

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## AUSTIN CITY CLERK FORM C/OH RECEIVED SHEET PG 1

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

1 ACCOUNTING PERIOD: 2015 JAN 15 - 2015 JAN 15  
(Ethics Commission Filers)3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mr.  
NICKNAMELOUIS  
LASTC  
SUFFIX

HERRIN

III

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

1023 WISTERIA TRL

AUSTIN TEXAS 78753

☐ change of address5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

567 9489

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Ms.  
NICKNAMELAURIE  
LASTJ  
SUFFIX

LANCASTER

7 CAMPAIGN  
TREASURER  
ADDRESS  
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

16331 Edgermere Dr. Pflugerville Tx  
786418 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

567 9489

## 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

10 / 25 / 2014

THROUGH

Month

Day

Year

1 / 1 / 2015

## 11 ELECTION

Month

Day

Year

11 / 4 / 2014

ELECTION TYPE

☐

Primary

☐

Runoff

☒

General

☐

Special

## 12 OFFICE

OFFICE HELD (if any)

## 13 OFFICE SOUGHT (if known)

City Council City of Austin  
District. 4

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

LOUIS C. HERRIN III City of Austin City Council 4

15 ACCOUNT # (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 pages17 CONTRIBUTION  
TOTALS

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

\$

0

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

\$

0

EXPENDITURE  
TOTALS

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

\$

0

4. TOTAL POLITICAL EXPENDITURES

\$

0

CONTRIBUTION  
BALANCE

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

\$

0

OUTSTANDING  
LOAN TOTALS

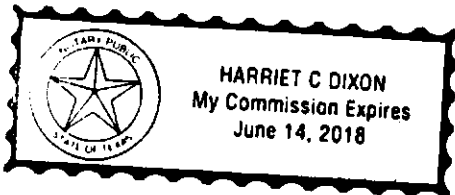
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Louis C. Herrin III, this the 15th day of January, 2015, to certify which, witness my hand and seal of office.

Harriet C. Dixon

Signature of officer administering oath

Harriet C. Dixon

Printed name of officer administering oath

Notary Public

Title of officer administering oath

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

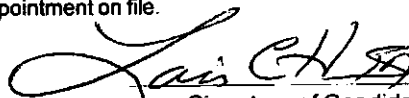
The Instruction Guide explains how to complete this form.  
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

**1 C/OH NAME**

LOUIS C. HERRIN III, City of Austin, City Council District 4

**2 ACCOUNT #** (Ethics Commission Filers)**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 &amp; 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

**CAMPAIGN DEBT RECONCILIATION**

(To be filed by officeholders only during an election year)  
Period Covered: January 1, 2014 to December 31, 2014

Name of Officeholder: LOUIS C. HERRIN III

Campaign debt\*\* existing as of the first day of the calendar year: 0

Campaign debt\*\* existing as of the last day of the calendar  
year: 0

Enter the following information on all campaign debt existing as of December 31 of the reporting  
year:

(a) For loans and other debt evidenced by a note, the name of the creditor, the principal amount  
owed, the interest rate and the date of maturity. Campaign debts under \$50 may be reported as an  
aggregate under (c) below:

Creditor	Principal amount owed	Interest rate	Date of maturity
<u>0</u>			

(b) For all other campaign debts, enter the name of the creditor and the principal amount owed.  
Campaign debts under \$50 may be reported as an aggregate under (c), below:

Creditor	Principal amount owed
<u>0</u>	

(c) Enter the total of campaign debts under \$50 if they are not itemized under (a) or (b) above.

0

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**\*\* Campaign debt is the actual outstanding obligation of the candidate or candidate's committee as of a particular date, minus all funds held by the candidate or candidate's committee in cash or bank accounts on that date.**

### BANK 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: LOUIS C. HERRIN

For each checking, savings or other financial institution account maintained during 2014, enter the following information indicated. For each additional institution, use a copy of this schedule.

The name of the financial institution: NONE

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

The beginning balance: Ø

The ending balance: Ø

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

Date	Payee	Amount
<u>Ø</u>		

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

Date of receipt	Contributor	Amount
<u>Ø</u>		

Amount of interest or dividends earned: Ø

SCHEDULE ATX. 4 - attach to form C/OH (C&E)  
Reference 2-2-25, Austin City Code

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

Date of deposit or withdrawal	Amount of deposit	Amount of withdrawal
<del>Ø</del>		

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

Date of receipt	Contributor	Amount
<del>Ø</del>		