#### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS/MRS/MR **FIRST** MI OFFICE USE ONLY **OFFICEHOLDER** Adrienne Mrs. NAME JAN 12 2024 **NICKNAME** LAST SUFFIX **BURNET CO ELECTIONS** Feild Date Hand-delivered or Date Postmarked CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY: ZIP CODE **OFFICEHOLDER** 516 County Road 204 MAILING Receipt # Amount **ADDRESS** Lampasas, TX 76550 Change of Address Date Processed Date Imaged CAMPAIGN MS/MRS/MR FIRST MI **TREASURER** Mrs. Brenda. NAME NICKNAME LAST SUFFIX Goble ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: **CAMPAIGN TREASURER** 403 S Pierce TX 78611 Burnet **ADDRESS** (Residence or Business) PHONE NUMBER **EXTENSION** CAMPAIGN AREA CODE **TREASURER** 512 755-1740 PHONE REPORT TYPE 15th day after campaign treasurer January 15 30th day before election Runoff X appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Day Year Month Day Year COVERED 07/01/2023 **THROUGH** 12/31/2023 **ELECTION TYPE** 10 ELECTION **ELECTION DATE** Month Runoff Other Day Year χ Primary 03/05/2024 General Special 12 OFFICE SOUGHT (if known) 11 OFFICE OFFICE HELD (if any) Tax Assessor-Collector **GO TO PAGE 2**

FORM C/OH

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH **COVER SHEET PG 2**

					2 of 10						
13 C / OH NAME	Feild, Adrienne		14 Filer ID	***************************************							
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political These expenditures may have been mad officeholders are required to report this	de without the candidate's or officel	nolder's kn	owledge or						
Additional Pages	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME									
	GENERAL										
	-	COMMITTEE ADDRESS									
	SPECIFIC										
		COMMITTEE CAMPAIGN TREASURE	R NAME								
		COMMITTEE CAMPAIGN TREASURE	R ADDRESS								
				_							
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OT S OF LOANS, OR CONTRIBUTIONS N	\$	500.00							
		AL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES	OF LOANS)	\$	4,910.00						
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES	\$	0.00							
	4. TOTAL POLITIC	AL EXPENDITURES	\$	1,514.29							
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	\$	4,004.92							
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING L TING PERIOD	OANS AS OF THE LAST DAY	\$	0.00						
17 AFFIDAVIT											
			der penalty of perjury, that the acco includes all information required to ion Code.								
LESLIE KIMBLER Notary Public, State of Texas Comm. Expires 01-07-2027 Notary ID 131844931  Signature of Candidate or Officeholder											
AFFIX NO	TARY STAMP / SEAL AB	OVE									
Sworn to and subso	Sworn to and subscribed before me, by the said Adrienne Feild , this the 11th day										
of Januar	y , 20 24 , to co	rtify which, witness my hand and seal of	f office.								
Signature of office	cer administering	Printed name of officer administeri	ng Title of officer	administe	ring oath						
					1						

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

					3 of 10
	LER NAM	*	19 Filer ID		
Fe	eild, Adri	enne			
	AME OF	SI	UBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	4,910.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	1,149.33
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	364.96
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	). 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	2. 🔲	RETURNED	\$		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/10  Filer ID  Amount of Contribution (\$)  Amount of Contribution (\$)  Amount of Contribution (\$)  Amount of Contribution (\$)	
2	FILER NAME Feild, Adrien	ne	3	Filer ID		
4	Date 11/22/2023	<ul> <li>Full name of contributor  out-of-state PAC (ID#:Atkins, Nancy</li> <li>Contributor address; City; State; Zip Code</li> <li>1210 CR 407</li> </ul>	7	Amount of Contribution (\$)	\$200.00	
8	Principal occu	Spicewood, TX 78669 pation / Job title (See Instructions)	Employer (See Instructions	_		
٥	Retired	pation 7 300 title (See instructions)	Employer (See instructions	,		
	Date 11/06/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
Г	979	pation / Job title (See Instructions)	Employer (See Instructions	)		
L	Assistant Cit	Full name of contributor  out-of-state PAC (ID#:	City of Burnet	_	Associated Contribution (#)	
	11/22/2023	Farmer, Paul  Contributor address; City; State; Zip Code 1300 Adam Ave  Burnet, TX 78611				\$500.00
Γ	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Hamilton Valley Managr		ot	
	Date 10/05/2023	Full name of contributor out-of-state PAC (ID#:Feild, Thomas  Contributor address; City; State; Zip Code 516 CR 204  Lampasas, TX 76550			Amount of Contribution (\$)	\$2,000.00
Г		pation / Job title (See Instructions)	Employer (See Instructions	()		
L		ience Trainer- PE	Magellan Federal	_		
	Date 10/29/2023	Full name of contributor out-of-state PAC (ID#: Feild, Thomas  Contributor address; City; State; Zip Code 516 CR 204  Lampasas, TX 76550	)		Amount of Contribution (\$)	\$10.00
T		pation / Job title (See Instructions)	Employer (See Instructions	()		
_	master Resi	ience Trainer- PE	Magellan Federal			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1					
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/10				
2	FILER NAME Feild, Adrien				3	Filer ID		
4	Date 12/06/2023	<ul> <li>Full name of contributor out-of-state PAC (ID#:_Klaus, Allan</li> <li>Contributor address; City; State; Zip Code 170 Klaus Ln</li> <li>Red Rock, TX 78662</li> </ul>	Amount of Contribution (\$)	\$500.00				
8	Principal occu Engineer	pation / Job title (See Instructions)	9	Employer (See Instructions NXP Semiconductors, In				
	Date 12/28/2023	Full name of contributor out-of-state PAC (ID#:_Walters, A.B.  Contributor address; City; State; Zip Code PO Box 1669  Burnet, TX 78611		Amount of Contribution (\$)	\$1,000.00			
	Principal occu Chairman of	pation / Job title (See Instructions) f the Board	5)					
	Date 12/28/2023	Full name of contributor out-of-state PAC (ID#:_Zehner, Brad  Contributor address; City; State; Zip Code 512 CR 140  Burnet, TX 78611		Amount of Contribution (\$)	\$100.00			
	Principal occu Retired	upation / Job title (See Instructions)		Employer (See Instructions	5)			

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Version V3.5.1.0bfcfb67

Forms provided by Texas Ethics Commission

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	al Co	mmittee	Legal Services The Instruction Gu	ıide explains			Contract Labor te this form.		OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAM	IE					3	Filer ID
L	Sch: 1/3 Rpt: 6/10		Feild, Adri	enne						
4	Date	5	Payee nam	е						
L	12/06/2023		First State	Bank of Burnet						
6	Amount (\$)	7	•		State	e; Zip Co	de			
	\$755.00		104 Count	y Road 213						
			Bertram, T	X 78605						
8	PURPOSE OF	(a)	Category	See Categories listed at the	ne top of this sch	hedule)	(b)	Description		
	EXPENDITURE		Fees							ide of Texas. Complete Schedule T. , officeholder living expense
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								\$5.00- Cashi		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/O	fficeholder name	(	Office sou	ght			Office held
Г	Date	Γ	Payee nam	e						
	12/11/2023		Meta Platf	orms, Inc.						
Г	Amount (\$)	Γ	Payee addr	ess; City;	State	; Zip Co	de			
l	\$35.01		1601 Willo	w Road						
			Menlo Par	k, CA 94025-145	2					
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			Menlo Par	k, CA 94025-145	2					
Γ	PURPOSE	(a)	Category	See Categories listed at the	he top of this scl	hedule)	(b)	Description		
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	expenditure to benefit C/O						J			
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## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Fees Food/Beverage Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Awards/Memorials Legal Services The Instruction Gu			ages	/Contract Labor	Travel Out of District OTHER (enter a category not listed above)	
_	T	_	EU ED MAME						Filer ID	
1	Total pages Schedule F1:	2						3	File ID	
	Sch: 2/3 Rpt: 7/10		Feild, Adrie	nne						
4	Date	5	Payee name							
	11/30/2023		Meta Platfo	rms, Inc.						
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de		The state of the s	
Ĭ	\$3.07		1601 Willov							
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## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Cift/Awards/Memorials Legal Services The Instruction Gu			ages	/Contract Labor		Travel Out of District OTHER (enter a category	not listed above)
1	Total pages Schedule F1: Sch: 3/3 Rpt: 8/10	2	FILER NAME Feild, Adrie					3	3	Filer ID	
4	Date 11/09/2023	5	Payee name Meta Platfo								
6	Amount (\$) \$29.00	7	Payee addre 1601 Willow Menlo Park			Zip Co	de				
8	PURPOSE OF EXPENDITURE	(a)	Category (s Advertising	ee Categories listed at th	ne top of this scho	edule)	(b)		TX,	de of Texas. Complete Scho officeholder living expense	edule T.
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholder name	C	Office sou	ght			Office held	
	Date 10/05/2023		Payee name OMT Sign S								
	Amount (\$) \$267.00		Payee addre 1844 West Burnet, TX	Highway 29	State;	Zip Co	de				
	PURPOSE OF EXPENDITURE	(a)	Category (s Advertising	ee Categories listed at th Expense	ne top of this sch	edule)	(b)		TX,	de of Texas. Complete Scho officeholder living expense astic Sign(s)	edule T.
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholder name	C	Office sou	ght			Office held	

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Event Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Consulting Expense Polling Expense Travel Out of District Contributions/ Donations Made By Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Legal Services The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 1/2 Rpt: 9/10 Feild, Adrienne TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Date 6 Payee name 09/29/2023 D & W Printing and Office Supplies Payee address; City: State: Zip Code 7 Amount (\$) \$117.99 PO Box 1631 Burnet, TX 78611 TYPE OF 9 Political Non-Political X **EXPENDITURE** 10 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Printing Expense EXPENDITURE Check if Austin, TX, officeholder living expense Campaign Materials/Push Cards 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/10/2023 Wix.com LTD Amount (\$) Payee address; City; State; Zip Code \$39.13 40 Namal Tel Aviv 6350671 Israel TYPE OF Political Non-Political X **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Website Domain Purchase Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

#### **EXPENDITURES MADE BY CREDIT CARD** SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Fees Food/Beverage Expense Transportation Equipment & Related Expense Consulting Expense Travel in District Polling Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 2/2 Rpt: 10/10 Feild, Adrienne \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 6 Payee name 08/23/2023 Wix.com LTD 7 Amount (\$) 8 Payee address; City; State; Zip Code \$207.84 40 Namal Tel Aviv 6350671 Israel TYPE OF X Political Non-Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Website Plan 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH