

FILED FOR RECORD

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

2019 JAN -7 PM 1:59

2019 JAN -7 PM 1:59

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 6	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR JERRY, TEXAS	FIRST Deke	OFFICE USE ONLY	
	NICKNAME	LAST Pierce	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY: PO BOX 170971 AUSTIN, TX 78717		ZIP CODE	
	Date Hand-delivered or Date Postmarked		Receipt #	Amount
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Stephanie	MI C	Date Processed
	NICKNAME	LAST Phillips	SUFFIX	Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 729 San Marco Trl		APT / SUITE #;	CITY; STATE; ZIP CODE Georgetown TX 78628
7 CAMPAIGN TREASURER PHONE	AREA CODE 512	PHONE NUMBER 230-6218	EXTENSION	
8 REPORT TYPE	<input checked="" 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 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 07/01/2018	THROUGH	Month Day Year 12/31/2018	
10 ELECTION	ELECTION DATE Month Day Year 03/03/2020		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 Travis		12 OFFICE SOUGHT (if known) County Constable - Travis, Pct 2	

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

**FORM C/OH
COVER SHEET PG 2**
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13 C / OH NAME Pierce, Deke 14 Filer ID

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

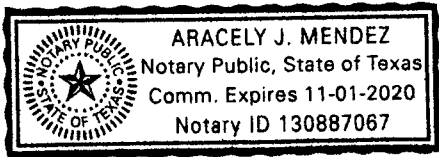
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to 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

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)	\$	920.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	1.75
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,350.18
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.



[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DEKE PIERCE, this the 7 day of JANUARY, 2019, to certify which, witness my hand and seal of office.

[Handwritten Signature] Signature of officer administering
 Aracely Mendez Printed name of officer administering
 Notary Public Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3
3 of 6

18 FILER NAME Pierce, Deke		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 920.00
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	\$ 1.75
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: 1/2 Rpt: 4/6

2 FILER NAME

Pierce, Deke

3 Filer ID

4 Date

12/15/2018

5 Full name of contributor out-of-state PAC (ID#: _____)
ELLER, ROBERT AND JACLYN

6 Contributor address; City; State; Zip Code

ROUND ROCK, TX 78681

7 Amount of Contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/15/2018

Full name of contributor out-of-state PAC (ID#: _____)
KONEMAN, SUZANNE (Ms.)

Contributor address; City; State; Zip Code

AUSTIN, TX 78759

Amount of Contribution (\$)

\$20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/15/2018

Full name of contributor out-of-state PAC (ID#: _____)
PESCHKA, TERRY

Contributor address; City; State; Zip Code

AUSTIN, TX 78729

Amount of Contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/15/2018

Full name of contributor out-of-state PAC (ID#: _____)
PHILLIPS, ROBERT AND SABRINA

Contributor address; City; State; Zip Code

PFLUGERVILLE, TX 78660

Amount of Contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/15/2018

Full name of contributor out-of-state PAC (ID#: _____)
RUTKOWSKI, JEFF AND PAM

Contributor address; City; State; Zip Code

PFLUGERVILLE, TX 78660

Amount of Contribution (\$)

\$250.00

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: 2/2 Rpt: 5/6

2 FILER NAME

Pierce, Deke

3 Filer ID

4 Date

11/09/2018

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

SEXTON, CHRISTOPHER (Mr.)

6 Contributor address; City; State; Zip Code

AUSTIN, TX 78745

7 Amount of Contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/15/2018

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

WARREN, DAVID (Mr.)

Contributor address; City; State; Zip Code

FREDERICKSBURG, TX 78624

Amount of Contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/15/2018

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

WARREN, PATSY (Ms.)

Contributor address; City; State; Zip Code

DRIPPING SPRINGS, TX 78620

Amount of Contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

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: 1/1 Rpt: 6/6	2 FILER NAME Pierce, Deke	3 Filer ID
4 Date 11/09/2018	5 Payee name PAYPAL	
6 Amount (\$) \$1.75	7 Payee address; City, State; Zip Code 2211 N FIRST ST SAN JOSE, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES FOR CAMPAIGN CONTRIBUTION COLLECTION
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held