

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

ELECTRA 1.0

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

4

3 CANDIDATE /

MS / MRS / MR

FIRST

MI

OFFICEHOLDER
NAME

NICKNAME

LAST

SUFFIX

Amber

Elenz

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1900 Elton Ln. Austin, TX 78703

Change of Address

5 CANDIDATE /
OFFICEHOLDER

AREA CODE

PHONE NUMBER

EXTENSION

Date Hand delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Receipt #

Amount \$

Arati

NICKNAME

LAST

SUFFIX

Date Processed

Date Imaged

TREASURER

Address

1900 Elton Ln Austin TX 78703

Amount of Receipt

PHONE

ORIGINATOR NAME

Formal

DATE

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 Filer ID (Ethics Commission Filers)

**16 NOTICE FROM
POLITICAL**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR RECEIVED BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. SPECIAL REPORTING IS REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE

OF SUCH EXPENDITURES.

COMMITTEE TYPE COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

TOTALS

PLEDGES, LOANS, OR GUARANTEES OF LOANS, UNLESS OTHERWISE ITEMIZED

EXPENDITURE

UNLESS ITEMIZED

CONTRIBUTION
BALANCE

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

\$ 10,269.78

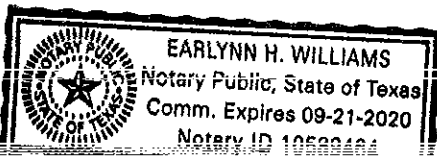
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 5,000.00

NOTARY AFFIDAVIT

true and correct and includes all information required to be reported by me under Title 15, Election Code.



Amber Elm

AFFIX NOTARY STAMP/SEAL ABOVE

SUBTOTALS C/OH

FORM C/OH

COVER SHEET PG 3

19 FILER NAME

Amber Elenz

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 0

2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$ 0

3. SCHEDULE B: PLEDGED CONTRIBUTIONS

\$ 0

4. SCHEDULE E: LOANS

\$ 0

389.70

SCHEDULE K: INTEREST, GAINS, REBUNDS, AND CONTRIBUTIONS

RETURNED TO FILER

FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking

Event Expense
Fees

Loan Repayment/Reimbursement
Office

Solicitation/Fundraising Expense

The Instruction Guide explains how to complete this form.

1 Total on Schedule F1 2 FILER NAME

AMDEI ELENZ

3 FILER ID FROM STATE

6 Amount (\$) \$200.70

7 Payee address; City, State, Zip Code
5416 Parkcrest Drive Suite 600 Austin TX 78731

8 (a) Category (See Categories listed at the top of this schedule) (b) Description

PURPOSE OF EXPENDITURE

Advertising Expense

- Check if travel outside of Texas. Complete Schedule T.
- Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City, State, Zip Code

Category (See Categories listed at the top of this schedule)

Description

EXPENDITURE