

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID 9200	2 Total pages filed: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Sylvia	OFFICE USE ONLY Date Received 2018 FEB 5 PM 2:28 FILED FOR RECORD	
	NICKNAME LAST SUFFIX Holmes		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE PO Box 151591 Austin, TX 78715 78748	Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Sue		
	NICKNAME LAST SUFFIX Berkel		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4405 Sinclair Ave. Austin, TX 78756		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
8 REPORT TYPE	<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)		
9 PERIOD COVERED	Month Day Year 01/01/2018	THROUGH	Month Day Year 01/25/2018
10 ELECTION	ELECTION DATE Month Day Year 03/06/2018	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
	11 OFFICE OFFICE HELD (if any) None	12 OFFICE SOUGHT (if known) Travis County Justice of the Peace, Precinct 3	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

2 of 9

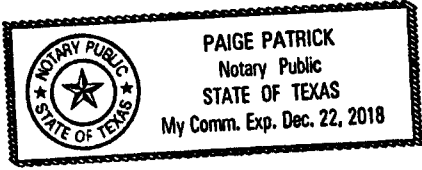
13 C / OH NAME Holmes, Sylvia	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>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.</i>								
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	<table border="1" style="width:100%"> <tr> <td style="width:20%">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td colspan="2">COMMITTEE ADDRESS</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS	
COMMITTEE TYPE	COMMITTEE NAME								
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COMMITTEE CAMPAIGN TREASURER NAME									
COMMITTEE CAMPAIGN TREASURER ADDRESS									

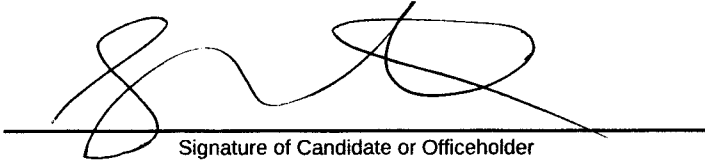
16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,915.42
----- EXPENDITURE TOTALS -----	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	3,294.86
----- CONTRIBUTION BALANCE -----	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	11,110.87
----- OUTSTANDING LOAN TOTALS -----	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFADAVIT

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.

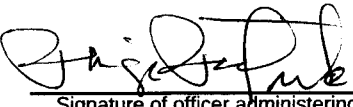


AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Sylvia Holmes, this the Feb day of 5, 2018, to certify which, Witness my hand and seal of office.



Signature of officer administering

Paige Patrick

Printed name of officer administering

CEM

Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Holmes, Sylvia	19 Filer ID
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,915.42
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 FROM POLITICAL CONTRIBUTIONS	\$ 3,294.86
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES 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: Sch: 1/4 Rpt: 4/9
2 FILER NAME Holmes, Sylvia		3 Filer ID
4 Date 01/10/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abell, Lynn	7 Amount of Contribution (\$) \$52.95
6 Contributor address; City; State; Zip Code 1323 Laird St Houston, TX 77008		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amber D. Farrelly Attorney at Law	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code 505 W 12th St Ste 204 Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betty Blackwell, Attorney at Law	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1306 Nueces St. Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eakin Wisser, Eva	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code 821 W. 11th St. Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzgerald & Meissner	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 812 San Antonio St. Ste. 400 Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/9
2 FILER NAME Holmes, Sylvia		3 Filer ID
4 Date 01/02/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Mykal <hr/> 6 Contributor address; City; State; Zip Code 404 W. 13th St. Austin, TX 78701	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/12/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamble, Christopher <hr/> Contributor address; City; State; Zip Code 6210 Spicebrush Cv. Austin, TX 78759	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Carl <hr/> Contributor address; City; State; Zip Code 24017 Haynie Flat Rd. Spicewood, TX 78669	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lou McCreary Attorney at Law <hr/> Contributor address; City; State; Zip Code 901 S. Mopac Expressway Blg. 1 Ste. 300 Austin, TX 78746	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minton, Burton, Bassett & Collins, PC <hr/> Contributor address; City; State; Zip Code 1100 Guadalupe St. Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/9
2 FILER NAME Holmes, Sylvia		3 Filer ID
4 Date 01/22/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortega, Jana 6 Contributor address; City; State; Zip Code 818 W 10th St. Austin, TX 78701	7 Amount of Contribution (\$) \$105.58
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott A. Thompson Law PLLC Contributor address; City; State; Zip Code 2407 S. Congress Ave. Ste. E#156 Austin, TX 78704	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/21/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Scott Contributor address; City; State; Zip Code 910 West Avenue Ste. 10 Austin, TX 78701	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sue Berkel, Attorney at Law Contributor address; City; State; Zip Code 4405 Sinclaire Ave. Austin, TX 78756	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/24/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Jean Contributor address; City; State; Zip Code 7400 Haddick Cir Austin, TX 78745	Amount of Contribution (\$) \$31.89
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/9
2 FILER NAME Holmes, Sylvia		3 Filer ID
4 Date 01/12/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VOTE PAC	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 3571 Far West Blvd. PMB 149 Austin, TX 78731		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 8/9	2 FILER NAME Holmes, Sylvia	3 Filer ID
4 Date 01/02/2018	5 Payee name Facebook	
6 Amount (\$) \$3.84	7 Payee address; City; State; Zip Code 1 Facebook Way Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook advertising
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/16/2018	Candidate/Officeholder name Mockingbird Post Office	
Amount (\$) \$32.00	Office sought Office held	
Date 01/16/2018	Payee name Mockingbird Post Office	
Amount (\$) \$32.00	Payee address; City; State; Zip Code 7310 Manchaca Rd. Austin, TX 78745	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense P.O. Box
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/25/2018	Candidate/Officeholder name Stripe	
Amount (\$) \$26.02	Office sought Office held	
Date 01/25/2018	Payee name Stripe	
Amount (\$) \$26.02	Payee address; City; State; Zip Code 3180 18th St. San Francisco, CA 94110	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 9/9	2 FILER NAME Holmes, Sylvia	3 Filer ID	
4 Date 01/12/2018	5 Payee name Y Strategy		
6 Amount (\$) \$3,233.00	7 Payee address; City; State; Zip Code 3110 Manor Rd. Ste. H Austin, TX 78723		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense General consulting	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held