

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8323

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: <i>five</i>
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3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI <i>Mrs. Darla L.</i>	OFFICE USE ONLY Date Received <i>2014 FEB 24 PM 4:15</i> Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME LAST SUFFIX <i>Wegner</i>	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>14512 FM 812, Del Valle, Texas 78617</i>
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5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 903.6541</i>
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6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI <i>Mrs. Darla L.</i>	OFFICE USE ONLY
	NICKNAME LAST SUFFIX <i>Wegner</i>	

7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>14512 FM 812, Del Valle, Texas 78617</i>
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 903.6514</i>
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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)
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10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>02 / 05 / 14 02 / 23 / 14</i>
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11 ELECTION	ELECTION DATE Month Day Year <i>03 / 04 / 14</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
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12 OFFICE OFFICE HELD (if any) <i>DVISED School Board Trustee SMD # 8</i>	13 OFFICE SOUGHT (if known) <i>Travis County Commissioner Precinct Four</i>
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME <i>Darla Wegner</i>	15 ACCOUNT # (Ethics Commission Filers)
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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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 150.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,300.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,353.65
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	\$ 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Darla Wegner

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Darla Lynn Wegner, this the 24 day of Feb, 20 14, to certify which, witness my hand and seal of office.

Lisa Ann Faz

Signature of officer administering oath

Lisa Ann Faz

Printed name of officer administering oath

Admin. Associate

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:	
2 FILER NAME <i>Darla Wegner</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>02/05/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bobby Schmidt</i>	7 Amount of contribution (\$) <i>\$500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3595 Schuelke Road, Kyle 78640</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>02/13/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Beverly Drawe</i>	Amount of contribution (\$) <i>\$300.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4800 Interlache Lane Austin, Texas 78747</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>02/18/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Edward Brewer</i>	Amount of contribution (\$) <i>\$300.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5404 County Down Court, Austin, Texas 78747</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>02/20/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bruce Ormond</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10920 B Crown Colony Austin, Texas 78747</i>		(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.

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: <i>one</i>	2 FILER NAME <i>Darla Wegner</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>02/11/14</i>	5 Payee name <i>The Home Depot</i>	
6 Amount (\$) <i>\$41.89</i>	7 Payee address; City; State; Zip Code <i>Austin, Texas 78744</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>sign posts</i>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>02/17/14</i>	Payee name <i>Harbor Freight Tools</i>	
Amount (\$) <i>\$8.10</i>	Payee address; City; State; Zip Code <i>4001 South Lamar Blvd Ste #3 Austin, Texas 78704</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Zip Ties</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>02/21/14</i>	Payee name <i>Sixth Street Printing</i>	
Amount (\$) <i>\$811.88</i>	Payee address; City; State; Zip Code <i>1010 East 6th Street Austin, Texas 78702</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Flyers / Cards</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>02/14/14</i>	Payee name <i>Signs Express Enterprises, Inc.</i>	
Amount (\$) <i>\$544.83</i>	Payee address; City; State; Zip Code <i>8400 Brodie Lane Austin, Texas 78745</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>campaign signs</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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: <i>one</i>	2 FILER NAME <i>Darla Wegner</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>02/17/14</i>	5 Payee name <i>Signs Express</i>
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6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>8400 Brodie Lane #102 Austin, Texas 78745</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign signs</i>
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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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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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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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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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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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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