# CANDIDATE / OFFICEHOLDER CAMPAIGN 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	
			ro	20
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE	USEONLY
NAME	)anet		Date Received	
	NICKNAME LAST	SUFFIX	10 M	- 1
	Varler			ω
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE#; CITY;	STATE; ZIP CODE	715.7	3 1 1
OFFICEHOLDER		SIMIE, ZIF GODE	10,500	0
MAILING ADDRESS	P.O. Box 1236		Date Hand-delivered or I	400
change of address	Burnet TX 78	611	Receipt #	Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Neceipt #	Allount
OFFICEHOLDER PHONE	(830) 798-5389		Date Processed	
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Date Imaged	1.00
TREASURER NAME	Janet			
	NICKNAME LAST	SUFFIX		
	Harber			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	Z!P CODE	
TREASURER		J	Zii OGGE	
ADDRESS (residence or business)	3251 C.R. 112	-		
	Burnet TX	78611		
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION		
PHONE	(830) 798-5389			
2 DESCRIPTION				
9 REPORT TYPE	January 15 30th day before election	Runoff [	15th day after ca treasurer appoint (officeholder only)	
	July 15 8th day before election	Exceeded \$500	Final report (Attach	h C/OH - FR)
		limit		,
10 PERIOD	Month Day Year	Month Day	Year	
COVERED	7/15/2013 THROUGH	•	2014	
	1/13/2015		2017	
11 ELECTION	ELECTION DATE ELECTION TYPE			
11 222011011	Month Day Year Primary	Runoff G	Seneral -	Special
	3/4/2014		Erits ar L.	
	3 ( 2)	1		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
	County Ment	0000	alord	
	County Clerk	County	Cler	
	GO TO PAG	E2		

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME		11	5 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		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 3000			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL POLITICAL EXPENDITURES \$ 750.00			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	1E \$	
18 AFFIDAVIT				
		is true and correct and includes all in me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by date or Officeholder	
AFFIX NOTARY STAME	P / SEAL ABOVE	Tona Unto	20	
Sworn to and subs	ZOMIN	~ · · · · · · · · · · · · · · · · · · ·	this the	
day	51 <u>Saraa</u> 50 l	19, 20 19, to certify which, witness my	nand and seal of office.	
Signature of officer admin	istering oath	Printed name of officer administering oath	Title of officer administering oath	

### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

	The Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
! FILER N	Janet Parker		3 ACCOUNT # (E	thics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#_LES lie B Vance		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
	6 Contributor address; City; State; Zip Code P.O. BOX 275		300,00	
	marble falls, 1x	78654		l of Texas, complete Schedule T)
Principal	occupation / Job title (See Instructions)	10 Employer (See 58 F)	Instructions) No loyed	Leslie Vanca
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
				of Texas, complete Schedule T)
Principal	occupation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal	occupation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution
	Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
Principal	occupation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
				f Texas, complete Schedule T)
Principal o	ccupation / Job title (See Instructions)	Employer (See in	nstructions)	

PLEDG	SED CONTRIBUTIONS			SCHEDULE B
The	e instruction Guide explains how to complete th	nis form.	1 Total pages Sche	dule B:
2 FILER NAME			3 ACCOUNT # (Et	thics Commission Filers)
4 TOT.	TAL OF UNITEMIZED PLEDGES:	ф ф ф	<b>→</b>	\$
5 Date	6 Full name of pledgor out-of-state PAC(ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Cod			
10 Principal occi	upation / Job title (See Instructions)	11 Employer (See II	<del></del>	f Texas, complete Schedule T)
-			•	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
			(If travel outside of	f Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of pledgor out-of-state PAC(ID#:		Amount of pledge (\$)	In-kind description (if applicable)
			     (If travel outside of	f Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See In		
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State, Zip Code	a		
			(If travel outside of	Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	э	 	
Principal occu	pation / Job title (See Instructions)	Foodburg (See In		Texas, complete Schedule T)
——————	pation / Job little (See Instructions)	Employer (See In	istructions)	
if c	ATTACH ADDITIONAL COPIES ( contributor is out-of-state PAC, please see instr			equirements.

