Texas Ethics Commission	on P.O. Box 12070	Austin, Texas 7871	1-2070 (512) 463	3-5800 (TDD 1-800-735-2989)
	TE / OFFICEH N FINANCE R			FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how to com		ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME		EBRA ATON	MI	OFFICE USE ONLY  Date Received  MAY 3 2013
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	SAN, ANTI	RADEN O	SATE ZIPCODE SATE 78244	Date Hand-delivered or Politinarked  Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE N	7-3023	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	$\mathcal{L}$	NABLE WCKER	MI	Date imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	SAN ANT	ASEN CONIO, TO	5/4 TE X 7824	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE N	UMBER 4-5438	EXTENSION	
9 REPORT TYPE		th day before election	Runoff  Exceeded \$500	15th day after campaign treasurer appointment (officeholder creh)  Final report (Attach C/OH - FR)

GO TO PAGE 2

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Runoff

ELECTIONTYPE

10 PERIOD COVERED

11 ELECTION

12 OFFICE

OFFICE HELD (If any)

05/03/24/3

General

5000N I.S. D. SINGLE MEMBER DISTRITE

\_\_\_ Special

Texas Ethics Commission

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CANDIDATE / OFFICEHOLDER	REPORT:
STIPPOPT & TOTAL S	

FORM C/OH COVER SHEET PG 2

SUPPORT	& IOIAL	.S	COVER SHEET PG Z
14 C/OH NAME	SBRA	. EATON	15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES IN CHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CA TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY	INDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	OENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
secure and pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		   POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH   ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 651,50
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		EMIZEO \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 574,58
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 76,92
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE S
18 AFFIDAVIT	NOTAL State	is true and correct and includes me under Title 15, Election Code p. 11/12/2016	of perjury, that the accompanying report all information required to be reported by 2
AFFIX NOTARY STAM		me by the said Selbra Bo	this the
319 day	1/2		my hand and seal of office.
Signature of officer admi	nistering oath	Printed name of officer administering oat	Title of officer administering oath

