

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **6**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

FIRST

MI

OFFICE USE ONLY

NICKNAME

SUFFIX

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

FIRST

Receipt #

Amount \$

NICKNAME

LAST

Date Processed

Date Imaged

7 CAMPAIGN  
TRFASIRFR,  
ADDRESS

(Residence or Business)

8 CAMPAIGN

AREA CODE

PHONE NUMBER

EXTENSION

TREASURER  
PHONE

9 REPORT TYPE

January 15

30th day before election

Runoff

July 15

8th day before election

Exceeded Modified

10 PERIOD  
COVERED

THROUGH

11 ELECTION

ELECTION DATE

ELECTION TYPE

15th day after campaign  
rer appointment  
(Officeholder Only)

Month

Day

Other  
Description

Final Report (Attach C/OH - FR)

12 OFFICE

OFFICE HELD (if any)

14 NOTICE FROM  
POLITICAL  
COMMITTEE(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 KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

Primary

Runoff

Year

GENERAL

COMMITTEE ADDRESS

General

Special

**NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**

**SCHEDULE A2**

1 Total pages Schedule A2

3 Filer ID (Ethics Commission Filers)

ke

2,175.00

6 Full name of contributor  out-of-state PAC

8 Amount of Contribution \$ description

Mike Sterens.

2,175.00 Consulting Art work

State

6923 Indiana Ave.

Check if travel outside of Texas. Complete Schedule T.

16 If contributor is a child, law firm of parent(s) (if any)

Full name of contributor  out-of-state PAC

Check if travel outside of Texas. Complete Schedule T.

The Instruction Guide explains how to complete this form.

2 FILER NAME

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$

5 Date

9 In-kind contribution

7 Contributor address; City

10 Principal occupation (FOR NON-JUDICIAL)(See Instructions)

11 Employer (FOR NON-JUDICIAL)(See Instructions)

if

13 Principal occupation (FOR JUDICIAL)

12 Contributor's job title (FOR JUDICIAL)(See Instructions)



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

# SCHEDULE G

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  
Credit Card Payment

Event Expense  
Fees  
Fringe Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 FI

3 Filer ID (Ethics Commission Filers)

4 Date

5 Payee

1 m E. Danke

1 Mike Ste

7

ad

3 diana Ave

City

Lubbock, TX

State;

Zip Code

79413

8

(a)

d at the top of this schedule)

(b) Description

mailers, phone calls

OF

EM [ ] OFFICER IF APPLICABLE TV OFFICERHOLDER LIVING EXPENSE

9

Candidate / Officeholder name

Office sought

Office held

Complete ONLY if direct expenditure to benefit C/OH

Date

Payee name

Amount (\$)

Payee address;

State;

Zip Code

Description

PURPOSE OF EXPENDITURE

Office sought

Office held

# CANDIDATE / OFF CEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

*m*

*kel*

2 Filer ID (Ethics Commission Filers)

3 SIGNATU

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that  
I understand that my final report terminates my campaign treasurer appointment. I also understand that I may not accept any