

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI				
	NICKNAME	LAST	SUFFIX				
Amber Elenz		OFFICE USE ONLY Date Received 12 OCT 29 PM 1:39:53 Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;			APT / SUITE #;	CITY;	STATE;	ZIP CODE
P.O. Box 5985 Austin TX. 78763				change of address <input type="checkbox"/>			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE			PHONE NUMBER	EXTENSION		
(512) 708-1231							
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI				
	NICKNAME	LAST	SUFFIX				
Stacey Gray							
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
3212 Gilbert St. Austin TX. 78703							
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
(512) 4231903							
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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
9 / 28 / 2012					10 / 27 / 2012		
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
11 / 06 / 2012							
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
			AISD Trustee, District 5				

GOTO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Amber Elenz 15 ACCOUNT # (Ethics Commission Filers)

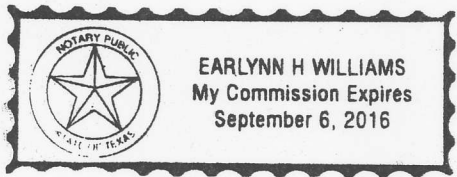
16 NOTICE FROM POLITICAL COMMITTEE(S)

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 OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 314.26
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,790.26
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,146.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 21,567.47
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 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 Elenz
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Amber Elenz, this the 29th day of October, 2012, to certify which, witness my hand and seal of office.

Earlynn H. Williams EARLYNN H. WILLIAMS Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1 of 8	
2 FILER NAME Amber Elenz		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren Whelan	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1805 Elton Ln, Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) BW Investments, LLC	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patti Rogers	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8602 Smoketree Cove, Austin, TX 78735		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Self-employed	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elaine & Michael Kasper	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4002 Balcones Dr., Austin TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Cunningham	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2413 Jarratt, Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rita Kreisle	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1512 Hardaway Ave, Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) homemaker		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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
2 of 8

2 FILER NAME
Amber Elenz

3 ACCOUNT # (Ethics Commission Filers)

4 Date
10/15

5 Full name of contributor out-of-state PAC (ID#: _____)
Allen Dornak

7 Amount of contribution (\$)
\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
801 W. 5th St, Apt. 1706, Austin TX 78703

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Physician

10 Employer (See Instructions)

Date
10/18/12

Full name of contributor out-of-state PAC (ID#: _____)
Austin Kids First

Amount of contribution (\$)
\$2500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
P.O. Box 302007, Austin, TX 78703

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/29/12

Full name of contributor out-of-state PAC (ID#: _____)
Jana Loucks

Amount of contribution (\$)
\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
2012 Brentwood St, Austin, TX 78757

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
~~Remanufactured~~ HR professional

Employer (See Instructions)
Hyatt

Date
10/25/12

Full name of contributor out-of-state PAC (ID#: _____)
Tim C. Taylor

Amount of contribution (\$)
\$250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1902 Stamford Ln, Austin, TX 78703

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

Date
10/25/12

Full name of contributor out-of-state PAC (ID#: _____)
Reenie & Kent Collins

Amount of contribution (\$)
\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
2510 El Gordo Cove, Austin, TX 78703

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
real estate developer

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3 of 8	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/25/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Crowley 6 Contributor address; City; State; Zip Code 5902 Lonesome Valley Tr, Austin, TX 78781	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) Frost Bank	
Date 10/23/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin Kids First Contributor address; City; State; Zip Code P.O. Box 302107, Austin TX. 78703	Amount of contribution (\$) \$2500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/26/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Zedin Contributor address; City; State; Zip Code 1510 Windsor Rd, Austin, TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Financial Manager		Employer (See Instructions)	
Date 10/26/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry Barksdale Contributor address; City; State; Zip Code P.O. Box 1606, Austin TX 78767	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)	
Date 10/25/12	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) Sue Phillips Contributor address; City; State; Zip Code 1406 Walker, Austin, TX. 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
4 of 8

