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 file	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mrs.	DeAnne	мі М .	OFFICE	USE ONLY
NAME				Date Received	
	NICKNAME	Fisher	SUFFIX	RECEI	VED
4 CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE	11 11 11 1	2023
OFFICEHOLDER MAILING	PO BOX	67, Bertram, T	TX 78605	JUL 14	1 2023
ADDRESS		,		BURNET CO	LECTIONS
Change of Address					
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered	or Date Postmarked
PHONE	(512)	663-5307			
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
TREASURER NAME	Mrs.	DeAnne	M.	Date Processed	1
TV.WIL	NICKNAME	LAST	SUFFIX	Date Imaged	
		Fisher		Date imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UITE #; CITY;	STATE;	ZIP CODE
TREASURER ADDRESS	302 S. La	mnasas St. F	Bertram, TX 78605		
(Residence or Business)	002 0. 20	impacac ct., L	, , , , , , , , , , , , , , , , , , ,		
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER PHONE	. 540	CC2 F207			
PHONE	(512)	663-5307			
9 REPORT TYPE	January 15	30th day before e	election	15th day aff treasurer ap (Officeholde	
	July 15	8th day before ele	Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year	
COVERED	2	/ 24 / 23	THROUGH 7	/ 14 / 23	
11 ELECTION	ELECTION DA	TE	ELECTION TYPE		
SARANO JAmesiaki sadar (KISAA (KISAA) KISAA (KISAA)	Month Day	Year Primary	Runoff Other		
	3 / 5	/ 24 General	Description Special		
	3 / 3 /	27			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known		
			Tax Assessor	Collector	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES IN S MAY HAVE BEEN MADE WITHOUT THE CAN IRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
		COMMITTEE ADDRESS			
Additional Pages	GENERAL				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
	1	20.72	DACE 0		
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME DeAnne Fisher		16 Filer	ID (Ethics Com	mission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 		\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	200.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	
	4. TOTAL POLITICAL EXPENDITURES		\$	134.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	65.42
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and cor	rrect and includ	les all information
	Signature of Car	ndidate d	or Officeholder	
	Please complete either option below	/ :		
(1) Affidavit				
NOTARY STAMP/SEA	L			
Sworn to and subscribed	before me by this the _		day of	,
20, to certify	which, witness my hand and seal of office.			
Signature of officer administe	ring oath Printed name of officer administering oath		Title of officer a	dministering oath
	OR			
(2) Unsworn Declarati	on C5 (a C		1 - 1	
My name is My address is	and my date of birth is	10 n.T	031	96t S. Burne
Executed in	(street) (sity) (something of candidate of C	I	(zip code) (, 20 (year) eholder (Declar	(country)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	PEAnne Fisher 20 Filer ID (Ethics Continue)		mmiss	ion Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		1	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	200.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE E: LOANS			\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	134.58
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$	
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1:		
² FILER NAME DeAnne	Fisher		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC Randal Fisher	: (ID#:)	7 Amount of contribution (\$)		
	6 Contributor address; City;	State; Zip Code	200.00		
	PO BOX 67, Bertram, TX 7	8605			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	JEEDED.		
	If contributor is out-of-state PAC, please see Instr	The state of the s			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (online)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/M The Instruction Guide explains how to c	/ages/Contract Labor	Other (enter a category not listed above)	
1 Total pages Schedule F1:	DeAnne Fisher		3 Filer ID (Ethics Commission Filers)	
4 Date 04/28/2023	5 Payee name Dryer Creative			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
99.58	3267 Bee Cave Rd., #107-3	346, Austin,	TX 78746	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Name Tags (12)		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name DeAnne Fisher	Office sought Tax Assr Co	Office held	
Date	Payee name			
03/14/2023	The Burnet Co. Republican Women's	s Club		
Amount (\$)	Payee address;	City;	State; Zip Code	
35.00	Burnet, TX			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		bership Fee	
OF		2023 Mem	bership Fee	
OF EXPENDITURE Complete ONLY if direct	Fees Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	2023 Mem Check if Austin Office sought	Office held	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	2023 Mem	Office held	
OF EXPENDITURE Complete ONLY if direct	Fees Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	2023 Mem Check if Austin Office sought	Office held	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name DeAnne Fisher	2023 Mem Check if Austin Office sought	Office held	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name DeAnne Fisher Payee name	2023 Mem Check if Austin Office sought Tax Assr Co	Office held	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date Amount (\$)	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name DeAnne Fisher Payee name Payee address;	Check if Austin Office sought Tax Assr Co	Office held	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date Amount (\$)	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name DeAnne Fisher Payee name Payee address; Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin Office sought Tax Assr Co	Office held State; Zip Code	