CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

	IGN FINANCE REPORT		COVER SHEET PG 1
The C/OH Instructi	on Guide explains how to complete this form.	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDE NAME	MS/MRS/MR FIRST CAS/E NICKNAME LAST WILLS	MI	OFFICE SE ONLY
4 CANDIDATE / OFFICEHOLDE MAILING ADDRESS Change of Addr	ADDRESS / PO BOX; APT / SUITE #: CIT	Y; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Receipt # Amount
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST DEAD	RA J	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #	CITY: STATE: BURNET T	ZIP CODE X 78611
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
PERIOD COVERED	January 15 30th day before election July 15 8th day before election Month Day Year THROUGH	Runoff Exceeded \$500 limit Month Day	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR) Year
ELECTION	ELECTION DATE Month Day Year Primary	Runoff Co	2011
OFFICE	OFFICE HELD (If any) DISTRICT CLERK	13 OFFICE SOUGHT (if known)	eral Special
NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER NDIVIDUALS	Direct campaign expenditures are campaign expenditures are campaign expenditures are campaign expenditures are campaign expenditures. Candidates are required to disclose this information only Name	fures made by others without the control of the process of the pro	andidate's prior consent or approval. direct campaign expenditure. ••
] additional pages	Address / PO Box; Apt. Suite #: City: State: Zip Code		
	GO TO PAGE	2	

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPOR	RI & TOTALS	COVER SHEET PG
15 C/OH NAME	CASIE WILLS	16 ACCOUNT # (Ethics Commission Fi
17 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by Candidate and officeholder. These expenditures may have been made without the candidate's or	y political committees to
,	COMMITTEE TYPE	o o occur appenditures,
	GENERAL COMMITTEE ADDRESS	
	SPECIFIC	
additional pages	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
8 CONTRIBUTION	1. TOTAL POLITICAL CONTRIGUE	
TOTALS	PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ &
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ Ø
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 95200
OUTSTANDING OAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	· 30.00
AFFIDAVIT		\$26,000.00
	l swear, or affirm, under penalty of perjury is true and correct and includes all informa me under Title 15, Election Code.	that the accompanying report to be reported by
	Coror Wus	2
FFIX NOTARY STAMP / SE	/ / 0 : 1 1: - 0	Officeholder
rn to and subscribed t	this . to certify which, witness my hand and seal of office.	the 18+10 day
Gnature of officer administ	Tolene Mack deput	clerk
		cer administering oath

ОТН	ITICAL CONTRIBUTIONS ER THAN PLEDGES OR LO	DANS		SCHEDULE
The Inst	ruction Guide explains how to complete this for	m.	1 Total page	es Schedule A:
2 FILER	NAME			
4 Date			3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Full name of contributor	X#:	7 Amounto	f 8 in-kind contributio
	6 Contributor address; City; State; Zip Co	ing granders	contribution	(\$) description (if applica
9 Principal o	occupation / Job title (See Instructions)		(if travel outs	! - ilde of Texzs, complete Schedule
	(See Instructions)	10 Employer (S	ee instructions)	or local, complete schedule
Date	Full name of contributor) Amount of	In the same
	Contributor address; City; State; Zip Coo	: · · · · · · · · · · · · · · · · · · ·	contribution (In-kind contribution \$) description (if applicab
				į
Principal oc	cupation / Job title (See Instructions)	- Employee	(If travel outsid	e of Texas, complete Schedule 1
Date		Employer (See	instructions)	
	Full name of contributor ut-of-state PAC (IDM:_		Amount of	In-kind contribution
	Contributor address; City; State; Zip Code	a a	contribution (\$)	description (if applicable
			·	
Principal occu	upation / Job title (See Instructions)	Employer (See	(if travel outside	of Texas, complete Schedule T)
Date	Full name of contributor	zmployer (See	instructions)	
	ruii name of contributor		Amount of	In-kind contribution
	Contributor address; City; State; Zip Code	10 - 85 mg	contribution (\$)	description (if applicable)
Principal occu-	Stign / John Marco		// // // // // // // // // // // // //	
accup	ation / Job title (See Instructions)	Employer (See In	structions)	Texas, complete Schedule T)
Date	Full name of contributor		America	
- 1			Amount of contribution (\$)	in-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code	1		
	Contributor address: City: State: Zip Code		!	ı

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

	struction Guide explains how to complete this for	m.	1 Total pages	his Schedule B:	
2 FILER NAME			3 ACCOUNT#	3 ACCOUNT # (Ethics Commission filers)	
4 T	0.71				
5 Date	OTAL OF UNITEMIZED PLEDGES:) th th 1	⇒ ⇔ ⇔	\$	
3 Date	6 Full name of piedgor ☐ out-of-state PAC (ID#:) 8 Amount of	9 In-kind description	
	7 Pledgor address; City; State; Zip Co	_{lee} ode	pledge (\$)	(if applicable)	
0 Principal or			(16 terms) and to	1	
o Tricipal de	cupation / Job title (See Instructions)	11 Employer (Se	e instructions)	of Texas, complete Schedul	
Date	Full name of pledgor				
	Pledgor address; City: State; Zip Coc		Amount of pledge (\$)	In-kind description (if applicable)	
Principal occitions)	upation / Job title (See Instruc-	Employer (See	(if travel outside	 	
Date			rinstructions)		
July 1	Full name of pledgor		Amount of pledge (\$)	in-kind description (if applicable)	
Principal case					
Theipar occu	pation / Job title (See Instructions)	Employer (See i	nstructions)	Texas, complete Schedule T	
Date	Full name of pledgor Dut-of-state PAC (ID+				
	Pledgor address; Cliy; State; Zip Code		Amount of pledge (\$)	in-kind description (if applicable)	
incipal occupa	ation / Job title (See Instructions)	Employer (See in:	(If travel outside of T	exas, complete Schedule T)	
Date					
	Full name of pledgor	. 41. 4.4. 4.4.	Amount of pledge (\$)	In-kind description (If applicable)	
icipal occupati	on / Job tille (See Instructions)		(If travel outside of Tex	ias, complete Schedule T)	
. =: ====pappati	on the (See Instructions)	Employer (See Inst	ructions)	Sumplete Schedule T)	

LOANS						
						SCHEDULE
The instruct	ion Guide explains how to complete ti	his form.		1 Total	pages Sc	:hedule E:
FILER NAME				3 ACCC	UNT# (Ethics Commission filers)
ТО	TAL OF UNITEMIZED LOANS:	⇒	ф ф ф	⇒ ⇒		\$
Date of loan	7 Name of lender	Out-ol	-state PAC (ID#:	-)	9 Loan Amount (\$)
is lender a financial institution?	8 Lender address; City; State	Zip Cod	, , , , , , , , , , , , , , , , , , ,			10 Interest rate
Y N						11 Maturity date
Principal occupat	ion / Job title (See Instructions)	1	3 Employer (See In	estructions)		
Description of Colla	ateral					
none						le .
GUARANTOR	16 Name of guarantor					18 Amount Guaranteed (\$)
GUARANTOR	16 Name of guarantor 17 Guarantor address: City; State;	Zip Code				18 Amount Guaranteed (\$)
GUARANTOR INFORMATION not applicable		Zip Code	oyer	8		18 Amount Guaranteed (\$)
GUARANTOR INFORMATION not applicable Principal Occupation				8		18 Amount Guaranteed (\$) Loan Amount (\$)
GUARANTOR INFORMATION not applicable Principal Occupation ate of loan	17 Guarantor address; City; State;	20 Empl				
GUARANTOR INFORMATION not applicable Principal Occupation Date of loan s lender a nancial institution?	17 Guarantor address: City; State; Name of lender	20 Empl				Loan Amount (\$)
GUARANTOR INFORMATION not applicable Principal Occupation Date of loan s lender a nancial institution?	17 Guarantor address: City; State; Name of lender	20 Empl				Loan Amount (\$) Interest rate
GUARANTOR INFORMATION not applicable Principal Occupation Date of loan s lender a nancial institution?	17 Guarantor address: City; State; Name of lender Lender address; City; Stale;	20 Empl	te PAC (IDII)	g		Loan Amount (\$) Interest rate
GUARANTOR INFORMATION not applicable Principal Occupation a lender a nancial institution? N Principal occupation escription of Collater none UARANTOR	17 Guarantor address: City; State; Name of lender Lender address; City; Stale;	20 Empl	te PAC (IDII)			Loan Amount (\$) Interest rate
GUARANTOR INFORMATION not applicable Principal Occupation a lender a nancial institution? N Principal occupation	17 Guarantor address: City; State; Name of lender Lender address; City; Stale;	20 Empl	te PAC (IDII)			Loan Amount (\$) Interest rate Maturity date

