

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

8733

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID (Ethics Commission Filers)</b>	<b>2 Total pages filed:</b>  6
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		STACY SUITS	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #;		CITY; STATE; ZIP CODE
	7807 DONCASTER AUSTIN, TX 78745		
<input type="checkbox"/> Change of Address			
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	554-2710	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		STACY SUITS	
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE
	7807 DONCASTER AUSTIN, TX 78745		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	554-2710	
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month	Day	Year
	1	1	16
		THROUGH	
		Month	Day
		1	21
<b>11 ELECTION</b>	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		3	1
		16	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)		<b>13 OFFICE SOUGHT (if known)</b> TRAVIS COUNTY CONSTABLE PCT 3

**OFFICE USE ONLY**

Date Received  
2016 JAN 27 AM 11:17

FILED FOR RECORD

Dana DeBeauvoir  
County Clerk  
Travis County Texas

Date Hand Delivered or Date Postmarked

Receipt #     Amount \$

Date Processed

Date Imaged

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

STACY SUITS

15 Filer ID (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

COMMITTEE NAME

GENERAL

SPECIFIC

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

\$ 50.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4,500.00

EXPENDITURE  
TOTALS

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

\$ 171.18

4. TOTAL POLITICAL EXPENDITURES

\$ 1,103.23

CONTRIBUTION  
BALANCE

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

\$ 484.42

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 7,500.00

18. AFFIDAVIT



AFFIX NOTARY STAMP ABOVE

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.

*Stacy Suits*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Stacy Suits, this the 27<sup>th</sup> day of January, 2016, to certify which, witness my hand and seal of office.

*Virginia P. Villasana*  
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,450. <sup>00</sup>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 932.05
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 OF 2

2 FILER NAME

STACY SUITS

3 Filer ID (Ethics Commission Filers)

4 Date

1/3/16

5 Full name of contributor

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

AL OELTJEN

7 Amount of contribution (\$)

250.<sup>00</sup>

6 Contributor address;

City; State; Zip Code

1605 DEXTER, AUSTIN TX 78704

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/3/16

Full name of contributor

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

RICHARD HOOD

Amount of contribution (\$)

100.<sup>00</sup>

Contributor address;

City; State; Zip Code

7800 DOWCASTER AUSTIN, TX 78745

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/6/16

Full name of contributor

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

SHUDDE FATH

Amount of contribution (\$)

100.<sup>00</sup>

Contributor address;

City; State; Zip Code

1005 BLUEBONNET LN, AUSTIN, TX 78745

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/13/16

Full name of contributor

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

CHRIS BJORSON

Amount of contribution (\$)

100.<sup>00</sup>

Contributor address;

City; State; Zip Code

1634 N. GEORGE MASON, ARUNSW, VA 22205

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.

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 2

2 FILER NAME

STACT SUITS

3 Filer ID (Ethics Commission Filers)

4 Date

1-21-16

5 Full name of contributor

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

RON WEDDINGTON

6 Contributor address;

City; State; Zip Code

1510 PALMA PLAZA, AUSTIN, TX 78703

7 Amount of contribution (\$)

250.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-21-16

Full name of contributor

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

ERWIN MEBEE

Contributor address;

City; State; Zip Code

5325 WESTERN HILLS DR. AUSTIN, TX 78731

Amount of contribution (\$)

250.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-21-16

Full name of contributor

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

LAMY WARSZAW

Contributor address;

City; State; Zip Code

914 SANTA MARIA AVE WILMINGTON, NC 28411

Amount of contribution (\$)

150.<sup>00</sup>

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 (\$)

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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>1</b>		2 FILER NAME <b>STACY SUITS</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>1-20-16</b>		5 Payee name <b>DEIRDE ALLISON</b>			
6 Amount (\$) <b>108.25</b>		7 Payee address; City; State; Zip Code <b>3516 PEARLGRINE FALCON, DR, AUSTIN, TX 78746</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>OTHER- PHOTOS</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1-13-16</b>		Payee name <b>KELLY GRAPHICS</b>			
Amount (\$) <b>718.78</b>		Payee address; City; State; Zip Code <b>1409 QUAKER RIDGE, AUSTIN, TX 78746</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>PRINTING- PUSHCHADS</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1-21-16</b>		Payee name <b>OPINION ANALYSTS</b>			
Amount (\$) <b>105.02</b>		Payee address; City; State; Zip Code <b>400 W. 14TH #220, AUSTIN, TX 78701</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>CONSULTING - VOTER LISTS</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED