




Official Public Records of  
Harris County  
Stan Stanart  
County Clerk

### Campaign Finance Report

		<i>Stan Stanart</i> 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

# 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)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS (MRS) MR <input checked="" type="radio"/> FIRST MI D.	OFFICE USE ONLY Date Received			
	NICKNAME LAST SUFFIX "DIANE" TRAUTMAN				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY; STATE; ZIP CODE			Date Hand-delivered or Date Postmarked	
<input type="checkbox"/> Change of Address	P.O. Box 6067 KINGWOOD, TX 77325				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt #	Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS (MR) <input checked="" type="radio"/> FIRST MI A.	Date Processed	Date Imaged		
	NICKNAME LAST SUFFIX TRAUTMAN				
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE				
(Residence or Business)	P.O. Box 6067 KINGWOOD, TX 77325				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION				
	(713) 417-4235				
9 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)				
10 PERIOD COVERED	Month Day Year	Month Day Year			
	7 / 1 / 2016	12 / 31 / 2016	THROUGH		
11 ELECTION	ELECTION DATE	ELECTION TYPE			
	Month Day Year / /	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)			
	COUNTY SCHOOL TRUSTEE POSITION 3, AT LARGE				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

**14** C/OH NAME HALLIE D. TRAUTMAN **15** Filer ID (Ethics Commission Filers)

**16** 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.

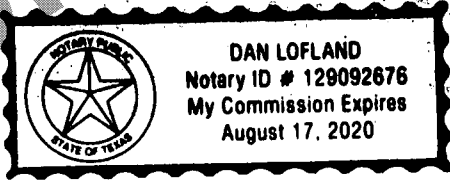
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>17</b> CONTRIBUTION TOTALS	1. 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	\$ 553.99
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-

**18** 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.

Hallie Diane Trautman  
Signature of Candidate or Officeholder



**DAN LOFLAND**  
Notary ID # 129092676  
My Commission Expires  
August 17, 2020

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said HALLIE D. TRAUTMAN, this the 6<sup>th</sup> day of JANUARY, 2017, to certify which, witness my hand and seal of office.

[Signature] DAN LOFLAND NOTARY  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME <i>HALLIE D. TRAUTMAN</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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 MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>553,99</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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                        | 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 F1: <b>1</b>	2 FILER NAME <b>HALLIE D. TRAUTMAN</b>	3 Filer ID (Ethics Commission Filers)
----------------------------------------	-------------------------------------------	---------------------------------------

4 Date <b>7-19-16</b>	5 Payee name <b>LEAGUE OF WOMEN VOTERS</b>
--------------------------	-----------------------------------------------

6 Amount (\$) <b>\$153.99</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 52997 HOUSTON, TX 77052</b>
----------------------------------	---------------------------------------------------------------------------------------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>DONATION</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	-------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--------------------------------------------------------------	-------------------------------	---------------	-------------

Date <b>9-16-16</b>	Payee name <b>HARRIS COUNTY TEJANO DEMOCRATS</b>
------------------------	-----------------------------------------------------

Amount (\$) <b>\$150.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>3213 HOUSTON AVE, HOUSTON, TX 77009</b>
-------------------------------------------	----------------------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
------------------------------------------------------------	-------------------------------	---------------	-------------

Date <b>10/25/16</b>	Payee name <b>ANN HARRIS BENNETT CAMPAIGN</b>
-------------------------	--------------------------------------------------

Amount (\$) <b>\$250.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>440 LOUISIANA, STE. 1200 HOUSTON, TX 77002</b>
-------------------------------------------	-----------------------------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
------------------------------------------------------------	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

COPY



7016 1370 0001 1349 7790

Diane Trautman  
6311 Waier Point Ct.  
Humble, TX 77346



1000



77002

U.S. POSTAGE  
PAID  
KINGWOOD, TX  
77339  
JAN 06, 17  
AMOUNT

\$6.47

R2304N17770-21

HARRIS COUNTY CLERK  
201 CAROLINE, 3RD FLOOR  
ROOM 330  
HOUSTON, TX 77002

RECORDER'S MEMORANDUM:  
At the time of recordation, this instrument was found to be inadequate for the best photographic reproduction because of illegibility, carbon or photo copy, discolored paper, etc. All blackouts, additions and changes were present at the time the instrument was filed and recorded.