CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complet	e this form. 1 Filer ID		2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST Adrienne	МІ	OFFICE USE ONLY Date Received
		LAST Feild	SUFFIX	RECEIVED FEB 0 5 2024
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / 516 County Road 204	SUITE#; CITY;	ZIP CODE	Date Hand-delivered or Date PostmerkedNS Receipt # Amount
Change of Address	Lampasas, TX 76550			Date Processed Date Imaged
5 CAMPAIGN TREASURER NAME		FIRST Brenda	MI	
		LAST Goble	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO E 403 S Pierce	BOX PLEASE); APT	r / Suite #; City; Bur	STATE; ZIP CODE net TX 78611
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE 512 755-17	ENUMBER EXTENSION 40		
8 REPORT TYPE	January 15 X	30th day before election 8th day before election	Runoff Exceeded modified reporting limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 01/01/2024	THROUGH	Month Day 01/25/202	Year 4
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024	X Primary General	ELECTION TYPE Runoff Special	Other
11 OFFICE	OFFICE HELD (if any)	•	12 OFFICE SOUGHT Tax Assessor-Co	
		GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 6

					2010
13 C / OH NAME	Feild, Adrienne		14 Filer ID		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder	political contributions accepted or political expenditures these expenditures may have been made without difficeholders are required to report this information	the candidate's or officeho	older's knowle	edge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
П	GENERAL				
		COMMITTEE ADDRESS			1
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS		
16 CONTRIBUTION TOTALS	TOTAL UNITED OR GUARANTE	IIZED POLITICAL CONTRIBUTIONS (OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE ELE	AN PLEDGES, LOANS, ECTRONICALLY)	\$	0.00
	2. TOTAL POLITI	CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$	200.00
EXPENDITURE TOTALS	3. TOTAL UNITER	MIZED POLITICAL EXPENDITURES		\$	0.00
		CAL EXPENDITURES		\$	3,793.78
CONTRIBUTION BALANCE	REPORTING P			\$	407.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI	PAL AMOUNT OF ALL OUTSTANDING LOANS A RTING PERIOD	S OF THE LAST DAY	\$	0.00
17 AFFIDAVIT					
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required to	ompanying re be reported	port is by me
	LESLIE KIMBLER lotary Public, State of Te Comm. Expires 01-07-20 Notary ID 13184493	27 Actum	of Candidate or Officehold	der	
AFFIX NO	TARY STAMP / SEAL A	BOVE			
Sworn to and subs	scribed before me, by the	said Advienne Feild certify which, witness my hand and seal of office.	, this the5		day
Signature of off	icer administering	Printed name of officer administering	Notar Title of officer	administerin	g oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

SOBTOTALS - CIOTI	COVER SHEET PG 3 3 of 6
18 FILER NAME Feild, Adrienne 19 Filer ID	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
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. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,793.78
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
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 CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/6	
2	FILER NAME Feild, Adrien				3	Filer ID	
4	Date 01/04/2024	 5 Full name of contributor)	7	Amount of Contribution (\$)	\$200.00
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	5)		

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	- Gift/Awards/Memorials Expense Printing Expense Travel Out of District Committee 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 F1:	2 FILER NAME 3 Filer ID
L	Sch: 1/2 Rpt: 5/6	Feild, Adrienne
4	Date	5 Payee name
	01/16/2024	Meta Platforms, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	1601 Willow Road
	Proceedings 1 () (
		Menlo Park, CA 94025-1452
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas, Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Facebook Ad(s)
ı		r accook Ad(3)
L		Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Calididate/Officerolder Harrie
H	Date	Payee name
	01/25/2024	Meta Platforms, Inc.
L		
1	Amount (\$)	1 4/00 444.0001
1	\$35.00	1601 Willow Road
1		
1		Menlo Park, CA 94025-1452
Γ	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
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1		Pacebook Au(3)
L		Candidate/Officeholder name Office sought Office held
ı	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officerolder Harrie
L	experience to belief or o	
Γ	Date	Payee name
1	01/04/2024	OMT Sign Shop
H	Amount (\$)	Payee address; City; State; Zip Code
	\$2,424.80	1844 West Highway 29
	(0.00 ± 0.00 ±	
		Burnet, TX 78611
-	DUDDOCT	100
1	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
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		Campaign Signs
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/C	
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1		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

1 Total pages Schedule F1: Sch: 2/2 Rpt: 6/6 Feild, Adrienne 5 Payee name OMT Sign Shop 6 Amount (\$) \$1,263.82 7 Payee address; City; State; Zip Code Burnet, TX 78611 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Signs 9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	ity; State; Zip Code 29 (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Signs	Sch: 2/2 Rpt: 6/6 Feild, Adrienne 4 Date		Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide 6	Salaries/V	xpens Vages	e /Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
4 Date 01/08/2024 5 Payee name OMT Sign Shop 6 Amount (\$) \$1,263.82 7 Payee address; City; State; Zip Code \$1,844 West Highway 29 Burnet, TX 78611 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Signs 9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Signs	4 Date 01/08/2024 5 Payee name 0MT Sign Shop 6 Amount (\$) \$1,263.82 7 Payee address; City; State; Zip Code 1844 West Highway 29 Burnet, TX 78611 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	1	Total pages Schedule F1:	2 FILER NAM	ИE			3	Filer ID
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Page lane			Γ	Date	Payee nan	ne				
01/11/2024 Office Depot		Date Payee name		01/11/2024	Office De	pot				
Amount (\$) Payee address; City; State; Zip Code		1	Γ	Amount (\$)	Payee add	ress; City;	State; Zip Co	ode		
\$35.16 6600 North Military Trail	ity; State; Zip Code	01/11/2024 Office Depot		\$35.16	6600 Nor	th Military Trail				
		O1/11/2024 Office Depot Amount (\$) Payee address; City; State; Zip Code	1							
Boca Raton, FL 33496		O1/11/2024 Office Depot Amount (\$) Payee address; City; State; Zip Code			Boca Rat	on, FL 33496				
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	Trail	O1/11/2024 Office Depot Amount (\$) Payee address; City; State; Zip Code \$35.16 6600 North Military Trail	H	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description	
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expenditure to benefit C/OH	name Office sought Office held								Campaign Sigr	ns
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