P.O. Box 12070

LOANS				SCHEDULE E
The	instruction Guide explains how to comp	ete this form.	1 Total pa	ges Schedule E:
2 FILER NAME			3 ACCOU	NT # (Ethics Commission Filers)
<b>4</b> TOTA	L OF UNITEMIZED LOANS:	)	>	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate
Y N				11 Maturity date
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Col	lateral	15 Check if personal funds were	deposited	into political account
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; S	itate; Zip Code		
20 Principal Occupat	ion (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; State; Z	ip Code		Interest rate
YN				Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		-
Description of Colla	ateral	Check if personal funds were d	leposited i	nto political account
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; S			
Principal Occupati	on (See Instructions)	Employer (See Instructions)		
If lend	ATTACH ADDITIONAL COPIE der is out-of-state PAC, piease see instru	S OF THIS SCHEDULE AS NEED		uirements.

### **POLITICAL EXPENDITURES**

#### SCHEDULE F

	EXPENDITUR	E CATEGORIES	FOR BOX 8(a	1)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/C	•	•	t/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundra			quipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	aising Expense	•	• •
Event Expense	Polling Expense	Travel Out Of Dis	-4-1-4		nations Made By ficeholder/Political Committee
Fees	Printing Expense	Office Overhead/			
1 003			•		category not listed above)
	The Instruction Guid	e explains now to	complete this to	orm.	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOU	NT # (Ethics Commission Filers)
					•
4 Date	5 Payee name				
4 Date	5 Fayes name				
6 Amount (\$)	7 Payee address; City; S	tate; Zip Code			
		•			
	<del></del>				
8 PURPOSE	(a) Category (See categories listed at the to	op of this schedule)	(b) Description	1 (If travel outside of T	exas, complete Schedule T)
OF EXPENDITURE	İ				
EXPENDITURE					
9 Complete ONLY If direct	Candidate / Officeholder name	<b>3</b>	Office soug	ht	Office held
expenditure to benefit C/C	OH .				
Date	Payee name				
				<del></del>	
Amount (\$)	Payee address; City; S	tate; Zip Code			
PURPOSE	Category (See categories listed at the to	on of this echedule)	Description	/If traval autaida of To	yes semilate Sahadula TV
OF	Catogory (388 categories listed at the to	p or tries scriedate)	Description	(If travel outside of 16	exas, complete Schedule T)
EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name	t <sup>i</sup>	Office sough	ht	Office held
expenditure to benefit C/C	Ж				
D-4-	D	-	<del>-</del>		
Date	Payee name				
Amount (\$)	Payee address; City; St	ate; Zip Code			
, and an (4)	l ayou address, Ony, or	ale, Zip Code			
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Te	xas, complete Schedule T)
OF					
EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name		Office sough	nt	Office held
expenditure to benefit C/O			ooo ooug.		Ollies field
Date	Payee name				
	, _ <b>,</b> _, _, _, _, _, _, _, _, _, _, _, _, _,				
Amount (\$)	Payee address; City; St	ate; Zip Code			
		•			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Te	xas, complete Schedule T)
OF EXPENDITURE					
EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name		Office sough	nt	Office held
expenditure to benefit C/C	ЭН				l
	ATTACH ADDITIONAL C	OPIES OF THIS S	SCHEDULE AS	NEEDED	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement  Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District Contributions/Donations Made By
Event Expense	Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/Rental Expense 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)
4 Patr	sure farker
4 Date	5 Payee name
11-19-13	Burnet County Depublican Party
6 Amount (\$)	7 Payee address; City; State; Lip Code
150.	125 Waters Edge
Reimbursement from political contributions	De wat to
intended	Burnet, 14 78411
8 PURPOSE OF	(a) Category (See categories ilsted at the lop of this schedule)  (b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Cilina Fer
D-4-	Parameter
Date	Payee name —
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 (\$)	Payeo addraga City State 7:- Code
Amount (\$)	Payee address; City; State; Zip Code
Reimbursement from	
political contributions intended	
	Cotogony (Congestional States of the special
PURPOSE OF	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
, ,	
Reimbursement from	
political contributions intended	
	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	. Second March (II days) outside of texas, complete scriedule 1)
EXPENDITURE	
	ATTACH ADDITIONAL CODIES OF THIS SOURT IN THE STATE OF THE SOURT IN THE STATE OF TH
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	<del></del>				
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURI Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guid	E CATEGORIES Salaries/Wages/Cc Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor ising Expense rict ental Expense	Loan Repayment/Reimburser Transportation Equipment & F Contributions/Donations Made Candidate/Officeholder/Po OTHER (enter a category not	Related Expense e By elitical Committee
1 Total pages Schedule H:	2 FILER NAME			3 ACCOUNT # (Ethics	Commission Filers)
4 Date	5 Business name		7.77		
6 Amount (\$)	7 Business address; City; S	state; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the t	op of this schedule)	(b) Description	(If travel outside of Texas, complete s	Schedule T)
9 Complete ONLY If direct expenditure to benefit C/C	Candidate / Officeholder name OH	9	Office sough	nt Offic	ce held
Date	Business name				
Amount (\$)	Business address; City; Si	tate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description	(If travel outside of Texas, complete S	Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	•	Office sough	t Offic	ce held
Date	Business name				
Amount (\$)	Business address; City; St	tate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description	(If travel outside of Texas, complete S	Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	•	Office sough	t Offic	e held
Date	Business name				* /h-
Amount (\$)	Business address; City; St	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texas, complete S	chedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Offic	e held
	ATTACH ADDITIONAL C	OPIES OF THIS S	CHEDULE AS I	NEEDED	

