## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### 3 CANDIDATE / OFFICEHOLDER NAME
- **First Name**: Amber
- **Suffix**: Elenz

### 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
- **Address**: 1900 Elton Ln. Austin, TX 78703

### 5 CANDIDATE / OFFICEHOLDER PHONE
- **Area Code**: 512
- **Phone Number**: 632-9249

### 6 CAMPAIGN TREASURER NAME
- **First Name**: Arati
- **Suffix**: Singh

### 7 CAMPAIGN TREASURER ADDRESS
- **Street Address**: 8101 Cobblestone Dr. Austin, TX 78735

### 8 CAMPAIGN TREASURER PHONE
- **Area Code**: 512
- **Phone Number**: 586-5702

### 9 REPORT TYPE
- **Date**: July 15
- **Type**: 8th day before election

### 10 PERIOD COVERED
- **Start Date**: September 30, 2016
- **End Date**: October 29, 2016

### 11 ELECTION
- **Election Date**: November 8, 2016
- **Type**: General

### 12 OFFICE
- **Office Held**: Austin ISD Trustee, District 5

### 13 OFFICE SOUGHT
- **Office Sought**: Austin ISD Trustee, District 5

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**GO TO PAGE 2**
CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

14 C/OH NAME
Amber Elenz

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.

<table>
<thead>
<tr>
<th>COMMITTEE TYPE</th>
<th>COMMITTEE NAME</th>
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<tbody>
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<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
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<table>
<thead>
<tr>
<th>COMMITTEE CAMPAIGN TREASURER NAME</th>
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<tr>
<th>COMMITTEE CAMPAIGN TREASURER ADDRESS</th>
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</table>

17 CONTRIBUTION TOTALS

<table>
<thead>
<tr>
<th>CONTRIBUTION CATEGORIES</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>$389.70</td>
</tr>
<tr>
<td>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</td>
<td>$16,269.70</td>
</tr>
<tr>
<td>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</td>
<td>$5,000.00</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.

Amber Elenz
Signature of Candidate or Officeholder

EARLYNN H. WILLIAMS
Notary Public, State of Texas
Comm. Expires 09-21-2020
Notary ID 10589464

Sworn to and subscribed before me, by the said Amber Elenz, this the 31st day of October, 2014, to certify which, witness my hand and seal of office.

Earlynn H. Williams
Signature of officer administering oath

Earlynn H. Williams
Printed name of officer administering oath

Earlynn H. Williams
Title of officer administering oath

Revised 9/9/2015
<table>
<thead>
<tr>
<th>SCHEDULE SUBTOTALS NAME OF SCHEDULE</th>
<th>SUBTOTAL AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS</td>
<td>$0</td>
</tr>
<tr>
<td>2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS</td>
<td>$0</td>
</tr>
<tr>
<td>3. SCHEDULE B: PLEDGED CONTRIBUTIONS</td>
<td>$0</td>
</tr>
<tr>
<td>4. SCHEDULE E: LOANS</td>
<td>$0</td>
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<tr>
<td>5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$389.70</td>
</tr>
<tr>
<td>6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS</td>
<td>$0</td>
</tr>
<tr>
<td>7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$0</td>
</tr>
<tr>
<td>8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD</td>
<td>$0</td>
</tr>
<tr>
<td>9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS</td>
<td>$0</td>
</tr>
<tr>
<td>10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH</td>
<td>$0</td>
</tr>
<tr>
<td>11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$0</td>
</tr>
<tr>
<td>12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER</td>
<td>$0</td>
</tr>
<tr>
<td>EXPENDITURE CATEGORIES FOR BOX 8(a)</td>
<td></td>
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<tr>
<td>------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Advertising Expense</td>
<td></td>
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<tr>
<td>Accounting/Banking</td>
<td></td>
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<tr>
<td>Consulting Expense</td>
<td></td>
</tr>
<tr>
<td>Contributions/Donations Made By</td>
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<tr>
<td>Candidate/Officeholder/Political Committee</td>
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<tr>
<td>Credit Card Payment</td>
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<tr>
<td>Event Expense</td>
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<tr>
<td>Fees</td>
<td></td>
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<tr>
<td>Food/Beverage Expense</td>
<td></td>
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<tr>
<td>Gift/Awards/Memorials Expense</td>
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<tr>
<td>Legal Services</td>
<td></td>
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<tr>
<td>Loan Repayment/Reimbursement</td>
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<tr>
<td>Office Overhead/Rental Expense</td>
<td></td>
</tr>
<tr>
<td>Solicitation/Fundraising Expense</td>
<td></td>
</tr>
<tr>
<td>Transportation Equipment &amp; Related Expense</td>
<td></td>
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<tr>
<td>Travel In District</td>
<td></td>
</tr>
<tr>
<td>Travel Out Of District</td>
<td></td>
</tr>
<tr>
<td>Other (enter a category not listed above)</td>
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</tbody>
</table>

The Instruction Guide explains how to complete this form.

<table>
<thead>
<tr>
<th>1</th>
<th>Total pages</th>
<th>1</th>
<th>2</th>
<th>FILER NAME</th>
<th>Amber Elenz</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Date</td>
<td>10/6/16</td>
<td>5</td>
<td>Payee name</td>
<td>Evergreen Studios</td>
</tr>
<tr>
<td>6</td>
<td>Amount ($)</td>
<td>$389.70</td>
<td>7</td>
<td>Payee address; City; State; Zip Code</td>
<td>5416 Parkcrest Drive, Suite 600 Austin, TX 78731</td>
</tr>
</tbody>
</table>

8

<table>
<thead>
<tr>
<th>Category (See Categories listed at the top of this schedule)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising Expense</td>
</tr>
</tbody>
</table>

9 Complete ONLY if direct expenditure to benefit C/OH

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015