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## POLITICAL EXPENDITURES

## SCHEDULE F

Revised 09/28/2011

	EXPENDITU	JRE CATEGORIES	FOR BOX S(a	)
Advertising Expense	Gift/Awards/Memorials Expense			Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundr	aising Expense	Transportation Equipment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel In District Travel Out Of Dis	nactician)	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees Expense	Printing Expense	Office Overhead/		OTHER (enter a category not listed above)
1000		uide explains how to		
1 Total pages Schedule F.	2 FILER NAME		^	3 ACCOUNT # (Ethics Commission Filers)
2	130	BRA E	AIDI	T HOOSEN IN (Earles Commission Thers)
4/18/2013	5 Payee name	OLD O	ROSCO	
6/Amouny (5)	8015 29	State Zip Code	*	
250,00	SOMERSET	TX, 7	8169	
8 PURPOSE OF	(a) Category (See categories listed at t	the top of this achedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Hollertising	Expence	taym	ent for signs
9 Complete ONLY if direct expenditure to benefit C/0	OH DEBRA EATO	JU, DISTR	JCT3	LUCION ISB
4/26/2013	Payee name J & N	1 Printi	na	
Amount (\$)	Payee address; Port	State; Zip Code	Road	
\$112,58	Maiversal C	itu. TX	78148	3
PURPOSE	Category (See categories listed at t	the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	Expense	Printi	na Expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder ha	u Dis	Office shup	DENY JSDI
4/21/2013	Payee name Con Ve	rse Post	- DFG	ee.
/mount (\$)	Payee address; City;	State; Zip Code		
49.50	* 781099998			
PURPOSE	Category (See categories listed at t	the top of this schedule)		(If travel outside of Toxas, complete Schedule T)
OF EXPENDITURE	Office Exper	154	Stan	105
Complete ONLY if direct expenditure to benefit G/C	DEBRA EAT	ON D	15TRIC	13 JUNSON ISD
4/30/2013	Payee name Conke	erse Po	st D	Price
Amount (5)	Payee address; City:	State: 7 Code		
132,00	# 72109999	18		
PURPOSE	Category (See categories listed at t	the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Office Ex	pense	Star	nps
Complete ONLY if direct expenditure to benefit C/	OH DEBRA	-ATON 1	DISTR	ict 3 Jupan ISD
	ATTACH ADDITIONA	L CODIEC OF THIS	SCHEDULE AS	NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EYPENDITUE	E CATEGORIES FOR BO	Y 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Lab	PROPERTY AND STREET AN	_4
	Legal Services			
Accounting/Banking		Solicitation/Fundraising Expe		
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made	
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Poli	
Fees	Printing Expense	Office Overhead/Rental Exp	onse OTHER (enter a category not	listed above)
	The Instruction Guid	le 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; S	tate; Zip Code		
Reimbursement from political contributions intended				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to	op of this schedule) (b) Des	cription (If travel outside of Texas, complete 5	chedule T)
EXPERDITORE				
Date	Payee name			
Amount (\$)	Payee address; City; S	tate; Zip Code		
	- 12 E F F F F F F F F F F F F F F F F F F			
Reimbursement from				
political contributions intended				
PURPOSE	Category (See categories listed at the tr	op of this schedule) Des	cription (If travel outside of Texas, complete S	chedule T)
OF	Secretary and the second responsibilities to the second responsibilities of the second	110000		
EXPENDITURE				
Date	Payee name			
Amount (\$)	Payee address; City; S	tate; Zip Code		
Reimbursement from				
political contributions				
intended				
PURPOSE	Category (See categories listed at the to	p of this schedule) Des	cription (If travel outside of Texas, complete S	ichedule T)
OF	8.8			
EXPENDITURE				
Date	Payee name			
	1000			
Amount (\$)	Payee address; City; S	tate; Zip Code		
	1			
Reimbursement from political contributions intended				
	Category (See categories listed at the to	op of this schedule) Dor	cription (If travel outside of Texas, complete 5	shedule Ti
PURPOSE OF EXPENDITURE	Mar 3 Vera and British in the III			
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDU	LE AS NEEDED	

Texas Ethics Commissio	n P.O. Box 12070	Austin, Texas 7871	1-2070 (5	512) 463-5800	(TDD 1-800-735-2989)
POLITICAL	EXPENDITURES	5			SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expensi Legal Services Food/Beverage Expense Polling Expense Printing Expense	JRE CATEGORIES  Salaries/Wages/Ci Solicitation/Fundra Travel in District Travel Out Or Dis Office Overhead/F	entract Labor ising Expense trict cental Expense	Loan Repayment/F Transportation Equ Contributions/Dona Candidate/Offic OTHER (enter a co	ipment & Related Expense
1 Total page Schedule F.	2 FILER NAME	BRA E	EATO	X ACCOUNT	# (Ethics Commission Filers)
4/20/2013	5 Payee name HOUE	DEADT	-		
9/Amough (5) 19,55 8 PURPOSE	7 Payee address; Gity 4909 W/N SAN ANTO	State: Zip Code  C	TO Description	39	y complete Schoolile Ti
OF EXPENDITURE	FAMPLIEN	7	STAKE	K5 0 1/2	SHEPS SOW
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0	OH Officeholdern	EATON, 1	Office soun	13 Turs	Office held S
4/22/2013	Payee name Home	DEPOT			
10, 95	Payee address; City 4909 WINL SAAI ANTI	State: Zin Code	782	39	
PURPOSE OF EXPENDITURE	Category (See calegories listed at	the top of this schedule)	Description	(If travel outside of Text	s, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Office holder n	ame DIS	Office soug	TUNGO	Office Tund
Date	Payee name				
Amount (5)	Payee address; City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at	the top of this schedule)	Description	(If travel outside of Texa	s, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder n	ате	Office soug	ht	Office held
Date	Payee name				
Amount (5)	Payee address; City	State: Zip Code			
PURPOSE OF	Category (See categories listed at	the top of this schedule)	Description	(If travel outside of Texa	is, complete Schedulo T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Candidate / Officeholder name

