CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		1	
The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 4
3 CANDIDATE / OFFICEHOLDER	ms/mas/ma Amber	MI	OFFICE USE ONLY
NAME	NICKNAME LAST		Date Received
	Elenz		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; Constant 1900 Elton Ln. Austin,	CITY; STATE; ZIP CODE TX 78703	
X Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 632-9249	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	ms/mrs/mr First Arati	МІ	Receipt # Amount \$
NAME	ALGUL ALGUL NICKNAME LAST		Date Processed
	Singh	00111A	Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	UITE #; CITY; STATE;	ZIP CODE
TREASURER ADDRESS	8101 Cobblestone Dr.	Austin, TX 78735	
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 586-5702	EXTENSION	
·			
9 REPORT TYPE	January 15 30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 X 8th day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	9 / 30 / 16	THROUGH 10	29/ 16
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	11 / 8 /16 X General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	· · · · · · · · · · · · · · · · · · ·
	Austin ISD Trustee	Austin ISD Tr	rustee
	District 5	District 5	
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

			Filer ID (Ethics Commission Filers)
14 C/OH NAME		CI CI	Filer ID (Ethics Commission Files)
Amber Ele			TO THE POLICE OF THE POLICE TO
16 NOTICE FROM POLITICAL COMMITTEE(S)		OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITU IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	HOU! THE CANDIDATES ON OFFICERIOLOGIC
	COMMITTEE TYPE	COMMITTEE NAME	
	COCNEDA		1
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE ASSILES	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	N \$ 0
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0
	4. TOTAL POLITICAL EXPENDITURES		\$ 389.70
CONTRIBUTION BALANCE	5. TOTAL OF RE	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	\$ 16,269.70
OUTSTANDING LOAN TOTALS	6. TOTAL LAST E	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T DAY OF THE REPORTING PERIOD	\$ 5,000.00
1131(AP/35140	EARLYNN H. WILLI/ otary Public, State o comm. Expires 09-21	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is ormation required to be reported by me
	Notary ID 105894		didate or Officeholder
AFFIX NOTARY STA		by the said Amber Elenn	, this the _3/2+
day of Octobe		, to certify which, witness my hand and seaf of office.	
Earlyn Hu	Mais	EARLYUN H. Williams	Matary Title of officer administering oath
Signature of officer	administering oath	Printed name of officer administering oath	Title of onlock administering oddi

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME Amber Elenz	nmissi	ion Filers)
	Amber Elenz		
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
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	389.70
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense 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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Ser	rds/Memorials Expense rvices istruction Guide explain		ages/Contract La		Travel Out Of Dis Other (enter a car	strict tegory not listed above)
1 Total pages Schedule F1:	2 FILER NAME	Amber Elen	z		.	3 Filer ID (Et	hics Commission Filers)
4 Date 10/6/16	5 Payee name Evergre	een Studios					
6 Amount (\$)	7 Payee address;	City; State; Zi	îp Code	-			
\$389.70	5416	Parkcrest D	Orive,	Suite	600	Austin,	TX 78731
PURPOSE OF EXPENDITURE		gories listed at the top of this s	,	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
EXPENDITORL	Advert	ising Expens	se				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Offic	eholder name		Office so	ught		Office held
Date	Payee name						
Amount (\$)	Payee address;	City; State; Zi	p Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		chedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	eholder name		Office sou	ught		Office held
Date	Payee name						
Amount (\$)	Payee address;	City; State; Zip	p Code	·			
PURPOSE OF EXPENDITURE	Category (See Catego	ories listed at the top of this sc	:hedule}		if travel outsi	ide of Texas. Complete	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	eholder name		Office sou	ıght		Office held
	ATTACH AD	DITIONAL COPIES O	OF THIS SO	CHEDULE A	S NEED	DED	