

Official Public Records of Harris County Stan Stanart County Clerk

Campaign Finance Report



Stan Stanart

COUNTY CLERK
HARRIS COUNTY, TEXAS

FileNo:

201711

Received By Clerk:

1/10/2017

File Date:

1/6/2017 8:00:00 AM

Office:

County School Trustee, Position 3, At Large

Candidate:

Trautman, Hallie D.

Treasurer:

Trautman, Timothy A.

Category:

**Contributions And Expenditures** 

**Delivered By:** 

**Certified Mail** 

Type:

COR

**Harris County No Fee** 

	TE / OFFICEHOLDER N FINANCE REPORT		FORM C/OH COVER SHEET PG 1	
The C/OH Instruction G	iulde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS (MRS) MR FIRST	MI	OFFICE USE ONLY	
NAME	NICKNAME LAST  1/ DIANE TRAUTI ADDRESS / PO BOX: APT / SUITE #:	man/	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;  P. O. BOX 606  KINGWOOD, TX	7		
Change of Address	,			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (713) 417-4235	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN	MS / MRS MR FIRST	MI	Receipt # Amount \$	
TREASURER NAME	TimoTHY		Date Processed	
	NICKNAME LAST TRAUTMAN	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S P.O. BOX 606 KINGWOOD, TX	TOT-	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 417-4235	D		
9 REPORT TYPE	January 15 30th day before 6	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 Sth day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 7 / 1 / 2016	THROUGH $/\partial_{ ho}$	Day Year / 31/2016	
11 ELECTION	ELECTION DATE	ELECTION TYP	E	
	Month Day Year Primary	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	vn)	
	COUNTY SCHOOL TRU	STEE_		
·	COUNTY SCHOOL TRU POSITION 3, AT LARGE	٤		
GO TO PAGE 2				

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	iE D. TRAUTMAN 15 Filer	ID (Ethics Commission Filers)			
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  COMMITTEE ADDRESS  SPECIFIC				
Additional Pages	COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-			
	4. TOTAL POLITICAL EXPENDITURES	\$ -0- \$ 553.99 \$ 3,029.49			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,029,49			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-			
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.  Notary ID # 129092676 My Commission Expires August 17, 2020  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.					
Signature of Candidate or Officeholder  AFFIX NOTARY STAMP/SEALABOVE					
Sworn to and subscribed before me, by the said HALLIE D. TRAVTMAN, this the 6th day of ANNAM, to certify which, witness my hand and seal of office.					
artale	OAN LOFLAND	NOTARY			
Signature of officer a	dminstering oath Printed name of officer administering oath Tit	tle of officer administering oath			

### SUBTOTALS - C/OH

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

19 FILER NAME  HALL'E D. TRAUTMAN  20 Filer ID (Ethics Cor	nmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 553,99
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8 SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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)		
1 Total pages Schedule F1:	2 FILER NAME HALLIE D.	TRAUTMAN	3 Filer ID (Ethics Commission Filers)		
4 Date 7-19-16	5 Payee name LEAGUE 8F	Lebousa Vot	ERS		
6 Amount (\$) \$153.99	7 Payee address: City: State: Z P. D. Box 529 Horeston, Tx	ip Code 97 77052			
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description			
PURPOSE OF EXPENDITURE	DONATION	—	tside of Texas. Complete Schedule T. , TX, officeholder living expense		
	gonn, or				
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
9-16-16	HARRIS COUNT	Y TEJANO D	EMOCRATS		
Amount (\$) \$150.	1)	ip Code SAUE, 27009			
	Category (See Categories listed at the top of this s				
PURPOSE OF		* T	side of Texas. Complete Schedule T.  TX, officeholder living expense		
EXPENDITURE	DONATION		The state of the s		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name		No.		
10/25/16	ANN HARRIS &	BENNETT CAU	WAisa)		
Amount (\$)	Payee address; City; State; Z	ip Code			
\$250.00	HOLOUISIANA	77002			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	Check if travel out	side of Texas. Complete Schedule T. TX, afficehalder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

At the time of recordation, this instrument was found to be inadequate for the best photographic reproduction because of blackouts, carbon or photo copy, discolored paper, etc. All instrument was filed and recorded. RECORDER'S MEMORANDUM: \$6.47 R2304N117770-21 U.S. POSTAGE PAID KINGWOOD, TX 77339 JAN 06, 17 AMOUNT 201 CAROLINE, 3RD FLODIR ARRIS COUNTY CLERK HOUSTOW, 1X 7016 1370 0001 1349 7790 Room 330 6311 Water Point Ct. Humble, TX 77346 Diane Trautman