

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">5</div>
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div> <small>MS / MRS / MR</small> <div style="font-size: 1.5em; font-family: cursive;">MR.</div> <small>NICKNAME</small> </div> <div> <small>FIRST</small> <div style="font-size: 1.5em; font-family: cursive;">LOUIS</div> <small>LAST</small> </div> <div> <small>MI</small> <div style="font-size: 1.5em; font-family: cursive;">C</div> <small>SUFFIX</small> </div> </div> <div style="margin-top: 10px; text-align: center; font-size: 1.2em; font-family: cursive;">HERRIN III</div>		<div style="border: 1px solid black; padding: 5px; transform: rotate(90deg); transform-origin: center;"> 2016 OCT 11 AM 11:02 RECEIVED AUSTIN CITY CLERK </div>
	<small>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</small> <div style="font-size: 1.2em; font-family: cursive;">1023 Wisteria TEL. AUSTIN TX 78753</div>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<small>Change of Address</small> <input type="checkbox"/>		
	<small>AREA CODE PHONE NUMBER EXTENSION</small> <div style="font-size: 1.2em; font-family: cursive;">(512) 567 9489</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div> <small>MS / MRS / MR</small> <div style="font-size: 1.5em; font-family: cursive;">MR.</div> <small>NICKNAME</small> </div> <div> <small>FIRST</small> <div style="font-size: 1.5em; font-family: cursive;">LOUIS</div> <small>LAST</small> </div> <div> <small>MI</small> <div style="font-size: 1.5em; font-family: cursive;">C</div> <small>SUFFIX</small> </div> </div> <div style="margin-top: 10px; text-align: center; font-size: 1.2em; font-family: cursive;">HERRIN III</div>		
	<small>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</small> <div style="font-size: 1.2em; font-family: cursive;">1023 Wisteria TEL Austin TX. 78753</div>		
6 CAMPAIGN TREASURER NAME	<small>AREA CODE PHONE NUMBER EXTENSION</small> <div style="font-size: 1.2em; font-family: cursive;">(512) 567 9489</div>		
	<small>REPORT TYPE</small> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
7 CAMPAIGN TREASURER ADDRESS	<small>PERIOD COVERED</small> <div style="display: flex; justify-content: space-around;"> <div> <small>Month Day Year</small> <div style="font-size: 1.2em; font-family: cursive;">7 / 15 / 2014</div> </div> <div> <small>THROUGH</small> </div> <div> <small>Month Day Year</small> <div style="font-size: 1.2em; font-family: cursive;">10 / 8 / 2016</div> </div> </div>		
	<small>11 ELECTION</small> <div style="display: flex; justify-content: space-between;"> <div> <small>ELECTION DATE</small> <small>Month Day Year</small> <div style="font-size: 1.2em; font-family: cursive;">11 / 8 / 2016</div> </div> <div> <small>ELECTION TYPE</small> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General </div> <div> <input type="checkbox"/> Runoff <input type="checkbox"/> Special </div> <div> <input type="checkbox"/> Other Description </div> </div> </div> </div>		
8 CAMPAIGN TREASURER PHONE	<small>OFFICE HELD (if any)</small>		<small>13 OFFICE SOUGHT (if known)</small> <div style="font-size: 1.2em; font-family: cursive;">City Council, City of Austin, District 4</div>
	<small>12 OFFICE</small>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

LOUIS C. HEERD SA

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.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

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

\$

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

\$

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 619.19

CONTRIBUTION
BALANCE

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

\$

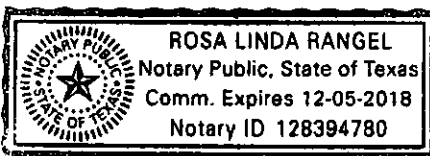
OUTSTANDING
LOAN TOTALS

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

\$

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.



Lou C Heerd
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said TXDL02183047, this the 11th day of Oct, 20 16, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME***LOUIS C. HERRIN* *JBT***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>619.19</i>
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2		2 FILER NAME LOUIS C. HERRIN, III		3 Filer ID (Ethics Commission Filers)	
4 Date 8-1-2016		5 Payee name DSL Extreme			
6 Amount (\$) 24.99 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 21540 Plummer STREET, Suite A Chatsworth Ca. 91311			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 9-1-20		Payee name DSL Extreme			
Amount (\$) 24.99 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 21540 Plummer STREET, Suite A, Chatsworth Ca 91311			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 10-3-2016		Payee name DSL EXTREME			
Amount (\$) 24.99 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 21540 Plummer STREET, Suite Chatsworth Ca. 91311			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

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1 Total pages Schedule G: 2	2 FILER NAME LOUIS C. HERRIN III	3 Filer ID (Ethics Commission Filers)
4 Date 7-16-2016	5 Payee name Vista Print	
6 Amount (\$) 44.22 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Vista Print.Com Vista Print USA Lexington MASS. 02421	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 8-22-2016	Payee name City of Austin	
Amount (\$) 500.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 301 W SECOND ST. Austin TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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