Texas Ethics Commission	n P.O. Box 12070 Austin, Texas 78711-2070	(512) 463-5800 (TDD 1-800-735-2989)
	TE / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH Instruction (Guide explains how to complete this form. 1 ACCOL	UNT # 2 Total pages filed: mmission Filers)
3 CANDIDATE / OFFICEHOLDER NAME	NICKNAME MS/MR/ FIRST MCHAY LAST MEZMAN	SUFFIX Date Received Received Att 1 2 2017
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / POBOX: APT/SUITE#; J CITY: STATE, DOCIS RAYS WOOD STATE, TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTAL TOTAL TOTAL TO THE TOTAL T	11/
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTEN	Date Processed
6 CAMPAIGN TREASURER NAME	MS (MRS) MR ATUSI (NE. NICKNAME LAST MEZMAN	MI Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTEN	ISION
9 REPORT TYPE	January 15 30th day before election Runo July 15 8th day before election Exceedimit	off 15th day after campaign treasurer appointment (officeholder only) eded \$500 Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year M	tonth Day Year

ELECTION DATE Day

13 OFFICE SOUGHT (if known)

Runoff

GOTO PAGE 2

ELECTION TYPE

11 ELECTION

12 OFFICE

Special

CANDIDATE / OFFICEHOLDER	REPORT:
SUPPORT & TOTALS	

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	110HA9	Mazma.	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	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
		COMMITTEE OMMPAIGN TREASURER ADDRESS			
	50.7	% 1g	4		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI			
8	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
. 0.075 50 52 50 52	4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1,23 0,25				
CONTRIBUTION BALANCE					
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$		
18 AFFIDAVIT					
		is true and correct and includes	of perjury, that the accompanying report I information required to be reported by		
and the same of th		me under Title 15, Election Code			
AMANDA C. ELIZONDO MY COMMISSION EXPIRES					
Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said					
day of Sawuary, 20 17 , to certify which, witness my hand and seal of office.					
	Amanda C. Elizando City Sceretary				
Signature of officer adm	inistering oath	Printed name of officer administering oath	Title of officer administering oath		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME (CHAS) M97 MAL	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC(ID#:)	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
6 Contributor address; City; State; Zip Code	
	(If travel ootside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See	Instructions)
Date Full name of contributor uut-of-state PAC(ID#)	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code	
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	
Date Full name of contributor □ out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code	
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Date Full name of contributor dut-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City, State; Zip Code	
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	
Date Full name of contributorout-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code	
9 ¹	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	
-1	
ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	
If contributor is out-of-state PAC, please see instruction guide forac	Iditional reporting requirements.

P.O. Box 12070

PLEDGED CONTRIBUTIONS	SCHEDULE B		
The Instruction Guide explains how to complete this form.	1 Total pages Schedule B:		
2 FILER NAME METATI	3 ACCOUNT # (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED PLEDGES:	⇔ ⇔ ⇔ \$		
5 Date 6 Full name of pledgor out-of-state PAC(ID#	8 Amount of 9 In-kind description pledge (\$) (if applicable)		
7 Pledgor address; City; State; Zip Code			
10 Principal occupation / Job title (See Instructions) 11 Employ	(If travel outside of Texas, complete Schedule T) yer (See Instructions)		
Date Full name of pledgor out-of-state PAC(D#:	Amount of In-kind description pledge (\$) (if applicable)		
Pledgor address; City; State; Zip Code			
	(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)	yer (See Instructions)		
Date Full name of pledgor out-of-state PAC (IDM: Pledgor address; City; State: Zip Code) Amount of In-kind description pledge (\$) (if applicable)		
	(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date Full name of pledgor □ out-of-state PAC(ID#:	Amount of In-kind description pledge (\$) (if applicable)		
Pledgor address; City; State; Zip Code			
	(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Emplo	eyer (See Instructions)		
Date Full name of pledgor out-of-state PAC (ID#:	Amount of In-kind description pledge (\$) (if applicable)		
	(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Emplo	eyer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SO			

P.O. Box 12070

LOANS			SCHEDULE E	
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:	
2 FILER NAME	HAR METM	AA	3 ACCOUNT # (Ethics Commission Filers)	
4 ТОТА	L OF UNITEMIZED LOANS:		\$	
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	9 Loan Amount (\$)	
6 Is lender a financial Institution?	8 Lender address; City; State; 2	Zip Code	10 Interest rate 11 Maturity date	
Y N			11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Coll	ateral	15 Check if personal funds were	deposited into political account	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
not applicable	not applicable 18 Guarantor address; City State; Zip Code			
20 Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)	
Is lender a financial	Lender address; City; State;	Zp Code	Interest rate	
Institution? Y			Maturity date	
	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	Check if personal funds were	deposited into political account	
none				
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
Guarantor address; City; State; Zip Code				
Principal Occupati	ion (See Instructions)	Employer (See Instructions)		
If len	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instr	S OF THIS SCHEDULE AS NEE uction guide for additional repo		

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/Fo	ontract Labor Loan Repayment/Reimbursement Ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense OTHER (enter a category not listed above) Complete this form.	
1 Total pages Schedule F:	2 FILERWAME CHAG	ACQOUNT # (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of rexas, complete Schedule T) Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code	W.	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

P.O. Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By

Event Expense				Candidate/Officeholder/Political Committee
Fees		Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.		
1 Total pages Schedule G:	2 FILER NAME VV CHA9	Ma	7 M	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address: City;	State; Zip Code		/
Reimbursement from political contributions intended				
8 PURPOSE OF	(a) Category (See categories listed at the	top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	- 12	*	Check if	Austin, TX, officeholder living expense
Date	Payee name			
Amount (\$)	Payee address; City;	State; Zip Code	/	
Reimbursement from political contributions intended				
PURPOSE	Category (See categories listed at the	top of this schedule)	Pescription	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE			Check if	Austin, TX, officeholder living expense
Date	Payee name			10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Amount (\$)	Payee address; City;	Stale; Zip Zode		
Reimbursement from political contributions intended				
PURPOSE OF	Category (See categories listed at the	e top of this schedule)	Description	n (If travel outside of Texas, complete Schedule T)
EXPENDITURE		,	Check if	Austin, TX, officeholder living expense
Date	Payee name			
Amount (\$)	Payee address; / City;	State; Zip Code		
Reimbursement from political contributions inlended				
PURPOSE OF	Category (See categories listed at the	s top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE			Check if	Austin, TX, officeholder living expense
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Gift/Awards/Memorials Expense

P.O. Box 12070

Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Relmbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Event Expense Fees	Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R	
	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule H:	2 FIRER NAME MG7M	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Taxas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
Date	Business name	
Amount (\$)	Business address, City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; Stale; Zip Code	
PURPOSE OF	Category (See categories listed of the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

Texas Ethics Commission		(512) 463-5800 (TDD 1-800-	735-2989)
	ITICAL EXPENDITURES OM POLITICAL CONTRIBUTIONS	SCHEDU	E I
	The Instruction Guide explains how to comple	ete this form.	
1 Total pages Schedule I:	2 FRENNAME HAY MYZW	3 ACCOUNT # (Ethics Commis	sion Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) Descript required.)	ion (See instructions regarding type of inform	ation
Date	Payee name	/ _{1/2}	
Amount (\$)	Payee address; City; State; Zip Code	8	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) Descript required.)	ion (See instructions regarding type of inform	ation
Date	Payee name		
Amount (\$)	Payee address; City State; Zip Code		

(a) Category (See instructions for examples of acceptable OF EXPENDITURE categories)

Payee name

Payee address;

(a) Category (See instructions for examples of acceptable categories)

(b) Description (See instructions regarding type of information required.)

(b) Description (See Instructions regarding type of Information

required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

City; State; Zip Code

PURPOSE

OF EXPENDITURE

Date

Amount (\$)

PURPOSE

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS SCHEDULE K			
The	Instruction Guide explains how to complete this form.	1 Total pages Schel	dule K:
2 FILER NAME	ICHAZ MEZMAN	3 ACCOUNT # (Eth	lics Commission Filers)
4 Date	5 Name of person from whom amount is received CASO (TON ON) 6 Address of person from whom amount is received; City; State; Zip Code ASO (ASO) ASO (ASO	550	8 Amount (\$)
	7 Purpose for which amount is received AU(N 9S ACCT	-	
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS			
The Instru	uction Guide explains how to complete this form.	1 Total pages Schedule T:	
2 FILER NAME	HAG MEZMAR	3 ACCOUNT # (Ethics Commission Filers)	
4 Name of Contributor	Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expend	liture reported on:		
Sd	nedule A Schedule B Schedule C Schedule	D Schedule F Schedule G	
Sci	nedule H Schedule N COH-UC COH-T	PAC-C PAC-E	
6 Dates of travel	7 Name of person(s) traveling		
	8 Departure city or name of departure location		
	Destination city or name of destination location		
10 Means of transportat	ion 11 Purpose of travel (including name of conference, se	eminar, or other event)	
Name of Contributor /	Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expendit	ure reported on:		
Sci	nedule A Schedule B Schedule C Schedule	D Schedule F Schedule G	
Sc	nedule H Schedule N OH-UC COH-T	PAC-C PAC-E	
Dates of travel	Name of person(s) traveling		
Departure city or name of departure location			
Destination city or name of destination location			
Means of transportation	Purpose of travel (including name of conference, sem	inar, or other event)	
Name of Contributor /	Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expendi	ture reported on:	W	
Sch	nedule A Schedule B Schedule C Schedule	D Schedule F Schedule G	
Sch	nedule H COH-UC COH-T	PAC-C PAC-E	
Dates of travel	Name of person(s) traveling		
	Departure city or name of departure location	w w	
	Destination city or name of destination location		
Means of transportation	Purpose of travel (including name of conference, sem	inar, or other event)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

CANDIDATE / OFFICEHOLDER REPORT: **DESIGNATION OF FINAL REPORT**

P.O. Box 12070

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/OH1	NAME	2 ACCOUNT # (Ethics Commission Filers)
3	SIGN	ATURE	
	report a	expect any further political contributions or political expenditures in cors a final report terminates my campaign treasurer appointment. I also see any campaign expenditures without a campaign treasurer appointment.	nderstand that I may not accept any campaign contributions ton file.
		/ /	Signature of Candidate / Officeholder
4	FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder		
	_	CAMPAIGN FUNDS	6: 0
	Α.		*
	Chec	k only one: I do not have unexpended contributions or unexpended interest or inc	and a second factor and like of an extellination
	Ш	Too not have unexpended contributions or unexpended interest or in	come earned from political contributions.
		I have unexpended contributions or unexpended interest or income ea	· · · · · · · · · · · · · · · · · · ·
		not convert unexpended political contributions or unexpended interesuse. I also understand that I must file an annual report of unexpendence.	
	contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that foust dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.		
	В.	ASSETS //	
		k 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 p	•
		of Election Code, § 254.204.	R 20
		<i>[</i>	
			Signature of Candidate
5 OFFICEHOLDER			
ľ	•• 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
			5