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE |

	The Instruction Guide explains ho	w to complete this form.
1 Total pages Schedule I	1: 2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	•
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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

### SCHEDULE K

FILER NA	MAE	2 ACCOUNT # (Ethios Commission Filery)
FILEIX (37.	ME	3 ACCOUNT # (Ethics 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 0	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 C	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 C	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 C	;ode
	Purpose for which amount is received	

#### IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule F Schedule D Schedule G PAC-E Schedule H Schedule N COH-UC PAC-C COH-T 6 Dates of travel 7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G Schedule H Schedule N COH-UC COH-T PAC-C PAC-E Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G Schedule H Schedule N \_\_ сон-ис СОН-Т PAC-C PAC-E Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to Complete only if "Report Type" on page 1	
1 C/OH		2 ACCOUNT # (Ethics Commission Filers)
3 SIGN	NATURE .	
report	ot expect any further political contributions or political expenditures in cont as a final report terminates my campaign treasurer appointment. I also un ke any campaign expenditures without a campaign treasurer appointment	nderstand that I may not accept any campaign contributions
		Signature of Candidate / Officeholder
	R WHO IS NOT AN OFFICEHOLDER  mplete A & B below <i>only</i> if you are not an officeholder. ••	
<b>A.</b>	CAMPAIGN FUNDS	
Che	ock only one:	
	I do not have unexpended contributions or unexpended interest or inco	ome earned from political contributions.
	I have unexpended contributions or unexpended interest or income earn not convert unexpended political contributions or unexpended interest use. I also understand that I must file an annual report of unexpende contributions or unexpended interest or income earned on political correport. Further, I understand that I must dispose of unexpended political contributions in accordance with the requirements of	or income earned on political contributions to personal ed contributions and that I may not retain unexpended contributions longer than six years after filing this final tical contributions and unexpended interest or income
В.	ASSETS	
Che	ck only one:	
	I do not retain assets purchased with political contributions or interest of	or other income from political contributions.
	I do retain assets purchased with political contributions or interest or other may not convert assets purchased with political contributions or interest use. I also understand that I must dispose of assets purchased with political contributions or interest use. I also understand that I must dispose of assets purchased with political contributions or interest or other lands are used to be used to be used.	t or other income from political contributions to personal
		Signature of Candidate
	CEHOLDER  nplete this section <i>only</i> if you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable to an offic I am also aware that I will be required to file reports of unexpended co-officeholder, I retain political contributions, interest or other income from p contributions or interest or other income from political contributions.	ontributions if, after filing the last required report as an
		Signature of Officeholder