CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			 _
The C/OH Instruction	n Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MR. LOUIS	MI C SUFFIX	OFFICE US BONLY Date Received OFFICE US BONLY RE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	Austin Tx 7875	STATE: ZIP CODE	Date Hand-delivered or Postmarked Receipt # Amount #
5 CANDIDATE/ OFFICEHOLDER PHONE	(5/2) 547 9489	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS LAURIE NICKNAME LAST LANCASTER	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE#; 16331 Edgemer = D-	city; state; Pelugerville	ZIPCODE 7X 78641
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 567 9489	EXTENSION	
9 REPORT TYPE	July 15 30th day before election 30th day before election	Runoff [15th day after campaign treasurer appointment (officeholder crty) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 7 / 15 / 6	Year 2014
11 ELECTION	Month Day Year ELECTION TYPE 11 / 4 / 2014 ELECTION TYPE Primary	Runoff	eneral Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IT known) City Counc	1 District 4
	GO TO PAGI	E 2	
	·		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME LOUIS C.	HERRIN I	T. CituCaril D. L. Ja	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NO CANDIDATE / OFFICE	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE EHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		·	
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ \$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	\$ 69.6!
CONTRIBUTION	·	POLITICAL EXPENDITURES DUITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	. ~
BALANCE 	OF REPO	RTING PERIOD RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE	*
18 AFFIDAVIT	LAST DA	Y OF THE REPORTING PERIOD	\$ Ø
My	HARRIET C DIXON Commission Expire June 14, 2018	I swear, or affirm, under penalty of pe is true and correct and includes all informe under Title 15, Election Code. Signature of Candida	ormation required to be reported by
Sworn to and subsc		ne, by the said Louis C. Herri,, 20	this the
Itarriet (3. Differ	Harriet C. Dixon	notary
Signature of officer admini	stering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

Th	e Instruction Guide explains how to complete this form.	1 Total pages Sci	hedule A:
2 FILER NAME	C. HEVERIN TIL	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor cut-of-state PAC (ID#	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code	N/A	[]
	1	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions) 10 Employer (See	e Instructions)	
Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
 -		(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation Job title (See Instructions)	(Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Employer (See		r texas, complete deflecture Ty
Date	Full name of contributor Dut-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State Zip Code	· 	
Principal occup	ration / Job title (See Instructions) Employer (See	Instructions)	f Texas, complete Schedule T)
Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions) Employer (See		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

7	The Instruction Guide explains how to complete this	s form.	1 Total pages Scho	edule 6:
2 FILER NAI	ME		3 ACCOUNT # (E)	thics Commission Filers)
/ / ~.	JISCHERRIN III		, , , , , , , , , , , , , , , , , , ,	
	·····			
4 TC	OTAL OF UNITEMIZED PLEDGES; ⇔	\$ \$ \$	⇔ ⇔	\$ N/A
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
				(ii opphozoic)
	7 Pledgor address; City; State; Zip Code		1	
			I	
			i	
				f Texas, complete Schedule T)
10 Principal oc	ccupation / Job title (See Instructions)	11 Employer (See In	structions)	
Date	Full name of pledgor out-of-state PAC (ID#	<i>──/</i> '	Amount of pledge (\$)	In-kind description (if applicable)
		/	picage (¢)	(ii applicable)
	Pledgor address; City; State; Zip Code	7	!	
			ļ	
		/		
Principal oc	cupation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
		Employer (See III	suddions)	
Date	Full name of pledgot ut-of-state PAC/ID#		Amount of	In-kind description
		\sim	pledge (\$)	(if applicable)
	Pledgor address; City; State; Zip Code	/		
		/	\mathcal{A}	
		/		
Detection				Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See In	structions)	
Data				
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	· · · · · · · · · · · · · · · · · · ·		F. 2330 (4)	(ii application)
	Pledgor address; City; State; Zip Code			
				•
			(If here is a second se	T
Principal occ	cupation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
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Date	Full name of pledgor out-of-state PAC (ID#:	, [Amount of	In-kind description
	out-of-stote (100)		pledge (\$)	(if applicable)
	Pledgor address; City; State; Zip Code		1	
	Pledgor address; City; State; Zip Code		· ·	
			(If travel outside of	Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See Ins	·	
		· · · · · · · · · · · · · · · · · · ·	·	
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE A	AS NEEDED	
If	contributor is out-of-state PAC, please see instru			equirements.
			, ,	

