

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8322

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:** *three*

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>	
	NICKNAME	LAST	SUFFIX		
	<i>Mrs.</i>	<i>Darla</i>	<i>L</i>	Date Received <i>FEB 24 PM 4:46</i>	
	<i>Wegner</i>			Date Hand-delivered or Postmarked	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<i>14512 FM 812 DelValle Texas 78617</i>				
<input type="checkbox"/> change of address					
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #	Amount
				Date Processed	
	<i>(512)</i>	<i>903.6541</i>		Date Imaged	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST	MI		
	NICKNAME	LAST	SUFFIX		
	<i>Mrs.</i>	<i>Darla</i>	<i>L</i>		
	<i>Wegner</i>				

**7 CAMPAIGN TREASURER ADDRESS** (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

*14512 FM 812 Del Valle, Texas 78617*

**8 CAMPAIGN TREASURER PHONE**

AREA CODE PHONE NUMBER EXTENSION

*(512) 903.6541*

**9 REPORT TYPE**

January 15   
  30th day before election   
  Runoff   
  15th day after campaign treasurer appointment (officeholder only)

July 15   
  8th day before election   
  Exceeded \$500 limit   
  Final report (Attach C/OH - FR)

**10 PERIOD COVERED**

Month Day Year    THROUGH    Month Day Year

*01 / 01 / 2014    THROUGH    02 / 04 / 2014*

**11 ELECTION**

ELECTION DATE    ELECTION TYPE

Month Day Year     Primary     Runoff     General     Special

*03 / 04 / 2014*

**12 OFFICE**    OFFICE HELD (if any)

**13 OFFICES SOUGHT (if known)**

*Travis County Commissioner, Precinct Four*

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Darla Wegner*

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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$

*400.00*

EXPENDITURE  
TOTALS

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

\$

*120.57*

4. TOTAL POLITICAL EXPENDITURES

\$

*120.57*

CONTRIBUTION  
BALANCE

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

\$

*279.43*

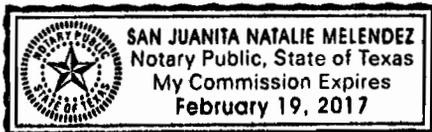
OUTSTANDING  
LOAN TOTALS

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.

*Darla Wegner*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Darla Wegner*, this the *20th* day of *February*, 20 *14*, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

*San Juanita Natalie Melendez*  
Printed name of officer administering oath

*banker*  
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:

one

2 FILER NAME

Darla Wegner

3 ACCOUNT # (Ethics Commission Filers)

4 Date

01/13/14

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

Stan Voelker

6 Contributor address; City; State; Zip Code

14401 FM 973, Manor, Texas  
78653

7 Amount of contribution (\$)

\$ 200.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

01/25/14

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

Lonnie Andrews

Contributor address; City; State; Zip Code

10513 Ponder Lane, Austin, Texas  
78719

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)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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Contributor address; City; State; Zip Code

Amount of contribution (\$)

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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.