Mock deputy Club | | | | | |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | | |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES 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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

| The Instruction Guide explains how to complete this form. | | | | | | |
|---|---|--|--|--|--|--|
| 1 Total pages Schedule G: | 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | | | |
| | Theri trazier | | | | | |
| 12/16/2011 | Burnet County Republican Party | | | | | |
| 6 Amount (\$) 750,00 | 7 Payor address; City; State; Zip Code C/O Linda Rogers, Chair PO Box 190 Briggs, IX 78608 | 1 | | | | |
| Reimbursement from political contributions intended | Briggs 1x 78608 | | | | | |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) | | vel outside of Texas, complete Schedule T) | | | |
| EXPENDITURE | Fees | Candidate filing fee | | | | |
| Date | Payee name | | 18933 | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| Reimbursement from political contributions intended | | | | | | |
| PURPOSE | Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) | | | | | |
| OF EXPENDITURE | | | | | | |
| Date | Payee name | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| Reimbursement from political contributions intended | | | | | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If trave | el outside of Texas, complete Schedule T) | | | |
| Date | Payee name | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | The state of the s | , | | | |
| Reimbursement from political contributions intended | | | | | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If trave | el outside of Texas, complete Schedule T) | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | |