

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

JHNIS 28 11:57
FORM C/OH
COVER SHEET

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 2
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: Amber MI: _____ NICKNAME: _____ LAST: Elenz SUFFIX: _____	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 1900 Elton Lane, Austin, Texas 78703 APT / SUITE: _____ CITY: _____ STATE: _____		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (512) PHONE NUMBER: 082-9248 EXTENSION: _____		Date Hand-delivered or Date Postmarked: _____
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: Lauren MI: _____ NICKNAME: _____ LAST: Whelan SUFFIX: _____	Receipt # _____ Amount \$ _____	Date Processed: _____
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Post Office)</small>	STREET ADDRESS (NO PO BOX PLEASE): 1905 Elton Lane, Austin, Texas 78703 APT / SUITE: _____ CITY: _____ STATE: _____		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (512) PHONE NUMBER: 497-2987 EXTENSION: _____		Date Imaged: _____
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month: 7 / Day: 01 / Year: 2019 THROUGH Month: 12 / Day: 31 / Year: 2019		
11 ELECTION	ELECTION DATE: Month: 11 / Day: 08 / Year: 2016 ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description: _____ <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE NAME: Austin ISD Trustee District 5 OFFICE DESCRIPTION: Austin ISD Trustee District 5		

GO TO PAGE 2 OF 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM 501
COVER SHEET FD-2

14 C/OH NAME

Amber Flenz

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEES(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / 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 RECEIVED NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0

2. TOTAL POLITICAL CONTRIBUTIONS OF MORE THAN \$50 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED \$ 0

4. TOTAL POLITICAL EXPENDITURES OF MORE THAN \$50 UNLESS ITEMIZED \$ 0

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 6238.20

OUTSTANDING
LOAN TOTALS

LAST DAY OF THE REPORTING PERIOD \$ 0

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Amber Flenz

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me on January 20, 2020 day of January, 2020.

Mariet Reyes-Kitch

Signature of officer administering oath