

# 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: **9**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Ms</i>	FIRST <i>Heather</i>	MI <i>H.</i>	OFFICE USE ONLY			
	NICKNAME	LAST <i>Tootin</i>	SUFFIX			Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; <i>6201 B Shadow Valley Dr.</i>		APT / SUITE #;	CITY; <i>Austin, Tx</i>	STATE; <i>TX</i>	ZIP CODE <i>78731</i>	Date Hand-delivered or Date Postmarked
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(512)</i>	PHONE NUMBER <i>762-3918</i>	EXTENSION		Receipt #	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Ms</i>	FIRST <i>Janette</i>	MI <i>M</i>	Date Processed			
	NICKNAME <i>Jan</i>	LAST <i>More</i>	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); <i>6308 Shadow Mountain Dr.</i>		APT / SUITE #;	CITY; <i>Austin</i>	STATE; <i>TX</i>	ZIP CODE <i>78731</i>	
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(512)</i>	PHONE NUMBER <i>632-0464</i>	EXTENSION				
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month    Day    Year <i>10 / 1 / 2022</i>		THROUGH	Month    Day    Year <i>10 / 29 / 2022</i>			
11 ELECTION	ELECTION DATE Month    Day    Year <i>11 / 8 / 22</i>		ELECTION TYPE				
			<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description		
12 OFFICE		OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <i>At Large Position 9, AISD</i>			
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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 RECEIVE NOTICE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> <i>Heather Toolin</i>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 102.05
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2866.40
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4395.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**18 SIGNATURE** 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.

*Heather Toolin*  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

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 administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is *Heather Toolin*, and my date of birth is *8/15/1971*.  
 My address is *6201 B Shadow Valley*, *AUSTIN TX 78731* US.  
(street) (city) (state) (zip code) (country)  
 Executed in *TRAVIS* County, State of *TEXAS*, on the *30* day of *Oct.*, 20*22*.  
(month) (year)  
*H. Toolin*  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

*Heather Toolin*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2764.35</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>4395</i>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>1800</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>1 of 3</b>
2 FILER NAME <b>Heather Toolin</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/3/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Julie Cowan</b>	7 Amount of contribution (\$) <b>\$260.25</b>
6 Contributor address; City; State; Zip Code <b>4323 Spicewood Springs Rd #8 Austin, TX 78759</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10/5/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Debbie Fincher</b>	Amount of contribution (\$) <b>\$104.10</b>
Contributor address; City; State; Zip Code <b>2606 Pecos St. Austin, TX 78703</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/16/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Lew Little</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>3105 Bowman Ave Austin-TX 78703</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/17/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>David Renee</b>	Amount of contribution (\$) <b>\$250</b>
Contributor address; City; State; Zip Code <b>1200 Barton Creek Blvd, #11 Austin, TX 78735</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2 of 3</b>
2 FILER NAME <b>Heather Toolin</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/18/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jackie Besinger</b>	7 Amount of contribution (\$) <b>\$250</b>
6 Contributor address; City; State; Zip Code <b>9014 Cracas Dr. Austin, TX 78733</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10/18/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sarah Moffett</b>	Amount of contribution (\$) <b>\$200</b>
Contributor address; City; State; Zip Code <b>9608 CopperCrest Dr. Austin, TX 78729</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/18/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cynthia Ramian</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>5 Inwood Circle Austin, TX 78746</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/18/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Crais Lill</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>2410 Keating Lane Austin, TX 78703</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3 of 3</b>
2 FILER NAME <b>Heather Toole</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/18/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Douglas Elenz</b>	7 Amount of contribution (\$) <b>\$500</b>
6 Contributor address; City; State; Zip Code <b>1900 Elton Ln Austin, TX 78703</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10/20/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Fowler</b>	Amount of contribution (\$) <b>\$200</b>
Contributor address; City; State; Zip Code <b>1410 Wathen Ave Austin, TX 78703</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/25/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sterling Lands</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>6510 Berkman Dr. Austin, TX 78723</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/26/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Laura Templeton</b>	Amount of contribution (\$) <b>\$600</b>
Contributor address; City; State; Zip Code <b>5802 Lookout Mountain Dr. Austin, TX 78731</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1 of 2</i>	2 FILER NAME <i>Heather Toolin</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10/3/22</i>	5 Payee name <i>Bobby Vera</i>
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6 Amount (\$) <i>\$720</i>	7 Payee address; City; State; Zip Code <i>130 Niven Path Jarrell TX 76537</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Salaries/Wages/Contract Labor</i>	(b) Description <i>sign installation</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/17/22</i>	Payee name <i>Griffin Communications</i>
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Amount (\$) <i>\$1000</i>	Payee address; City; State; Zip Code <i>168 Belterra Village Way Austin, TX 78737 #7204</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Salaries/Wages/Contract Labor</i>	Description <i>campaign manager</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/17/22</i>	Payee name <i>Edgerton Strategies</i>
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Amount (\$) <i>\$500</i>	Payee address; City; State; Zip Code <i>1540 Keller Parkway Keller TX 76248 #108-402</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Salaries/Wages/Contract Labor</i>	Description <i>website</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>2 of 2</i>	<b>2</b> FILER NAME <i>Heather Toolin</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>10/22/22</i>	<b>5</b> Payee name <i>Griffin Communications</i>	
<b>6</b> Amount (\$) <i>\$1925</i>	<b>7</b> Payee address: <i>168 Beltana Village Way #7204</i>	City: <i>Austin, TX</i> State: <i>TX</i> Zip Code: <i>78737</i>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>(b)</b> Description <i>AISD voter data/ mailing list</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/22/22</i>	Payee name <i>Griffin Communications</i>		
Amount (\$) <i>\$250</i>	Payee address: <i>168 Beltana Village Way #7204</i>	City: <i>Austin, TX</i>	State: <i>TX</i> Zip Code: <i>78737</i>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>email Marketing</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name		
Amount (\$)	Payee address;	City;	State;      Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: <i>1</i>	<b>2</b> FILER NAME <i>Heather Toolin</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ <i>0</i>
<b>5</b> Date <i>9/15/22</i>	<b>6</b> Payee name <i>Edgerton Strategies</i>	
<b>7</b> Amount (\$) <i>\$800</i>	<b>8</b> Payee address; City; State; Zip Code <i>1540 Keller Parkway #108-402 Keller TX 76248</i>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Salaries/Wages/ Contract Labor</i>	<b>(b)</b> Description <i>website</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date	Payee name <i>Griffin Communications</i>		
Amount (\$)	Payee address; City; State; Zip Code <i>168 Belterra Village Way #7204 Austin, TX 78737</i>		
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Salaries/Wages/ Contract Labor</i>	Description <i>campaign manager</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

