# Texas Ethics Commission

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

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## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<table>
<thead>
<tr>
<th>1 ACCOUNT #</th>
<th>2 Total pages filed:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OFFICE USE ONLY</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date Received</strong></td>
<td></td>
</tr>
<tr>
<td><strong>'12 JUL 31 PM 13:04</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date Hand-delivered or Postmarked</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Receipt #</strong></td>
<td><strong>Amount</strong></td>
</tr>
<tr>
<td><strong>Date Processed</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date Imaged</strong></td>
<td></td>
</tr>
</tbody>
</table>

### 3 CANDIDATE / OFFICEHOLDER NAME

- **Ms / Mrs / Mr**: Mrs.  
- **First Name**: Mary Ellen  
- **Last Name**: Pietruszynski

### 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

- **Address / PO Box / Apt / Suite #**: 6241 John Chusom Ln  
- **City**: Austin  
- **State**: TX  
- **ZIP Code**: 78749

### 5 CANDIDATE / OFFICEHOLDER PHONE

- **Area Code**: (512)  
- **Phone Number**: 288-9810  
- **Extension**:  
- **Suffix**:  
- **Change of Address**: □

### 6 CAMPAIGN TREASURER NAME

- **Ms / Mrs / Mr**: Mr.  
- **First Name**: AL  
- **Last Name**: Lopez

### 7 CAMPAIGN TREASURER ADDRESS

- **Street Address (No PO Box Please)**: 7206 Providence Ave  
- **City**: Austin  
- **State**: TX  
- **ZIP Code**: 78752

### 8 CAMPAIGN TREASURER PHONE

- **Area Code**: (512)  
- **Phone Number**: 695-8170  
- **Extension**:  
- **Suffix**:  
- **Change of Address**: □

### 9 REPORT TYPE

- **January 15**: □  
- **30th day before election**: □  
- **Runoff**: □  
- **15th day after campaign treasurer appointment (officeholder only)**: □  
- **July 15**: X  
- **8th day before election**: □  
- **Exceeded $500 limit**: □  
- **Final report (Attach C/OH - FR)**: □

### 10 PERIOD COVERED

- **Month / Day / Year**: 6 / 6 / 12  
- **Through**: 7 / 15 / 12

### 11 ELECTION

- **Month / Election Date / Year**: 11 / 6 / 12
- **Election Type**: General

### 12 OFFICE

- **Office Held (if any)**: Austin Independent School District Board

### 13 OFFICE SOUGHT (if known)

- **Austin Independent School District Board**

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Revised 09/28/2011

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**Form C/OH Cover Sheet pg 1**
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### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH**  
**Cover Sheet PG 2**

#### 14 C/OH NAME
Mary Ellen Pietruszynski

#### 15 ACCOUNT # (Ethics Commission Filer)

#### 16 NOTICE FROM POLITICAL COMMITTEE(S)

- **COMMITTEE TYPE**:  
  - [ ] GENERAL  
  - [ ] SPECIFIC

- **COMMITTEE NAME**:  

- **COMMITTEE ADDRESS**:  

- **COMMITTEE CAMPAIGN TREASURER NAME**:  

- **COMMITTEE CAMPAIGN TREASURER ADDRESS**:  

- [ ] additional pages

#### 17 CONTRIBUTION TOTALS

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>4. TOTAL POLITICAL EXPENDITURES</td>
<td>$ 907.36</td>
</tr>
<tr>
<td>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</td>
<td>$ 0.00</td>
</tr>
</tbody>
</table>

#### 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.

Sworn to and subscribed before me, by the said Mary Ellen Pietruszynski, this the 31 day of July, 2012, to certify which, witness my hand and seal of office.

Signature of Candidate or Officeholder

Affix Notary Stamp / Seal Above

Signature of office administering oath  
Printed name of office administering oath  
Title of office administering oath

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# Political Expenditures Made from Personal Funds

## Schedule G

**Expenditure Categories for Box 8(a)**

- Advertising Expense
- Accounting/Banking Expense
- Consulting Expense
- Event Expense
- Fees
- Gift/Awards/Memorials Expense
- Legal Services
- Food/Beverage Expense
- Polling Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Solicitation/Fundraising Expense
- Travel In District
- Travel Out Of District
- Loan Repayment/Reimbursement
- Transportation Equipment & Related Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- Office Overhead/Rental Expense
- OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

### 1. Total pages Schedule G: 

### 2. Filer Name: Mary Ellen Pietruszyński

### 3. Account # (Ethics Commission Filers)

### 4. Date: 5.30.12

### 5. Payee Name: Postal Annex

### 6. Amount ($) 44.00

- Reimbursement from political contributions intended

### 7. Purpose of Expenditure

#### (a) Category (See categories listed at the top of this schedule)

- Mailbox Rental

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

- Office Overhead

### 8. Date: 6.6.12

### 9. Payee Name: Matt's El Rancho Restaurant

### 10. Amount ($) 97.36

- Reimbursement from political contributions intended

### 11. Purpose of Expenditure

#### Category (See categories listed at the top of this schedule)

- Event Expense

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

- Room Rental/food

### 12. Date

### 13. Payee Name

### 14. Amount ($)

- Reimbursement from political contributions intended

### 15. Purpose of Expenditure

#### Category (See categories listed at the top of this schedule)

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

### 16. Date

### 17. Payee Name

### 18. Amount ($)

- Reimbursement from political contributions intended

### 19. Purpose of Expenditure

#### Category (See categories listed at the top of this schedule)

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

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