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	struction Guide explains how to complete this for	m.	1 Total pages Schedule F:
2 FILER	VAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name		7 Amount (\$)
	6 Payee address; City; State; Zip Co		
Purpose o required.)	f payment (See instructions regarding type of information	9 Complete if di Candidate / Officeholder n	rect expenditure to benefit C/OH •• earne Office sought Office
(if travel or	utaide of Texas, complete Schedule T)		
Date	Payee name		Amount
	Payee address; City; State; Zip Cod		
S			
required.)	payment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na	ct expenditure to benefit C/OH rme Office sought Office h
Date	side of Texas, complete Schedule T)		
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code	<u>.</u>	
Purpose of prequired.)	ayment (See instructions regarding type of information	« Complete if direc	it expenditure to benefit C/OH ne Office sought Office he
requirea.)	ayment (See instructions regarding type of information side of Texas, complete Schedule T)	« Complete if direc Candidate / Officeholder nan	
requirea.)		Complete if direct Candidate / Officeholder name	ne Office sought Office he
(If travel out	iside of Texas, complete Schedule T)	Candidate / Officeholder nan	
(if travel out	iside of Texas, complete Schedule T) Payee name	Candidate / Officeholder nan	ne Office sought Office he
(If travel out	iside of Texas, complete Schedule T) Payee name	Candidate / Officeholder nan	Armount (\$) expenditure to benefit C/OH >>
(If travel out Date Purpose of parequired.)	Payee address; City: State: Zip Code	Candidate / Officeholder nan	Amount (\$)

POLITICAL EXPENDITURES

SCHEDULE G

	The inst	ruction Guide explains how to complete this form.	1 Total pages Sch	nedule G:
	FILER NA	AME	3 ACCOUNT # (E	Ethics Commission filers)
	Date	5 Payee name		8 Amount (\$)
		6 Payee address; City; State; Zip Code		
		7 Purpose of expenditure (See Instructions regarding type of Informa	tion required.)	Reimbursemen from political contributions
=	Date	(If travel outside of Taxas, complete Schedule T)		intended
	55.0	Payee name Payee address; City; State; Zip Code		Amount (\$)
		Purpose of expenditure (See instructions regarding type of informat (If travel outside of Texas, complete Schedule T)	don required.)	Reimbursement from political contributions
	Date	Payee name		intended
		Payee address; City; State; Zip Code		Amount (\$)
		Purpose of expenditure (See instructions regarding type of information	on required.)	Reimbursement from political contributions
_		(If travet outside of Texas, complete Schedule T)		intended
	Date	Payee name Payee address; City: State; Zip Code		Amount (\$)
		Purpose of expenditure (See instructions regarding type of information (if travel outside of Texas, complete Schedule T)	on required.)	Reimbursement from political contributions intended
(Dat e	Payee name		Amount
		Payee address; City; State; Zip Code	, a , sm s, , , , , , , , , , , , , , , , ,	(\$)
		Purpose of expenditure (See instructions regarding type of information	required.)	Reimbursement from political contributions
		(If travel outside of Texas, complete Schedule T)		intended

