


CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORTFORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filer)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST DEBRA LAST EATON NICKNAME SUFFIX	OFFICE USE ONLY Date Received MAY 3 2013 3:59 pm Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX 5007 BRADEN GATE SAN ANTONIO, TX 78244 APT / SUITE # CITY STATE ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE 210 PHONE NUMBER 317-3023 EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MABLE LAST TUCKER NICKNAME SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE) 5007 BRADEN GATE SAN ANTONIO, TX 78244 APT / SUITE # CITY STATE ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE 210 PHONE NUMBER 314-5438 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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 04 / 11 / 2013 THROUGH 05 / 03 / 2013 Month Day Year		
11 ELECTION	Month Day Year 05 / 11 / 2013 ELECTION DATE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) JUDSON I.S.D. SINGLE MEMBER DISTRICT B	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALSFORM C/OH
COVER SHEET PG 2

14 C/OH NAME DEBRA EATON	15 ACCOUNT # (Ethics Commission Filer)
16 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC 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) \$ 651.50 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 4. TOTAL POLITICAL EXPENDITURES \$ 374.58 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 76.92 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$
EXPENDITURE TOTALS	
CONTRIBUTION BALANCE	
OUTSTANDING LOAN TOTALS	
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.  Signature of Candidate or Officeholder Debra Eaton AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Debra Eaton, this the 3rd day of May, 2013, to certify which, witness my hand and seal of office. Signature of officer administering oath Rosa Gary Printed name of officer administering oath Rosa Gary Title of officer administering oath Notary

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	2 FILER NAME: DEBRA EATON	3 ACCOUNT # (Ethics Commission Filers)	
4 Date: 4/19/2013	5 Payee name: HAROLD OROSCO		
6 Amount (\$): 250.00	7 Payee address; City; State; Zip Code: 8015 2nd Street Somerset, TX, 78169		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): Advertising Expense		
9 Complete ONLY if direct expenditure to benefit C/OH	(b) Description (If travel outside of Texas, complete Schedule T): Payment for signs		
Date: 4/26/2013	Payee name: J&M Printing		
Amount (\$): \$112.58	Payee address; City; State; Zip Code: 2105-B Pat Booker Road Universal City, TX, 78148		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Advertising Expense		
Complete ONLY if direct expenditure to benefit C/OH	Description (If travel outside of Texas, complete Schedule T): Printing Expense		
Date: 4/26/2013	Payee name: Converse Post Office		
Amount (\$): 49.50	Payee address; City; State; Zip Code: Converse, TX #781099998		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Office Expense		
Complete ONLY if direct expenditure to benefit C/OH	Description (If travel outside of Texas, complete Schedule T): Stamps		
Date: 4/30/2013	Payee name: Converse Post Office		
Amount (\$): 132.00	Payee address; City; State; Zip Code: Converse, TX #781099998		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Office Expense		
Complete ONLY if direct expenditure to benefit C/OH	Description (If travel outside of Texas, complete Schedule T): Stamps		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		SCHEDULE G	
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 G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)		
	(b) Description (If travel outside of Texas, complete Schedule T)		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		
	Description (If travel outside of Texas, complete Schedule T)		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		
	Description (If travel outside of Texas, complete Schedule T)		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		
	Description (If travel outside of Texas, complete Schedule T)		
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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: 2 Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission File#)
4 Date 7/20/2013	DEBRA EATON HOME DEPOT	
6 Amount (\$) 19.55	Payee address; City; State; Zip Code 4909 WINDSOR HILL SAN ANTONIO, TX. 78239	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	EQUIPMENT	STAKES, WASHERS, SCREWS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/22/2013	DEBRA EATON, DISTRICT 3 JUDSON LSD	
Amount (\$) 10.95	Payee address; City; State; Zip Code 4909 WINDSOR HILL SAN ANTONIO, TX. 78239	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	EQUIPMENT	STAKES, WASHERS, SCREWS
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	DEBRA EATON, DISTRICT 3 JUDSON LSD	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Payee name			
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City: State: Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

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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:
2 FILER NAME: DEBRA EATON				3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Marshelle Barkstei	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable) 250.00 Signs	
6 Contributor address; City; State; Zip Code 6907 Caribou Creek San Antonio, TX, 78244		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Debra Smith	Amount of contribution (\$) 181.50	In-kind contribution description (if applicable) 38614 Stamps	
Contributor address; City; State; Zip Code 1840 Espy Drive #9C Clarksdale, MS 38614		(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#) Aaron Strickland	Amount of contribution (\$) 60.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 6907 Caribou Creek San Antonio, TX, 78244		(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#) Andre Eaton	Amount of contribution (\$) 60.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code San Antonio, TX, 78		(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.				

PLEDGED CONTRIBUTIONS				SCHEDULE B
The Instruction Guide explains how to complete this form.				1 Total pages Schedule B:
2 FILER NAME				3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$				
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#)	8 Amount of pledge (\$)	9 In-kind description (if applicable)	
7 Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)		
10 Principal occupation / Job title (See Instructions)			11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of pledge (\$)	In-kind description (if applicable)	
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of pledge (\$)	In-kind description (if applicable)	
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of pledge (\$)	In-kind description (if applicable)	
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of pledge (\$)	In-kind description (if applicable)	
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
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