

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

9630

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

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 7	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Deke	MI	OFFICE USE ONLY Date Received Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME	LAST Pierce	SUFFIX	
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 Received Date Postmarked Receipt # Amount Date Processed Date Imaged
	5 CAMPAIGN TREASURER NAME		MI	
MS / MRS / MR		FIRST Stephanie	MI	OFFICE USE ONLY Date Received Date Postmarked Receipt # Amount Date Processed Date Imaged
NICKNAME		LAST Phillips	SUFFIX	
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	EXTENSION 6218	
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 type="checkbox"/> July 15 <input checked="" 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 01/24/2020	THROUGH	Month Day Year 02/22/2020	
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		12 OFFICE SOUGHT (if known) County Constable - Travis, Pct 2	

GO TO PAGE 2

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

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

2 of 7

13 C / OH NAME Pierce, Deke **14 Filer ID**

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. 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.

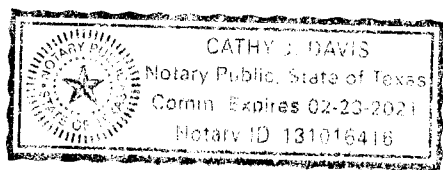
Additional Pages

<input type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC		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	\$	160.10
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	690.10
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	353.95
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,716.89
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.



[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 25th day of February, 2020, to certify which, witness my hand and seal of office.

Cathy J Davis Signature of officer administering
Cathy J Davis Printed name of officer administering
SR OFFICE Specialist Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

3 of 7

18 FILER NAME Pierce, Deke	19 Filer ID
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20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 690.10
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	\$ 3.95
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 350.00
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: 4/7
2 FILER NAME Pierce, Deke		3 Filer ID
4 Date 01/26/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARRAGAN, LISA 6 Contributor address; City; State; Zip Code 2008 PLOVERVILLE LN AUSTIN, TX 78728	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/26/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILL, DEREK Contributor address; City; State; Zip Code 13405 CABALLERO COVE AUSTIN, TX 78727	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/26/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAREK, STEPHANIE (Ms.) Contributor address; City; State; Zip Code 613 CROWLEY LN AUSTIN, TX 78728	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/26/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTIN, PETE Contributor address; City; State; Zip Code AUSTIN, TX	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PALMER, SHELLY Contributor address; City; State; Zip Code 1709 GAYLORD DR AUSTIN, TX 78728	Amount of Contribution (\$) \$50.00
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: 5/7

2 FILER NAME

Pierce, Deke

3 Filer ID

4 Date

01/26/2020

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

PHILLIPS, ROBERT (Mr.)

7 Amount of Contribution (\$)

\$100.00

6 Contributor address; City, State; Zip Code

17814 MADDEN DRIVE

PFLUGERVILLE, TX 78660

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/26/2020

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

THAN, THANG

Amount of Contribution (\$)

\$10.00

Contributor address; City, State; Zip Code

AUSTIN, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/20/2020

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

THOMPSON, DEBBIE (Ms.)

Amount of Contribution (\$)

\$200.00

Contributor address; City, State; Zip Code

2606 TRACY TRAIL

AUSTIN, TX 78728

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/26/2020

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

WARD, LISA

Amount of Contribution (\$)

\$25.00

Contributor address; City, State; Zip Code

AUSTIN, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES 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	Printing 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: Scr: 1/1 Rpt: 6/7	2 FILER NAME Pierce, Deke	3 Filer ID
4 Date 01/26/2020	5 Payee name ACTBLUE TECHNICAL SERVICES	
6 Amount (\$) \$3.95	7 Payee address; City; State; Zip Code 366 SUMMER STREET SOMERVILLE, MA 02144-3132	
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		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/1 Rpt: 7/7	2 FILER NAME Pierce, Deke	3 Filer ID
4 Date 02/14/2020	5 Payee name USPS	
6 Amount (\$) \$350.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 10109 LAKE CREEK PKWY AUSTIN, TX 78729	
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 POSTAGE FOR CAMPAIGN MAILERS
9 Complete ONLY if direct expenditure to benefit: C/OH	Candidate/Officeholder name	Office sought Office held