CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

1. Filer ID (Ethics Commission Filers)
2. Total pages filed: 2

3. CANDIDATE / OFFICEHOLDER NAME
   MS / MRS / MR: FIRST MI
   Amber
   SUFFIX
   (Nickname)
   LAST
   Elenz

4. CANDIDATE / OFFICEHOLDER MAILING ADDRESS
   AREA CODE PHONE NUMBER EXTENSION
   (512) 632-9249

5. CANDIDATE / OFFICEHOLDER PHONE
   AREA CODE PHONE NUMBER EXTENSION
   (512) 586-5702

6. CAMPAIGN TREASURER NAME
   MS / MRS / MR: FIRST MI
   Arati
   SUFFIX
   (Nickname)
   LAST
   Singh

7. CAMPAIGN TREASURER ADDRESS
   (Residence or Business)
   STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
   8101 Cobblestone Dr. Austin, TX 78735

8. CAMPAIGN TREASURER PHONE
   AREA CODE PHONE NUMBER EXTENSION
   (512) 586-5702

9. REPORT TYPE
   ☑️ January 15
   ☐ 30th day before election
   ☐ Runoff
   ☑️ 15th day after campaign treasurer appointment (Officeholder Only)
   ☐ July 15
   ☐ 8th day before election
   ☐ Exceeded $500 limit
   ☐ Final Report (Attach C/OH - FR)

10. PERIOD COVERED
    Month Day Year THROUGH Month Day Year
    1 / 1 / 14 THROUGH 6 / 19 / 16

11. ELECTION
    ELECTION DATE
    Month Day Year
    11 / 8 / 16

    ELECTION TYPE
    ☑️ General ☐ Special

12. OFFICE
    OFFICE HELD (if any)
    Austin ISD Trustee District 5

13. OFFICE SOUGHT (if known)
    Austin ISD Trustee District 5

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME
Amber Elenz

15 Filer ID (Ethics Commission Filere)

16 NOTICE FROM POLITICAL COMMITTEE(S)

<table>
<thead>
<tr>
<th>COMMITTEE TYPE</th>
<th>COMMITTEE NAME</th>
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<th>COMMITTEE CAMPAIGN TREASURER NAME</th>
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17 CONTRIBUTION TOTALS

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<th>TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED</th>
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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.

MARGERY ELAINE HOPKINS
My Commission Expires
July 9, 2016

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Amber Elenz, this the 14th day of July, 2016, to certify which, witness my hand and seal of office.

Margery Elaine Hopkins
Exec. Assist

Signature of officer administering oath
Printed name of officer administering oath
Title of officer administering oath

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