

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8357

FORM C/OH  
COVER SHEET PG 1

|  |   |  |                      |
|--|---|--|----------------------|
| The C/OH Instruction Guide explains how to complete this form.                           |   | 1 ACCOUNT #<br>(Ethics Commission Filers)  | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME  | <del>MS / MRS</del> / MR      FIRST      MI<br><span style="font-size: 1.5em;">RAYMOND</span> (M I)   | <b>OFFICE USE ONLY</b><br>Date Received<br><div style="text-align: center; font-size: 0.8em;">                     TRAVIS COUNTY ETHICS COMMISSION<br/>                     2014 JUL 10 AM 10:09<br/>                     FILED                 </div> |                      |
| NICKNAME      LAST      SUFFIX   | <span style="font-size: 1.5em;">FRANK</span>  | Date Hand-delivered or Postmarked  |                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> change of address | ADDRESS / PO BOX,      APT / SUITE #,      CITY,      STATE,      ZIP CODE<br><span style="font-size: 1.2em;">2464 CAMINO ALTO</span><br><span style="font-size: 1.2em;">AUSTIN, TX 78746-2407</span>   | Receipt #  | Amount               |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE      PHONE NUMBER      EXTENSION<br><span style="font-size: 1.2em;">(512) 327-2034</span> (None)  | Date Processed   | Date Imaged          |
| 6 CAMPAIGN TREASURER NAME  | <del>MS / MRS / MR</del> FIRST      MI<br><span style="font-size: 1.5em;">NONE</span>   | Date Imaged  |                      |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business)                                     | STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #,      CITY,      STATE,      ZIP CODE<br><span style="font-size: 1.5em;">NONE</span>  |  |                      |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE      PHONE NUMBER      EXTENSION<br>( )      NONE   |  |                      |
| 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)<br><input checked="" 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<br><span style="font-size: 1.2em;">1 / 01 / 2014</span> <span style="font-size: 1.2em;">07 / 15 / 2014</span>   |  |                      |
| 11 ELECTION  | ELECTION DATE<br>Month      Day      Year<br><span style="font-size: 1.2em;">11 / 4 / 2014</span>   | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special  |                      |
| 12 OFFICE  | OFFICE HELD (if any)  | 13 OFFICE SOUGHT (if known)  |                      |
| <span style="font-size: 1.5em;">—</span>   |   | <span style="font-size: 1.2em;">TRAVIS COUNTY COMMISSIONER</span><br><span style="font-size: 1.2em;">PRECINCT 2</span>   |                      |
| <b>GOTO PAGE 2</b>   |   |  |                      |

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME RAYMOND FRANK

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.

NONE

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

\$ -0-

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

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 779.59

CONTRIBUTION BALANCE

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

\$ -0-

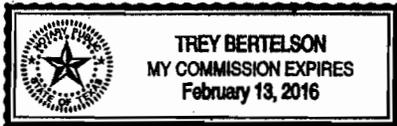
OUTSTANDING LOAN TOTALS

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.



Raymond Frank  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said RAYMOND FRANK, this the 15<sup>th</sup> day of July, 20 14, to certify which, witness my hand and seal of office.

Signature of officer administering oath

TREY BERTELSON  
Printed name of officer administering oath

Branch Manager / NP  
Title of officer administering oath

# 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:<br><b>6</b> | 2 FILER NAME<br><b>RAYMOND FRANK</b> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|--------------------------------------|--|

|                           |   |
|---------------------------|---|
| 4 Date<br><b>7-1-2014</b> | 5 Payee name<br><b>HORIZON PRINTING / SUPER CHEAP SIGNS</b> |
|---------------------------|---|

|   |   |
|---|---|
| 6 Amount (\$)<br><b>309.60</b><br><del>445.99</del> | 7 Payee address; City; State; Zip Code<br><b>HORIZON PRINTING / SUPER CHEAP SIGNS</b><br><b>2111 GRAND AVE. PARKWAY / 9804 GRAY BLVD.</b><br><b>AUSTIN, TX 78728 / AUSTIN, TX 78758</b> |
|---|---|

|                          |  |   |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><b>CAMPAIGN LITERATURE</b> | (b) Description (If travel outside of Texas, complete Schedule T)<br><b>---</b> |
|--------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <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