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The Instr	uction Guide explains how to complete this for		1 Total pages So	tadula Hi
2 FILER NA		m.	**************************************	
4 FILERINA			3 ACCOUNT # (I	Ethics Commission filers)
4 Date	5 Business name 6 Business address; City: State: Zip Co			7 Amount (\$)
<u> </u>		de		
required.)	ayment (See Instructions regarding type of information le of Texas, complete Schedule T)	9 Complete i Candidate / Officehold	f direct expenditure er name	to benefit C/OH Office sought Office he
Date	Business name			A
	Business address; City; State; Zip Cod			Amount (\$)
	1			
required.)	ment (See instructions regarding type of information of Texas, complete Schedule T)	⊶ Complete if of Candidate / Officeholder	direct expenditure t	o benefit C/OH •• Office held
required.)		•• Complete if candidate / Officeholder		iffice soughl Office held
(If travel outside	of Texas, complete Schedule T)	Candidate / Officeholder		
(If travel outside	of Texas, complete Schedule T) Business name	Candidate / Officeholder	recl expenditure to	Amount (\$)
Oate Date Purpose of paymequired.)	of Texas, complete Schedule T) Business name Business address; City; State; Zip Code	Complete if di	recl expenditure to	Amount (\$)
Oate Date Purpose of paymequired.)	of Texas, complete Schedule T) Business name Business address; City; State; Zip Code	Complete if di	recl expenditure to	Amount (\$) benefit C/OH ** ice sought Office held
Oate Date Purpose of paymequired.)	of Texas, complete Schedule T) Business name Business address; City; State; Zip Code nent (See instructions regarding type of information of Texas, complete Schedule T)	Complete if di	recl expenditure to	Amount (\$) benefit C/OH ice sought Office held
Oate Date Curpose of paymequired.)	of Texas, complete Schedule T) Business name Business address; City; State; Zip Code nent (See instructions regarding type of information of Texas, complete Schedule T) Business name	** Complete if di Candidate / Officeholder n	recl expenditure to hame Off	Amount (\$) benefit C/OH ice sought Office held Amount (\$)

Date

Payee name

Payee address;

	N-POLITICAL EXPENDITURES DE FROM POLITICAL CONTRIBUTION	SCHEDULE I
The	nstruction Guide explains how to complete this form.	1 Total pages Schedule i:
FILER	NAME	3 ACCOUNT # (Ethics Commission filers)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of inform	8 Amount (\$)
Date	Payee name Payee address; Clty; State; Zip Code Purpose of expenditure (See instructions regarding type of informations)	Amount (\$)

	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee address; City: State; Zlp Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

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City; State; Zip Code

Amount (\$)

The inst	ruction Guide explains how to complete this form.	1 Total pages Schedule K:
FILER NA	AME	3 ACCOUNT # (Ethics Commission filers)
Date	5 Payor name 6 Payor address; City; State; Zip Code	8 Amount (\$)
	7 Reason for credit	
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
,	Reason for credit	

I .	de explains how to complete this form.	1 Total pages Schedule T:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Con	poration or Labor Organization / Pledgor / Payee	
5 Contribution / Expenditure	reported on:	
☐ Schedul	e A Schedule B Schedule C Schedule	e D Schedule F Schedule G
Schedul	e H Schedule N COH-UC COH-T	PAC-C PAC-E
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, se	eminar, or other event)
	ration or Labor Organization / Pledgor / Payee	
Contribution / Expenditure rep	. – –	
☐ Schedule	Schedule Schedule	D Schedule F Schedule G
Schedule Dates of travel Nar	H Schedule N COH-UC COH-T	PAC-C PAC-E
Dep	arture city or name of departure location	
Dest	ination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, semin	er, or other event)
Name of Contributor / Corpora	tion or Labor Organization / Pledgor / Payee	
Contribution / Expenditure repo		
Schedule A		
	Schedule N COH-UC COH-T	PAC-C PAC-E
Depar	ture city or name of departure location	
Destina	ation city or name of destination location	
leans of transporters		
rearis or transportation	Purpose of travel (including name of conference, semina	r, or other event)
Depar	ture city or name of departure location	r, or other event)

5

CANDIDATE / OFFICEHOLDED

I do not expect any further political contributions or political expenditures in connection with my candidacy. I under that designating a report as a final report terminates my campaign treasurer appointment. I also understand that it not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment.	PER REPORT: FORM C/OH - FR EPORT	DESIGNATION OF FI
1 C/OH NAME 2 ACCOUNT # (Elinic Contributions or political expenditures in connection with my candidacy. I under that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appoint on file. Signature of Candidate / Officeholds	lete this form. Is marked "Final Report" ••	The instruction Guide explains ho complete only if "Report Type"
3 SIGNATURE	2 ACCOUNT # (Ethics Commission filer	
not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appoint on file. Signature of Candidate / Officeholds Signature of Candidate / Officeholds Complete A & B below only if you are not an officeholder A. CAMPAIGN FUNDS Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions understand that i may not convert unexpended political contributions or unexpended interest or income earned from political contributions and that it may not ore personal use. I also understand that I must file an annual report of unexpended political contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must die an annual report of unexpended of unexpended contributions or unexpended interest or income earned on political contributions and that it may not create after filing this final report. Further, I understand that I must diep a contributions in development accordance with the requirements of Election Code, § 254.204. B. ASSETS Check 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 political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate OFFICEHOLDER Complete this section only if you are an officeholder I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions if, at the time I cease holding office, I retain assets purchased with political contributions if, at the time I cease holding office.		SIGNATURE
FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder A. CAMPAIGN FUNDS Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must flee an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned or political contributions or tretain unexpended contributions or unexpended interest or income earned or political contributions or the property of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. B. ASSETS Check 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 political contributions. I do 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 political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate OFFICEHOLDER Complete this section only if you are an officeholder ** I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with notified contributions does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time	olitical expenditures in connection with my candidacy. I understand my campaign treasurer appointment. I also understand that I may campaign expenditures without a campaign treasurer appointment	I do not expect any further political contributed that designating a report as a final report not accept any campalgn contributions on file.
A. CAMPAIGN FUNDS Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions understand that I may not convert unexpended political contributions or unexpended interest or income earned from political contributions. understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended political contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. B. ASSETS Check 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 political contributions I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate OFFICEHOLDER **Complete this section only if you are an officeholder ** I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or unexpended contributions	Signature of Candidate / Officeholder	
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I do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must lie an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. B. ASSETS Check 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 political contributions I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate OFFICEHOLDER		A. CAMPAIGN FUNDS
I have unexpended contributions or unexpended interest or income earned from political contributions. understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned o political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. B. ASSETS ASSETS I do not retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. OFFICEHOLDER I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with noticed contributions if, at the time I cease holding office, I retain assets purchased with political contributions if, at the time I cease holding office, I retain assets purchased with noticed contributions or interest or ontributions if, at the time I cease holding office, I retain assets purchased with noticed contributions or interest or ontributions if at the time I cease holding office, I retain assets purchased with noticed contributions or interest or ontributions if at the time I cease holding office.		Check only one:
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		I cease holding office, I retain assets
Signature of Officeholder	Signature of Officeholder	

	ENT: APPOINTMENT OF REASURER BY A CANDIDA		FORM ACTA PG 1
1 CANDIDATE NAME CASIE I	WILLS	2 ACCOUNT #	3 Total pages filed:
Use this for	See ACTA Instruction n for changes to existing informatio	Guide for detailed instructions on only. Do not provide information	
4 CANDIDATE	NEW MS/MRS/MR FIRST	MI	OFFICE USE ONLY
NAME			Date Received
	NICKNAME LAST	SUFFIX	2011 JU
5 CANDIDATE MAILING ADDRESS	NEW ADDRESS / PO BOX; APT / SUITE #	: CITY; STATE; ZIP CODE	Date Hant/Aplineed or Postmarked
			Date Hand-delivered or Postmarked Date Propessed
6 CANDIDATE PHONE	NEW AREA CODE PHONE NUME	BER EXTENSION	Date Imaged
7 OFFICE HELD (if any)	DISTRICT CLERK		
8 OFFICE SOUGHT (if known)	NEW		
9 CAMPAIGN TREASURER NAME	MRS. DEADRA N. "NICKI" HER	MI NICKNAME NANDEZ	LAST SUFFIX
10 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	NEW STREET ADDRESS (NO PO BOX PLEASE 1107 EAST JOHNSON BURNET, TEXAS 78611	E); APT / SUITE #: CITY; STATE;	ZIP CODE
11 CAMPAIGN TREASURER PHONE	NEW AREA CODE PHONE NUMB (512) 755-2275	ER EXTENSION	
12 CANDIDATE SIGNATURE	I am aware of the Nepotism I am aware of my responsi the Election Code.		

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

GO TO PAGE 2

Signature of Candidate

Date Signed