Complete ONLY if direct expenditure to benefit C/OH

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Office held

Office sought

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## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Bunking Consulting Expense Event Expense Fees	EXPENDITURE Git/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Quid	E CATEGORIES F Salaries/Wages/Cor Solicitation/Fundrais Travel in District Travel Out Of Distr Office Overhead/Re e explains how to c	ntract Labor sing Expense oct ental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name			
G Amount (5)  Reimbursement from political contributions intended	7 Payee address; City; St	late; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description	(if travel outside of Texas, complete Schedule T)
Date	Payee name			
Amount (5)  Reimbursement from political contributions intended	Payee address; City; St	tate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
Date	Payee name			
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; St	tato; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	p of this achedule)	Description	(If travel outside of Texas, complete Schedule T)
Date	Payee name			
Amount (\$)  Reimbursement from political contributions intended	Payae address; City; St	late; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description	(if travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL C	OPIES OF THIS SO	CHEDULEAS	NEEDED

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Texas Ethics Co	mmission P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
	ICAL CONTRIBUTION R THAN PLEDGES O			SCHEDULE A
Th	e Instruction Guide explains how to	complete this form.	1 Total pages Sche	dule A:
2 FILER NAME	DEBRA EN	TON	3 ACCOUNT # (Eti	nics Commission Filers)
4 Date	5 Full hame of contributor Journal of Contributor address; City: Star 690 T Car Look	Barkster Cruek TX, 78244	contribution (\$)	8 In-kind contribution description (if applicable) 250 00 S1005 (Texas, complete Schedule T)
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Debra Smi 18 minuter address: scay; sta Clarksdale	th Discorder #9C	Amount of contribution (\$)	In-kind contribution description (If applicable) 181,50 Stamps Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Aaron Strick	efisial PACIDO Vand to: Zip Code Creek TX, 78244	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occi	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date Principal occu	Hodre Eate	er-state PAC (ID#)  (b)  (c)  ITX  FR  Employer (See		in-kind contribution description (if applicable)
Date	Full name of contributor   out-	of-state PAC (ID#)	Amount of	In-kind contribution
		te; Zip Code	contribution (\$)	description (If applicable)  Tevas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See		Services Sea research (1)
If	ATTACH ADDITION.	AL COPIES OF THIS SCHEDULE		equirements.

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exas Ethics (	Commission P.O. Box 12070 Austin, 7	Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-29
PLED	GED CONTRIBUTIONS			SCHEDULE B
,	The Instruction Guide explains how to complete t	his form.	1 Total pages Sch	edule B
FILER NA	ME		3 ACCOUNT # (E	thics Commission Filers)
Т	OTAL OF UNITEMIZED PLEDGES:	4 2 2	0 0	\$
Date	6 Full name of pledgor □ out-of-state PAC (ID#	C	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Co	de		
O Principal o	ccupation / Job title (See Instructions)	11 Employer (See In		of Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (IDS*_		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Co.	de.		
Principal o	ccupation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
Date	Full name of pledgor   out-of-state PAC (ID#		Amount of pledge (5)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Co.	do	If the said as the late	of Texas, complete Schedule T)
Principal or	ccupation / Job title (See Instructions)	Employer (See In		r rexas, complete Schedule 17
Date	Full name of pledgor out-of-state PAC-6DF_ Pledgor address. City: State; Zip Co-		Amount of pledge (\$)	In-kind description (if applicable)
Principal or	ccupation / Job title (See Instructions)	Employer (See II		of Texas, complete Schedule T)
7 maparo	osapation / See the (See Managerens)	Employer (occ )	nati delicina)	
Date	Full name of pledgor out-of-state PAC (IOF		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Co.	de		
Principal or	ccupation / Job title (See Instructions)	Employer (See Ir	701 - 710 - 80	of Texas, complete Schedule T)

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