2 FILER NAME

Amber Elenz

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/18/12

5 Full name of contributor out-of-state PAC (ID#: _____)

John Williamson

6 Contributor address; City; State; Zip Code

5410 Odessa Ln, Austin, TX 78731

7 Amount of contribution (\$)

50.00
\$ ~~50.00~~

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

geologist

10 Employer (See Instructions)

Date

10/18/12

Full name of contributor out-of-state PAC (ID#: _____)

Carey & John Windler

Contributor address; City; State; Zip Code

3611 Dali Ln, Austin, TX 78703

Amount of contribution (\$)

\$ 250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

physician

Employer (See Instructions)

Date

10/18/12

Full name of contributor out-of-state PAC (ID#: _____)

Linda and Mark Williams

Contributor address; City; State; Zip Code

2801 Scenic Dr, Austin, TX 78703

Amount of contribution (\$)

\$ 500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

volunteer

Employer (See Instructions)

Date

10/18/12

Full name of contributor out-of-state PAC (ID#: _____)

Barbara Carlson

Contributor address; City; State; Zip Code

3417 Foothill Terrace, Austin, TX 78731

Amount of contribution (\$)

\$ 200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

homemaker

Employer (See Instructions)

Date

10/18/12

Full name of contributor out-of-state PAC (ID#: _____)

Tamara Cable

Contributor address; City; State; Zip Code

1700 Rabb Rd, Austin, TX 78701

Amount of contribution (\$)

\$ 150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

self-employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5 of 8	
2 FILER NAME Amber Elenz		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abe & Jennifer Kuczaj	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 2612 St. Anthony St., Austin TX. 78703	\$100.00	
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew & Robbi Cooper	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/18/12	Contributor address; City; State; Zip Code 9 Scott Crescent, Austin TX. 78703	\$250.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wick and Kristin Alexander	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/18/12	Contributor address; City; State; Zip Code 1415 Preston Ave, Austin, TX 78703	\$100.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) bookkeeper financial manager		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melanie Williamson	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/18/12	Contributor address; City; State; Zip Code 5410 Odessa Ln, Austin TX 78731	\$100.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) bookkeeper		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diana Patterson	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/18/12	Contributor address; City; State; Zip Code 2500 Spring Ln, Austin, TX 78703	\$100.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 498	
2 FILER NAME Amber Elenz		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Schneider	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 3203 Greenlee, Austin, TX. 78703	\$150.00	
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Self-employed		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric and Judy Traube	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2201 Four Oaks Ln., Austin, TX. 78704	\$250.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Ehrlich	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1601 W. 38th St, Ste 206, Austin TX 78731	\$500.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Self-employed real estate broker		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul and Lisa Terrill	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/18/12	Contributor address; City; State; Zip Code 1615 Mohle, Austin, TX. 78703	\$1000.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Black	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 13 Niles Rd, Austin, TX. 78703	\$100.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Clear Channel	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>7 of 8</i>	
2 FILER NAME <i>Amber Elenz</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Claire ; Richard Schroer</i>	7 Amount of contribution (\$) <i>\$250.00</i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>3203 Churchill Dr., Austin, TX - 78703</i>	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Commercial Real Estate</i>		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BARBARA ; BART KNAGGS</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>3305 River Rd., Austin, TX 78703</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Businessman</i>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe Babb</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>P.O. Drawer 50231, Austin, TX 78763</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Suzanne Plummer</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>1802 Forest Trail, Austin, TX 78703</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Engineer</i>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Killen</i>	Amount of contribution (\$) <i>\$125.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>3701 Balcones, Austin, TX 78731</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 818	
2 FILER NAME Amber Elenz		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/25/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RunTex	7 Amount of contribution (\$) \$2500.00	8 In-kind contribution description (if applicable) Billboard for advertising 11 weeks
6 Contributor address; City; State; Zip Code 422 W. Riverside, Austin, TX 78704		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/25/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buck Studio	Amount of contribution (\$) \$220.00	In-kind contribution description (if applicable) Billboard design website updates
Contributor address; City; State; Zip Code 3411 Clearview, Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/23/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS Democratic Party	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable) voter file Access
Contributor address; City; State; Zip Code 4818 E. Ben White Blvd., Ste. 104 Austin, TX 78741		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/27/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin Kids First	Amount of contribution (\$) \$81.00	In-kind contribution description (if applicable) online endorsement advertising
Contributor address; City; State; Zip Code P.O. Box 302107, Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME Amber Elenz	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	------------------------------------	--

