CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form

1 ACCOUNT # (Ethics Commission Filers)

2 Total

OFFICE USE ONLY

Date Received RECEIVED APR 20, 2015

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: LINDA | M

NICKNAME | LAST: LABEAU | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: 5312 | APT / SUITE #: BENBRIDGE | CITY: Fort Worth | STATE: TX | ZIP CODE: 76107

☐ change of address

4-20-15
Receipt # Amount

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (817) | PHONE NUMBER: 602-5446 | EXTENSION

Date Processed 4-20-15

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | M

NICKNAME | LAST: LABEAU | SUFFIX

Date Imaged 4-20-15

[redacted]

TREASURER ADDRESS (residence or business): 5312 BENBRIDGE Fort Worth TX 76107

8 CAMPAIGN TREASURER PHONE

AREA CODE: (817) | PHONE NUMBER: 437-1188 | EXTENSION

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
LINDA

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE

COMMITTEE(S)

LindaLaRe

D 55

Laura Litton Laura Litton Board Asst.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

A

SCHEDULE A

The Instruction Guide explains complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date | 5 Full name of contributor | ☐ out-of-state PAC (ID#:_____) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable)

[redacted]

(If travel outside of Texas, complete Schedule T)

6 Principal occupation / Job title (See Instructions)

[redacted]

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

[redacted]

(If travel outside of Texas, complete Schedule T)

[redacted]

Date [redacted]

(If travel outside of Texas, complete Schedule T)

contribution ($) description (if applicable)

Contributor address; City; State; Zip Code

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

Contributor address; City; State; Zip Code

[redacted]

1 Total pages Schedule B:

3 ACCOUNT # (Ethics Commission Filers)

6 Full name of pledgor ☐ out-of-state PAC (ID#:) pledge ($) In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See instructions)

PLEDGED CONTRIBUTIONS SCHEDULE B

The instruction Guide explains how to complete this form

Date Full name of pledgor ☐ out-of-state PAC Amount of In-kind description

Pledgor address; City; State; Zip Code

2 FILER NAME

(If travel outside of Texas Schedule

4 TOTAL OF UNITEMIZED PLEDGES $

5 Date 8 Amount of 9

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $.

5 Date of loan ☐ out-of-state PAC (ID#)

[redacted]

11 Maturity date

[redacted]

15 Check if personal funds were deposited into political account

[redacted]

6 [redacted]

Is lender a financial Institution?

Y N

12 Principal occupation / Job title (See Instructions)

14 Description of Collateral ☐ out-of-state PAC (ID#:_____)

☐ none

16 GUARANTOR INFORMATION **17** Name of guarantor

☐

18 Guarantor address;

19 Amount Guaranteed ($)

20 Principal Occupation (See Instructions)

[redacted] City; State; Zip Code

☐ not applicable

21 Employer (See Instructions)

Name of lender

Is lender a financial Institution?

Y N

Interest rate

Maturity date

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

[redacted]

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

La

[redacted]

Description (If travel outside of Texas, complete Schedule T)

[redacted]

POLITICAL EXPENDITURES SCHEDULE F

[redacted]

Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

3 ACCOUNT # (Ethics Commission Filers)

KEAU

4 Date 4/12/15

5 Payee name
2 FILER NAME

6 Amount ($) 711.52

City; State; Zip Code

(2)

7 Payee address;
(a) Category (See categories listed at the top of this schedule)

Campaign Material

8 PURPOSE OF EXPENDITURE

9 Complete ONLY if direct expenditure to benefit C/OH

name

[redacted]

Amount ($) City; Zip Code

[redacted]

Payee name

Description (If travel outside of Texas, complete Schedule T)

Payee address;

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

PURPOSE OF EXPENDITURE

Payee name

Candidate / Officeholder name | Office sought | Office held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

2 FILER NAME

4 Date

6 Amount ($)

Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)

Date Payee name

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Date Payee name

Payee address;

Accounting/Banking
Consulting Expense
Event Expense
Fees
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense
Transportation Equipment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

3 ACCOUNT # (Ethics Commission Filers)

PURPOSE OF EXPENDITURE

5 Payee name

Check if Austin, TX officeholder living expense

7 Payee address; City; Zip Code

Date

PURPOSE OF EXPENDITURE

Amount ($)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8

Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement

2 FILER NAME

4 Date

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)

Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense
Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above)
Fees | Printing Expense | Office Overhead/Rental Expense | ☐ Check if Austin, TX, officeholder living expense

The Instruction Guide explains how to complete this form.

Candidate / Officeholder name

1 Total pages Schedule H

3 ACCOUNT # (Ethics Commission Filers)

PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T)

Date

Amount ($)

6 Amount ($) 7 Business address; C State; Zip Code

PURPOSE OF EXPENDITURE

Candidate / Officeholder name Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form

1 Total pages Schedule I **2** FILER NAME **3** ACCOUNT # (Ethics Commission Filers)

4 Date **5** Payee name

6 Amount ($) **7** Payee address; State; Zip Code

PURPOSE OF EXPENDITURE (a) Category (See instructions for categories)

Date Payee name

Amount ($) Payee address; City; State;

PURPOSE OF EXPENDITURE

Date Payee name

Amount ($) Payee address; City; State; Zip Code

required)

PURPOSE OF EXPENDITURE **(b)** Descri

Date Payee name

Amount ($) Payee address City; State; Zip Code

(b) Description (See instructions regarding type of information required)

PURPOSE OF EXPENDITURE **(b)** Description (See

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form

1 Total pages Schedule K

3 ACCOUNT # (Ethics Commission Filers)

2 FILER NAME

($)

4 Date

5 Name of person from whom is received

6 Address of person from whom is received; City; State; Zip Code

8 Amount

($)

Address of person from whom amount is City; State; Zip Code

7 Purpose for which amount is

($)

Purpose for which amount is received

Date Name of person from whom amount is received Amount

Zip Code

Date

($)

Purpose for which amount is received

Amount

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G

☐ Schedule H ☐ Schedule N ☐ COH-C ☐ COH-T ☐ PAC-C ☐ PAC-E

6 Dates of travel traveling

8 Departure city or departure location

9 Destination city or name

7 Name of

location

Payee

☐ Schedule H ☐ COH-T ☐ PAC-E

Name of Contributor / Corporation or Labor Organization /

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ ule C ☐ Schedule D Schedule F

Schedule N Schedule F ☐ Schedule G

☐ Schedule H ☐ COH-T PAC-C PAC-E

Name of person(s) traveling

CANDIDATE / OFFICEHOLDER REPORT

2 ACCOUNT # (Ethics Commission Filers)

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

3 **SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions