

# 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:<br><b>21</b> |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>                         | MS / MRS / <input checked="" type="checkbox"/> MR<br>FIRST MI<br>Sam A. V.<br>NICKNAME LAST SUFFIX<br>Russo   | <b>OFFICE USE ONLY</b>   |                                   |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>              | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>1916 Justin Ln. Austin, TX 78757<br><input type="checkbox"/> Change of Address  | Date Received  |                                   |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>                        | AREA CODE PHONE NUMBER EXTENSION<br>(512) 593-1171  | Date Hand-delivered or Date Postmarked   |                                   |
| <b>6 CAMPAIGN TREASURER NAME</b>                               | MS / MRS / <input checked="" type="checkbox"/> MR<br>FIRST MI<br>Robert E. M.<br>NICKNAME LAST SUFFIX<br>Toohy  | Receipt #  | Amount \$                         |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br>(Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>12000 Dessau Rd. Apt. 316 Austin TX 78754  |  |                                   |
| <b>8 CAMPAIGN TREASURER PHONE</b>                              | AREA CODE PHONE NUMBER EXTENSION<br>(512) 593-1771  |  |                                   |
| <b>9 REPORT TYPE</b>   | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><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) |  |                                   |
| <b>10 PERIOD COVERED</b>                                       | Month Day Year    Month Day Year<br>08/13/2018    THROUGH    10/05/2018   |  |                                   |
| <b>11 ELECTION</b>   | ELECTION DATE<br>Month Day Year<br>11/06/2018   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |                                   |
| <b>12 OFFICE</b>   | OFFICE HELD (if any)  | <b>13 OFFICE SOUGHT (if known)</b><br>At-Large Position 9, AISD  |                                   |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Sam Russo 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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

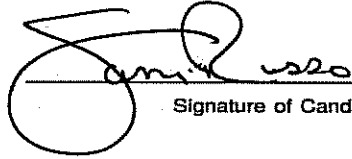
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

|                         |   |                                |
|-------------------------|---|--------------------------------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ <u>                    </u> |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ <u>6,235.00</u>             |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ <u>238.22</u>               |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>3,280.33</u>             |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ <u>6,235.00</u>             |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ <u>0.00</u>                 |

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.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sam Alfred-victor Russo, this the 05 day of October, 20 18, to certify which, witness my hand and seal of office.

Minerva Cervantes  
Signature of officer administering oath

Minerva Cervantes  
Printed name of officer administering oath

Custodian of Student Records  
Title of officer administering oath

# SUBTOTALS - C/OH

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

19 FILER NAME

Sam Russo

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |                          |  |                         |
|-----|--------------------------|--|-------------------------|
| 1.  | <input type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 6,235. <sup>00</sup> |
| 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 type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ —                    |
| 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                                      | \$ 3,208.03             |
| 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 | \$ —                    |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 14

2 FILER NAME

Sam Russo

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

8/27

5 Full name of contributor

Luise Morgan

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

500.00

6 Contributor address;

910 Contact St.

City; State; Zip Code

Austin, TX 78758

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

8/27

Full name of contributor

Mica Arellano

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

512 Eberhart Ln. #202

City; State; Zip Code

Austin, TX 78745

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/27

Full name of contributor

Julia Wicker

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

25.00

Contributor address;

1002 Bluebonnet Ct.; Leander, TX 78641

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/27

Full name of contributor

Mary Ann Wilson

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address;

8810 Silver Arrow Cir. Austin, TX 78759

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **14**

2 FILER NAME

**Sam Russo**

3 Filer ID (Ethics Commission Filers)

4 Date

**8/27**

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

**Jeanne Rich**

7 Amount of contribution (\$)

**160.00**

6 Contributor address; City; State; Zip Code

**4332 TerraVista Club Dr. #69 Round Rock, TX 78665**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**8/27**

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

**Paloma Brown**

Amount of contribution (\$)

**100.00**

Contributor address; City; State; Zip Code

**131 Cross Creek Dr. Dripping Springs, TX 78620**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**8/27**

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

**Jennifer Harley**

Amount of contribution (\$)

**20.00**

Contributor address; City; State; Zip Code

**13219 Kerrville Folkway Austin, TX 78729**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**8/27**

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

**Christen Bettis**

Amount of contribution (\$)

**100.00**

Contributor address; City; State; Zip Code

**12007 N. Lamar Blvd. Austin, TX 78753 #921**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 14

2 FILER NAME

Sam Russo

3 Filer ID (Ethics Commission Filers)

4 Date

8/22

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

Cris Leal

7 Amount of contribution (\$)

20.00

6 Contributor address; City; State; Zip Code

10200 Cripple Creek Cv. Austin, TX 78758

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/24

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

Glenn Cook

Amount of contribution (\$)

450.00

Contributor address; City; State; Zip Code

509 Spanish Ridge Cv. Pflugerville, TX 78660

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/24

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

Eric Stumberg

Amount of contribution (\$)

510.00

Contributor address; City; State; Zip Code

3911 Avenue G. Austin, TX, 78751

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

IT

Tergo internet

Date

8/27

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

Denny Fossett

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

7900 Epping Ln. Austin, TX 78745

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **14**

2 FILER NAME

**Sami Russo**

3 Filer ID (Ethics Commission Filers)

4 Date

**8/28**

5 Full name of contributor

**Bea Becker**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**50.00**

6 Contributor address;

**9018 Wagtail Dr.**

City; State; Zip Code

**Austin, TX 78748**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**8/29**

Full name of contributor

**Betty Copeland**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**50.00**

Contributor address;

**1106 Brown Dr.**

City; State; Zip Code

**Pflugerville, TX 78691**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**8/30**

Full name of contributor

**Pauline Rich**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**500.00**

Contributor address;

**4100 Jackson Ave.**

City; State; Zip Code

**Austin, TX 78731**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

Date

**8/31**

Full name of contributor

**David Nichols**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**80.00**

Contributor address;

**19 Concord Cir.**

City; State; Zip Code

**Austin, TX 78737**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 14

2 FILER NAME

Sam Russo

3 Filer ID (Ethics Commission Filers)

4 Date

6/13

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

Jamie Morrissey

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

7929 Crandall Rd. Austin, TX 78739

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/18

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

Emma Rainville

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

1401 Hesters Crossing Rd. Round Rock, TX 78681  
#8208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/20

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

Anthony Russo

Amount of contribution (\$)

10.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/21

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

Aaron Baker

Amount of contribution (\$)

150.00

Contributor address; City; State; Zip Code

5609 Viewpoint Dr. Austin, TX 78723

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 14

2 FILER NAME

Sam Russo

3 Filer ID (Ethics Commission Filers)

4 Date

8/21

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

Ellen Warner-Courd

7 Amount of contribution (\$)

10.00

6 Contributor address; City; State; Zip Code

2204 Greenwood Ave. Austin, TX 78723

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/27

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

Karole Fedrick

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

6629 Estana Ln. Austin, TX 78739

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

8/27

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

Clay Smith

Amount of contribution (\$)

20.00

Contributor address; City; State; Zip Code

11906 CJoann Ct. Austin, TX 78753

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/27

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

Michael LaPaglia

Amount of contribution (\$)

20.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 14

2 FILER NAME

Sam. Russo

3 Filer ID (Ethics Commission Filers)

4 Date

8/21

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

Kathy Funk

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code  
10313 Stubble Quail Dr. Austin, TX 78758

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/29

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

Mary Faith Anderegg

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code  
12912 Irongate Ave. Austin, TX 78727

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/29

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

Monique Anderegg

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code  
12912 Irongate Ave Austin, TX 78727

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/11

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

Chris Gagne

Amount of contribution (\$)

150.00

Contributor address; City; State; Zip Code  
P.O. Box 2009 Leander, TX 78648

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 14

2 FILER NAME

Sam Russo

3 Filer ID (Ethics Commission Filers)

4 Date

8/30

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

Donna Eldridge

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code  
Austin, TX 78753

12501 Tech Ridge Blvd.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/30

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

Stami Beckham

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code  
Austin, TX 78729

8405 Foxhound Tr.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/30

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

Patrick Mc Guinness

Amount of contribution (\$)

20.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/11

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

Carrie Hassell

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code  
Round Rock, TX 78665

3553 Sandy Koufax Ln.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 14

2 FILER NAME

Sam Russo

3 Filer ID (Ethics Commission Filers)

4 Date

9/2

5 Full name of contributor

Linda Weaver

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

200.00

6 Contributor address;

12603 Cholla Ln.

City; State; Zip Code

Manchaca, TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/27

Full name of contributor

Bob Pontius

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

12718 Cloud Mountain Ct.

City; State; Zip Code

Austin, TX 78726

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/27

Full name of contributor

Richard Wood

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address;

5601 Colinton Ave.

City; State; Zip Code

Austin, TX 78754

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/29

Full name of contributor

Caryl Ayala

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

60.00

Contributor address;

5300 Korth

City; State; Zip Code

Austin, TX 78749

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 14

2 FILER NAME

Sam Russo

3 Filer ID (Ethics Commission Filers)

4 Date

9/18

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

Eva Duffin

7 Amount of contribution (\$)

10.00

6 Contributor address; City; State; Zip Code  
7205 Nubian CV Austin, TX 78739

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/5

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

Elizabeth Nichols

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code  
19 Concord Cir. Austin, TX 78737

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/5

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

Faith Copeland

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code  
7501 Anagua Dr. Austin, TX 78750

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/5

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

Jesse Ramos

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code  
2800 Hunnicut Ct. Austin, TX 78748

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 14

2 FILER NAME

Sami Russo

3 Filer ID (Ethics Commission Filers)

4 Date

10/5

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

Joseph John

6 Contributor address; City; State; Zip Code  
16300 Leopold Tr. Austin, TX 78738

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/19

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

Gabe Rainville

Contributor address; City; State; Zip Code  
1401 Hesters Crossing Rd. Round Rock, TX 78681

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23

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

Lisa Williams

Contributor address; City; State; Zip Code  
10900 Los Arcos Cv. Austin, TX 78739

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24

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

Barry Hodson

Contributor address; City; State; Zip Code  
13145 N. Highway 183 Apt. 822 Austin, TX 78750

Amount of contribution (\$)

10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 14

2 FILER NAME

Sam Russo

3 Filer ID (Ethics Commission Filers)

4 Date

9/27

5 Full name of contributor

Debbie Flanagan

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

20.00

6 Contributor address;

1608 Galnaas Dr.

City; State; Zip Code

Austin, TX 78758

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/25

Full name of contributor

Pat Renter

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

10.00

Contributor address;

1101 Gemini Dr.

City; State; Zip Code

Austin, TX 78758

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/25

Full name of contributor

Amy Maddox

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

10.00

Contributor address;

3316 Riveroad Ct.

City; State; Zip Code

Ft. Worth, TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/26

Full name of contributor

Justin Voigt

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

200.00

Contributor address;

901 Union Chapel Rd. Cedar Creek, TX

City; State; Zip Code

75062

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 14

2 FILER NAME

Sam Russo

3 Filer ID (Ethics Commission Filers)

4 Date

10/1

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Larry Kettle

6 Contributor address;

City; State; Zip Code

1114 Barr Ave Canon City, CO 81212

7 Amount of contribution (\$)

20<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/28

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

James Neely

Contributor address;

City; State; Zip Code

905 Victoria Ridge Pflugerville, TX 78660

Amount of contribution (\$)

30<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Margaret Coxa

Contributor address;

City; State; Zip Code

20920 Mandrake Dr. Pkille, TX 78660

Amount of contribution (\$)

10<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/1

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Erosedike Zewdie

Contributor address;

City; State; Zip Code

10011 Stonelake #167 Austin, TX 78759

Amount of contribution (\$)

20<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 14

2 FILER NAME

Sam Russo

3 Filer ID (Ethics Commission Filers)

4 Date

9/30

5 Full name of contributor

David Archer

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

100<sup>00</sup>

6 Contributor address;

City; State; Zip Code

9901 Brodie Ln, 160 Austin TX 78748

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/30

Full name of contributor

Jane Runkle

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

40<sup>00</sup>

Contributor address;

City; State; Zip Code

376 Blossom Valley Stream Buda, TX 78610

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

### EXPENDITURE CATEGORIES FOR BOX 10(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)  |

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F4:<br>4                             | <b>2</b> FILER NAME<br>Sam Russo   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD |  | \$ 165.92  |
| <b>5</b> Date<br>8-13-18   | <b>6</b> Payee name<br>Printograph   |  |
| <b>7</b> Amount (\$)<br>221.26                                     | <b>8</b> Payee address; City; State; Zip Code<br>7625 N. San Fernando Rd. Burbank, CA 91505    |  |
| <b>9</b> TYPE OF EXPENDITURE                                       | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political           |  |
| <b>10</b> PURPOSE OF EXPENDITURE                                   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|  | <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                           |  |
| Candidate / Officeholder name: Sam <input type="checkbox"/> Russo  |  |  |
| Office sought: At-Large District 9, AISD                           |  |  |
| Office held: _____   |  |  |

|   |  |   |
|---|--|---|
| Date<br>8-13-18   | Payee name<br>Discount Mugs  |   |
| Amount (\$)<br>169.93   | Payee address; City; State; Zip Code<br>12610 N.W. 115th Ave Miami, FL 33178         |   |
| TYPE OF EXPENDITURE   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                           |   |
| Candidate / Officeholder name: Sam <input type="checkbox"/> Russo |  |   |
| Office sought: At-Large District 9, AISD                          |  |   |
| Office held: _____  |  |   |

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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

### EXPENDITURE CATEGORIES FOR BOX 10(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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F4:<br>4                               | <b>2</b> FILER NAME<br>Sami Russo  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   |  | \$ 165.92  |
| <b>5</b> Date<br>8-23-18   | <b>6</b> Payee name<br>Printo graph  |  |
| <b>7</b> Amount (\$)<br>110.23                                       | <b>8</b> Payee address; City; State; Zip Code<br>7625 N. San Fernando Rd. Burbank, CA 91505    |  |
| <b>9</b> TYPE OF EXPENDITURE   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political           |  |
| <b>10</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>Sami Russo  | Office sought<br>At-Large District 9, ATSD<br>Office held<br>_____   |
| Date<br>8-27-18  | Payee name<br>Printo graph   |  |
| Amount (\$)<br>258.82  | Payee address; City; State; Zip Code<br>7625 N. San Fernando Rd. Burbank, CA 91505             |  |
| TYPE OF EXPENDITURE  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political           |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>Advertising Expense            | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate / Officeholder name<br>Sami Russo  | Office sought<br>At-Large District 9, ATSD<br>Office held<br>_____   |

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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

## EXPENDITURE CATEGORIES FOR BOX 10(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)  |

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F4:<br>4                               | <b>2</b> FILER NAME<br>Sam Russo   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   |  | \$ 165.92  |
| <b>5</b> Date<br>9-4-18  | <b>6</b> Payee name<br>Printograph   |  |
| <b>7</b> Amount (\$)<br>59.56  | <b>8</b> Payee address; City; State; Zip Code<br>7625 N. San Fernando Blvd, Burbank, CA 91505  |  |
| <b>9</b> TYPE OF EXPENDITURE   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political           |  |
| <b>10</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>Sam Russo   | Office sought<br>At-Large District 9, ASD<br>Office held   |
| Date<br>9-27-18  | Payee name<br>North Loop Signs   |  |
| Amount (\$)<br>2,104.38  | Payee address; City; State; Zip Code<br>102 E. North Loop Blvd. Austin, TX 78751               |  |
| <b>TYPE OF EXPENDITURE</b>   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political           |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Advertising Expense            | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate / Officeholder name<br>Sam Russo   | Office sought<br>At-Large District 9, ASD<br>Office held   |

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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

### EXPENDITURE CATEGORIES FOR BOX 10(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)  |

The Instruction Guide explains how to complete this form.

|  |                                  |  |
|--|----------------------------------|--|
| <b>1</b> Total pages Schedule F4:<br>4 | <b>2</b> FILER NAME<br>Sam Russo | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|----------------------------------|--|

|  |           |
|--|-----------|
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ 165.92 |
|--|-----------|

|                         |                              |
|-------------------------|------------------------------|
| <b>5</b> Date<br>8-5-18 | <b>6</b> Payee name<br>Lowes |
|-------------------------|------------------------------|

|                                |  |
|--------------------------------|--|
| <b>7</b> Amount (\$)<br>117.93 | <b>8</b> Payee address; City; State; Zip Code<br>8000 Shoal Creek Blvd. Austin, TX 78757 |
|--------------------------------|--|

|                              |  |
|------------------------------|--|
| <b>9</b> TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

|                                  |   |  |
|----------------------------------|---|--|
| <b>10</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expenses | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|----------------------------------|---|--|

|  |  |  |             |
|--|--|--|-------------|
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>Sam Russo | Office sought<br>At-Large District 9, ATSD | Office held |
|--|--|--|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                     |   |
|---------------------|---|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|---|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|--|-------------------------------|---------------|-------------|

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