

# 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: <div style="font-size: 24pt; text-align: center;">3</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs. Christine NICKNAME LAST Brister	FIRST MI V SUFFIX	<b>OFFICE USE ONLY</b> Date Received <div style="font-size: 18pt; text-align: center;">12 OCT 9 AM 9:02:45</div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / POBOX; APT / SUITE #; CITY; STATE; ZIP CODE 9805 Chukar Cir. Austin, TX 78758		Date Hand-delivered or Postmarked  Receipt #      Amount  Date Processed
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 517-9883	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs NICKNAME LAST Evans	FIRST MI SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 10410 MacMora Rd. Austin, TX 78758		
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 873-8622	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 07 / 31 / 2012      09 / 27 / 2012		
11 ELECTION	ELECTION DATE Month      Day      Year 11 / 06 / 2012	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>Asst Bd. of Trustees Dist. 3</u>	13 OFFICE SOUGHT (if known) <u>same as #12</u>	
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Christine Brister

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.

COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	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

\$ /

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ - 0 -

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ /

4. TOTAL POLITICAL EXPENDITURES

\$ - 0 -

CONTRIBUTION  
BALANCE

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

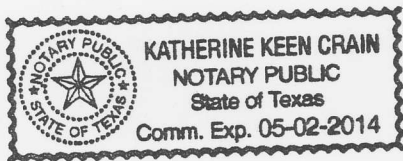
\$ - 0 -

OUTSTANDING  
LOAN TOTALS

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

\$ 2000.00

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.

Christine Brister

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Christine Brister, this the 8<sup>th</sup> day of October, 20 12, to certify which, witness my hand and seal of office.

Katherine Keen Crain  
Signature of officer administering oath

Katherine Keen Crain  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

*Christine Brister*

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

5 Date of loan  
*8/29/2012*

7 Name of lender     out-of-state PAC (ID#: \_\_\_\_\_)  
*Christine Brister*

9 Loan Amount (\$)  
*\$2000.00*

6 Is lender a financial institution?  
Y     N

8 Lender address; City; State; Zip Code  
*9805 Chukar Cir. Austin, TX 78758*

10 Interest rate  
*0*

11 Maturity date  
*11-6-2012*

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral  
 none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION  
 not applicable

17 Name of guarantor  
.....  
18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan  
  
Is lender a financial institution?  
Y    N

Name of lender     out-of-state PAC (ID#: \_\_\_\_\_)  
.....  
Lender address; City; State; Zip Code

Loan Amount (\$)  
  
Interest rate  
  
Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral  
 none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION  
 not applicable

Name of guarantor  
.....  
Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

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