4 Date 10/27/12	5 Payee name Ed Espinoza Strategic Consulting
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6 Amount (\$) \$6,075.00	7 Payee address; City; State; Zip Code 1311 Exposition Blvd., # 8, Austin, TX. 78703
------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising expense	(b) Description (If travel outside of Texas, complete Schedule T) postage, mail piece and paper ad design
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10/23/12	Payee name USPS
-------------------------	---------------------------

Amount (\$) 2,730.00	Payee address; City; State; Zip Code P.O. Box 78763 Austin, TX. 78763
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) fundraising expense	Description (If travel outside of Texas, complete Schedule T) Postage
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/23/12	Payee name Office Max
-------------------------	---------------------------------

Amount (\$) \$162.03	Payee address; City; State; Zip Code 907 W. 5th St., Austin, TX. 78703
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) fundraising expense	Description (If travel outside of Texas, complete Schedule T) paper office supplies/printing
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/26/12	Payee name Office Max
-------------------------	---------------------------------

Amount (\$) \$131.43	Payee address; City; State; Zip Code 907 W. 5th St.; Austin TX. 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) printing expense	Description (If travel outside of Texas, complete Schedule T) letter fold service
------------------------	---	---

Complete ONLY 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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Amber Elenz</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>10/23/12</i>	5 Payee name <i>Austin Chronicle</i>	
6 Amount (\$) <i>\$1845.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 49066, Austin TX 78765</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Ad - full page</i>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/22/12</i>	Payee name <i>IT COPY</i>	
Amount (\$) <i>\$240.00</i>	Payee address; City; State; Zip Code <i>512 W MLK Blvd, Austin, TX. 78701</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>printing expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>blyer copies</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/23/12</i>	Payee name <i>Central Austin Democrats</i>	
Amount (\$) <i>\$250.00</i>	Payee address; City; State; Zip Code <i>central austin democrats.org</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>contribution/donation</i>	Description (If travel outside of Texas, complete Schedule T) <i>contribution</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/11/12</i>	Payee name <i>Vicki Buck / Beehive Specialty</i>	
Amount (\$) <i>\$107.08</i>	Payee address; City; State; Zip Code <i>8701 Wall St, ste 900 Austin, TX. 78754</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>printing expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>postcard print i design</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Amber Elenz	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/27/12	5 Payee name Austin Chronicle
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6 Amount (\$) \$1845.00	7 Payee address; City; State; Zip Code P.O. Box 49066, Austin, TX 78765
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) full page ad
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/26/12	Payee name IT Copy
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Amount (\$) \$422.18	Payee address; City; State; Zip Code 512 W. MLK Blvd., Austin TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) printing expense.	Description (If travel outside of Texas, complete Schedule T) olyer copies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/27/12	Payee name AMM Political Strategies
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Amount (\$) \$2176.85	Payee address; City; State; Zip Code 307 W. Sylvania Ave, Fort Worth TX 76111
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) polling expense	Description (If travel outside of Texas, complete Schedule T) phone bank
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/23/12	Payee name Office Max
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Amount (\$) \$162.03	Payee address; City; State; Zip Code 907 W. 5th St, Austin, TX 78703
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) printing expense	Description (If travel outside of Texas, complete Schedule T) letters for donors
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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