

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 (Ethics Commission Filers) 00081732	2 Total pages filed: 56
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Sheri	MI MI
	NICKNAME	LAST Soltes	SUFFIX
OFFICE USE ONLY			
Date Received ELECTRONICALLY FILED 11/07/2019			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 4803 Rutherglen Dr. Austin, TX 78749-3744		ZIP CODE
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Mike H.	MI MI
	NICKNAME	LAST Hogan	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2525 Wallingwood Dr. #6-602 Austin, TX 78746		
	AREA CODE PHONE NUMBER EXTENSION (512) 328-2094		
7 CAMPAIGN TREASURER PHONE			
8 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 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)		
9 PERIOD COVERED	Month Day Year Month Day Year 01/01/2019 THROUGH 06/30/2019		
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)		12 OFFICE SOUGHT (if known) State Representative District 47

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CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

9471

FORM COR-C/OH

9

1 Filer ID (Ethics Commission Filers) 00081732		2 Total pages filed: 56		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Sheri	MI MI	Date Received ELECTRONICALLY FILED 11/07/2019	
	NICKNAME	LAST Soltes	SUFFIX	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Amount	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		Date Processed	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)		Date Imaged	
5 ORIGINAL PERIOD COVERED	Month Day Year 01/01/2019	THROUGH	Month Day Year 06/30/2019		

6 EXPLANATION OF CORRECTION
A memo was added to the Cover Page as follows:
The Sheri for Texas State House 47 Campaign moved donations of \$21,722.79 to the Sheri for Travis County Commissioner Precinct 3 Race.

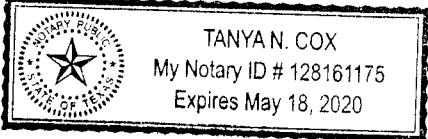
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



TANYA N. COX
My Notary ID # 128161175
Expires May 18, 2020

Sheri Soltes Ms. Sheri Soltes
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sheri Soltes, this the 8th day of Nov., 2019, to certify which, witness my hand and seal of office.

[Signature] Tanya N. Cox notary/community banker
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

3 of 56

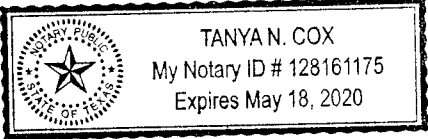
13 C / OH NAME Soltes, Sheri (Ms.)	14 Filer ID (Ethics Commission Filers) 00081732
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15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages <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)	\$	21,722.79
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	19,821.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,184.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 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.



TANYA N. COX
My Notary ID # 128161175
Expires May 18, 2020

Sheri Soltes Ms. Sheri Soltes

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Sheri Soltes*, this the *8th* day of *Nov.*, 20 *19*, to certify which, witness my hand and seal of office.

Tanya N. Cox

Signature of officer administering

Tanya N. Cox

Printed name of officer administering

notary/community banker

Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Soltes, Sheri (Ms.)		19 Filer ID 00081732	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	21,722.79
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	\$	19,821.77
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: 1/29 Rpt: 5/56
2 FILER NAME Soltes, Sheri (Ms.)		3 Filer ID (Ethics Commission Filers) 00081732
4 Date 01/11/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adhikary, Amrita 6 Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78732	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Kaalo Experience Design		9 Employer (See Instructions) Industrial Designer
Date 06/03/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Mary Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78731	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/29/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAQAI, IMRAN Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78746	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Broadcom Ltd		Employer (See Instructions) Engineer
Date 05/01/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagh, Abeer Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78739	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/11/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird, Marcy Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78730	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/29 Rpt: 6/56
2 FILER NAME Soltes, Sheri (Ms.)		3 Filer ID (Ethics Commission Filers) 00081732
4 Date 03/06/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird, Marcy	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78730	
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 03/13/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballard, Cindy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78746	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/24/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bayless, Dr Jerry	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78745	
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 06/10/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Cesar	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78723	
Principal occupation / Job title (See Instructions) City of Austin		Employer (See Instructions) Financial Manager
Date 06/21/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bencken, Jeremy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78703	
Principal occupation / Job title (See Instructions) Written Inc.		Employer (See Instructions) CEO

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/29 Rpt: 7/56
2 FILER NAME Soltes, Sheri (Ms.)		3 Filer ID (Ethics Commission Filers) 00081732
4 Date 06/05/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birrell Gruen, Amanda 6 Contributor address; City; State; Zip Code [REDACTED] AUSTIN, TX 78735	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/04/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonner, Cathy Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/28/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brener, Daniel Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77098	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) self		Employer (See Instructions) doctor
Date 05/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broll, Lorraine Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78749	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/19/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brownfield, Karen Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78736	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/29 Rpt: 8/56
2 FILER NAME Soltes, Sheri (Ms.)		3 Filer ID (Ethics Commission Filers) 00081732
4 Date 01/03/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buchanan, Patience	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code [REDACTED] Dripping Springs, TX 78620	
8 Principal occupation / Job title (See Instructions) Accountable Aging		9 Employer (See Instructions) Social Worker
Date 01/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bullard, Becky	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78704	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bullard, Rebecca	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78704	
Principal occupation / Job title (See Instructions) Dell		Employer (See Instructions) Writer
Date 02/25/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bullington, Holly	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78739	
Principal occupation / Job title (See Instructions) Apple		Employer (See Instructions) Accounting
Date 01/01/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buyse, Beth	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78733	
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/29 Rpt: 9/56
2 FILER NAME Soltes, Sheri (Ms.)		3 Filer ID (Ethics Commission Filers) 00081732
4 Date 01/03/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cascino, Joe <hr/> 6 Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78705	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 03/06/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caylor, Janet <hr/> Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78734	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/06/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caylor, Janet <hr/> Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78734	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/06/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caylor, Janet <hr/> Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78734	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/06/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caylor, Janet <hr/> Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78734	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed