CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers	2 Total pages fil	ed:		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mrs.	FIRST DeAnne	мі М.	OFFICE USE ONLY			
NAME	NICKNAME	Fisher	SUFFIX	· · Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO BOX 67,	Bertram, TX 7860	CITY; STATE; ZIP CODE		HAND DELIVERED JUL 15'24 PM4:03		
Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	(512)	663-5307	EXTENSION		or Date Postmarked		
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$		
TREASURER NAME	Mrs.	DeAnne	M.	Date Processed			
NAME	NICKNAME	LAST	SUFFIX	Data Issaed			
		Fisher		Date Imaged			
7 CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE); APT / S asas St., Bertram,		STATE;	ZIP CODE		
(Residence or Business)							
8 CAMPAIGN TREASURER PHONE	(512)	663-5307	EXTENSION				
9 REPORT TYPE	January 15	30th day before e	election Runoff	treasurer a	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)		
10 PERIOD	Month	Day Year	Month	n Day Yea	ŗ		
COVERED	5 / 19 / 24 THROUGH 7 / 15 / 24				1		
11 ELECTION	ELECTION DATE ELECTION TYPE						
	Month Day Year Primary Runoff Other Description						
	11 / 5	General General	Special				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if kno				
			Burnet Co Tax	Assessor C	ollector		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME						
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

CAMPAIGI	N FINANCE REPORT	COVER	SHEET PG 2
15 C/OH NAME DeAnne M. Fisher		16 Filer ID (Ethics	s Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	900.61
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$	0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	0.00
	Please complete either option below	r:	
(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 administ	ering oath Printed name of officer administering oath	Title of o	fficer administering oath
(2) Unsworn Declarat	OR OR		
My name is My address is	CAMPASAS ST/POBOL LA BRATAM,	TX 786	05
Executed in Burn	(street) (street) (sity) (s	state) (zip code	(country)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME DeAnne Fisher	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTION	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL (CONTRIBUTIONS \$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FR	OM POLITICAL CONTRIBUTIONS \$ 586.86
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE	FROM POLITICAL CONTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CA	\$ 313.75
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FRO	DM PERSONAL FUNDS \$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL COM	NTRIBUTIONS TO A BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE F	ROM POLITICAL CONTRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS TO FILER	S, AND CONTRIBUTIONS RETURNED \$

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica	Al Committee Legal Services Salaries	Nages/Contract Labor	Other (enter a categor	y not listed above)			
Credit Card Payment	The Instruction Guide explains how to	complete this form.					
1 Total pages Schedule F1:	2 FILER NAME DeAnne Fisher	3 Filer ID (Ethics Commission Filers)					
4 Date	5 Payee name						
06/01/2024	Tractor Supply						
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code			
64.75	1919 Loop 332, Liberty Hill, TX 78642						
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE	Other	T-Post Puller					
OF EXPENDITURE							
EAR ENDITIONE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held			
expenditure to benefit C/Oh	DeAnne Fisher	Burnet Co Tax Assessor Collect	tor				
Date	Payee name						
07/15/2024	American Express Credit Card						
Amount (\$)	Payee address;	City;	State;	Zip Code			
522.11	PO Box 6031, Carol Stream, IL 6019	7-6031					
	Category (See Categories listed at the top of this schedule)	Description					
BUBBOSE	Credit Card Payment Payment for Campaign Expenses						
PURPOSE OF	Fayment for Campaign Expenses						
EXPENDITURE							
	Check if travel outside of Texas, Complete Schedule T.	eck if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate / Officeholder name	Office sought	(Office held			
expenditure to benefit C/OF	DeAnne Fisher	Burnet Co Tax Assessor Collec	tor				
	Paula varia						
Date	Payee name						
Amount (\$)	Payee address;	City;	State;	Zip Code			
, (v)	r ayou addisoo,	Ony,	State,	2.0 0000			
	Category (See Categories listed at the top of this schedule)	Description					
DUBBOSE	Category (one categories listed at the top of this softenine)	Description					
PURPOSE OF							
EXPENDITURE							
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held			
expenditure to benefit C/OF	1						
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED				

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. USE A NEW PAGE FOR EACH CREDIT CARD ISSUER 2 FILER NAME 1 TOTAL PAGES 3 FILER ID (Ethics Commission Filers) SCHEDULE F4: DeAnne Fisher 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Name of financial institution 5 CREDIT CARD **ISSUER** American Express 6 PAYMENT (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid \$ 313.75 06/01/2024 7 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code '1 Meta Way, Menlo Park, C494025-1452 Meta 8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE** Campaign Advertising Facebook Campaign Ads Political Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Office Held 9 Complete ONLY if direct expenditure to benefit C/OH DeAnne M. Fisher Burnet Co Tax Assessor Collector (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid **PAYMENT** \$ PAYEE (a) Payee name (b) Payee address; City, State, Zip Code (b) Description **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) EXPENDITURE Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office Sought Office Held expenditure to benefit C/OH (c) Date(s) Credit Card Issuer Paid **PAYMENT** (a) Amount Charged (b) Date Expenditure Charged PAYEE (a) Payee name (b) Payee address; City, State, Zip Code **PURPOSE OF** (b) Description (a) Category (See Categories listed at the top of this schedule) **EXPENDITURE** Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Complete ONLY if direct Office Held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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Revised 1/1/2024