# 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 fil	ed: 4	
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR	Debra	, MI	OFFICE	USEONLY	
NAME	NICKNAME Debbie	Bind	SUFFIX	Date Received	IVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	·-	APT / SUITE #; C	CITY; STATE; ZIP CODE	JUL 0	5 2022 ELECTIONS	
Change of Address	Spicewood, lx. 18669					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked  (830) 265-6148  Receipt #   Amount \$				or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	Donne	MI	Date Processed	Amount 9	
14/ 114/11	NICKNAME LAST SUFFIX			Date Imaged	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE); APT / SI	Spicewood,	T文. 7	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 693-05	extension 26			
9 REPORT TYPE	January 15 July 15	30th day before e		treasurer a		
10 PERIOD COVERED	Month /	Day Year / O1 / 2022	Month	, ,	2022	
11 ELECTION	ELECTION DATE  Month Day Year Primary Runoff Other Description  General Special					
12 OFFICE	OFFICE HELD (If any)	of the Pea	13 OFFICE SOUGHT (If knd	own)		
14 NOTICE FROM POLITICAL COMMITTEE(S)	OTICE FROM OLITICAL THIS BOX IS FOR NOTICE OF POLITICAL COMMITTEES TO SUPPOL THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE ( CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES  OFFICE OF THE COMMITTEES TO SUPPOL THE CANDIDATE SAND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES  OFFICE OF THE COMMITTEES TO SUPPOL THE CANDIDATE SAND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES  OFFICE OF THE COMMITTEES TO SUPPOL THE CANDIDATE SAND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES  OFFICE					
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
:		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
GO TO PAGE 2						

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

	<del></del>			
15 C/OH NAME	Debra A. Bi	ndseil	16 Filer ID (Ethi	cs Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICATION     PLEDGES, LOANS, OR GUAR.     CONTRIBUTIONS MADE ELECTRICATION		N \$	0
	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	<b>BUTIONS</b> NS, OR GUARANTEES OF LOANS	) \$	<u>ا</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.	\$	<u></u>
	4. TOTAL POLITICAL EXPEND	ITURES	\$	40.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	FIONS MAINTAINED AS OF THE LA	ST DAY \$	0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT O LAST DAY OF THE REPORTIN	F ALL OUTSTANDING LOANS AS O G PERIOD	OF THE \$	0
	swear, or affirm, under penalty of perjury, t quired to be reported by me under Title 15, E		ue and correct and	includes all information
Dela Binds il)				
		Signature of C	andidate or Office	holder
	Diago, comm	lata aith an antion bala.		
Please complete either option below:				
(1) Affidavit				
NOTARY STAMP/SEA	L.			
Sworn to and subscribed	before me by	this the	day o	f,
20, to certify which, witness my hand and seal of office.				
Signature of officer administe	ering oath Printed name of off	icer administering oath	Title of	officer administering oath
		OR		
(2) Unsworn Declarati	ion			
My name is		and my date of birth i	s	
				_,
,	(street)		(state) (zip cod	
Executed in	County, State of			
		Signature of Cand		
		<del>-</del>		

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19 FILERNAME  Debra A. Bindseil  20 Filer ID (Ethics Commission Filers)				
21	SUBTOTAL AMOUNT			
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4. SCHEDULE E: LOANS		\$ 0		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ O		
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 🔿		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 40.37		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0		

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE I

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	2 FILERNAME Debra Bindse	3 Filer ID (Ethics Commission Filers)				
4 Date 3-15-22	5 Payee name  Spicewood Comn	nunity Center				
6 Amount (\$) 40.37	7 Payee address; Po Box 44 Spice	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.)  Donation				
Date	Payee name					
Amount (\$)	Payee address;	City State Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)				
Date	Payee name					
Amount (\$)	Payee address;	City State Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)				
Date	Payee name					
Amount (\$)	Payee address;	City State Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						