

# 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) 00010009	2 PAGE # 1 of 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Chris MI	OFFICE USE ONLY	
	NICKNAME LAST Riley SUFFIX	Date Received JAN 13 PM 5:58 AUSTIN CITY CLERK RECEIVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  1310 San Antonio, #1 Austin, TX 78701	Date Hand-delivered or Date Postmarked	
		Receipt # Amount	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Mike MI	Date Processed	
	NICKNAME LAST Clark-Madison SUFFIX	Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  907 East 15th Street Austin, TX 78702		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (512) 478-0682		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 07/01/2011    12/31/2011		
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) City Council, Place 1	12 OFFICE SOUGHT (if known)	
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

13 C/OH NAME Riley, Chris

14 ACCOUNT # (Ethics Commission filers)  
0001000915 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

.. This box is for notice of political expenditures 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

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION  
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

0.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

20,818.20

CONTRIBUTION  
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

0.00

OUTSTANDING  
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

0.00

## 17 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.



*Chris Riley*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Chris Riley, this the 13<sup>th</sup> day  
of January 20 12, to certify which, witness my hand and seal of office.

*Candy Hinkle*  
Signature of officer administering oath

*Candy Hinkle*  
Print name of officer administering oath

*Notary Public*  
Title of officer administering oath

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
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.

<b>1 PAGE #</b> Schedule: 1/1 Report: 3/4		<b>2 FILER NAME</b> Riley, Chris		<b>3 ACCOUNT # (TEC filers)</b> 00010009
<b>4 Date</b> 07/07/2011	<b>5 Payee name</b> Mailchimp			
<b>6 Amount (\$)</b> \$9.00	<b>7 Payee address</b> City; State; Zip Code 512 Means Street, Ste. 404 Atlanta, GA 30318			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> OTHER - Communications		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Email list management	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 12/30/2011	<b>Payee name</b> Riley, Chris			
<b>Amount (\$)</b> \$20,809.20	<b>Payee address</b> City; State; Zip Code 1310 San Antonio, #1 Austin, TX 78701			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> OTHER - loan repayment		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Reimbursement for Schedule G expenditures reported during 2009 campaign	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:

**CANDIDATE/OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

**\*\* Complete only if 'Report Type' on page 1 is marked 'Final Report' \*\***

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**1 C/OH NAME** Riley, Chris**2 ACCOUNT #** (Ethics Commission filers)

00010009

**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 or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER****\*\* Complete A & B below only if you are not an officeholder \*\*****A. CAMPAIGN FUNDS**

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

☐

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate**5 OFFICEHOLDER****\*\* Complete this section only if you are an officeholder \*\***☒

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

  
\_\_\_\_\_  
Signature of Officeholder

### ANNUAL RECONCILIATION

(To be filed by candidate, officeholder or campaign committee with the January 15<sup>th</sup>  
contribution and expenditure report)

Name of candidate, officeholder or campaign committee: \_\_\_\_\_Chris Riley\_\_\_\_\_

For each checking, savings or other financial institution account maintained during 2011, enter the following information indicated. For each additional institution, use a copy of this schedule.

The name of the financial institution: \_\_\_\_\_Prosperity Bank\_\_\_\_\_

Type of  
account: \_\_\_\_\_Checking\_\_\_\_\_

The beginning  
balance: \_\_\_\_\_\$29,113.01\_\_\_\_\_

The ending balance:  
\_\_\_\_\_ \$20,809.20 \_\_\_\_\_

Enter the following information for checks issued on that account that have not cleared by  
December 31:

Date	Payee	Amount
12/30/2011	Chris Riley	\$20,809.20

Enter the following information for checks received as contributions and deposited but dishonored  
by the contributor's financial institution:

Date of receipt	Contributor	Amount

SCHEDULE W - *attach to form C/OH (C&E)*  
Reference 2-2-25, Austin City Code

Amount of interest or dividends earned: \_\_\_\_\_

All deposits and withdrawals not disclosed on a filed contribution and expenditure report:

Date of deposit or withdrawal	Amount of deposit	Amount of withdrawal

A listing of checks received that have not been deposited into any account by December 31:

Date of receipt	Contributor	Amount