LOANS	_		SCHEDULE E
The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
2 FILER NAME	C HERRIN TH		3 ACCOUNT # (Ethics Commission Filers)
4 TOTA	AL OF UNITEMIZED LOANS:	+ + + + + + + + + + + + + + + + + + +	\$ O
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;	Zìp Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer/(See Instructions)	
14 Description of Col	ateral	15 Check if personal funds were	deposited into political account
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Quarantor address. City;	State; Zip Code	
20 Principal Occupati	on See Instructions)	21 Employer See Instructions)	
Date of loan	Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code	Interestrate
Y N		•	Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	teral	Check if personal funds were of	deposited into political account
none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If lend	ATTACH ADDITIONAL COPI er is out-of-state PAC, please see inst	ES OF THIS SCHEDULE AS NEED ruction guide for additional repo	

POLITICAL EXPENDITURES

SCHEDULE F

			
	EXPENDITURE	CATEGORIES FOR BOX 8(-\
Advastisis - Current			•
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense :	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense		
1 . 555	- '	Office Overhead/Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guide	explains how to complete this f	orm.
4.7-4-1			
1 Total pages Schedule F:	2 FILER NAME	a -4	3 ACCOUNT # (Ethics Commission Filers)
l 1	LOVES C. HER	12 JA 277	
	<u> </u>	, C710 	
4 Date	5 Payee name		
6/3/2014	Staples		
	Japies		
6 Amount (\$)	7 Payee address; City; Sta	ite; Zip Code	
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43.29			- , -
,	Hustin Ty 78	1 .2 2	
		/	
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b) Description	(If travel outside of Texas, complete Schedule T)
OF			. N
EXPENDITURE	Trinting Expense	Bugin	ess Cerci
			
9 Complete ONLY if direct	Candidate / Officeholder name	_ Office soug	ht Office held
expenditure to benefit C/C	DH LOUISC HEREIN	C-1 1	
	TO SIC MERCINO	III City Counc	a) Dishery
Date	Payee name		
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6/6/2014	DSC Ext	ra ma	
Amount (\$)	Payee address; City; Sta	te; Zip Code	
	215Un Plumm	er Street Side	Δ
14.99	70		- 1
17.11	(Chatswarth (<u>e. 91311</u>	
B.: B. B. B. B.	Colored		
PURPOSE	Category (See categories listed at the top of	of this schedule) Description	(If travel outside of Texas, complete Schedule T)
OF		4 \ - 5	
EXPENDITURE	Advertising Expe	, WER	s Site
	STATE OF THE	788	
Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt Office held
expenditure to benefit C/O	H COUIS C. HERRI	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
		2 TT 0114 C	DUNGI District 4
Date	Payee name .		
_ 1 1			
7/8/2014	DSL Extre	mF	
	<u> </u>	1.10	
Amount (\$)	Payee address; City: Stat	e; Zip Code per Street Suit	_
	21540 Plumm	er Street Suit	- A
11 22	^		C · 7
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	U1613002171	Ca. 91311	
PURPOSE	Category (See categories listed at the top of	of this schodule) Description	Military of a shallow of Tarana and Alice Administration of Tarana
OF	- Cologory (acc dategories inster at the top o	"this schedule) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	A 1 ·	1.000	- 1
	- TOLY BRIDSING EXP	ense WEB	>17€
Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt . Office held
expenditure to benefit C/O	4 /	A L A	" Office neid
expenditure to belieff C/O	LOUIS C. HEPP		om Dietrict 4
			91-C(1 20317/C) 1
Date	Payee name	7	
	$\Lambda : \Lambda$		
/1/1-	N/A		
Amount (\$)	Payee address: City: State	e; Zip Code	
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PURPOSE	Category (See categories listed at the top of	fthis schedule) Description	(If travel outside of Texas, complete Schedule T)
OF			
EXPENDITURE	V) \ \		}
Complete ONLY if direct	Candidate / Officeholder name	Office sough	t Office held
expenditure to benefit C/O		300g/	Since Hold
	₩ N/₩		
	ATTACH ADDITIONAL CO	DIES OF THIS SOURD !! - : -	VETRED.
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS I	NEEDED
<del></del>			

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)	_
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement	
Accounting/Banking	Level Confines	
Consulting Expense	Food/Beverage Expense Travel In District Contributions/Donations Made By	
Event Expense	Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee	ڍ
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:		<del>_</del>
Trotal pages schedule G.	2 FILER NAME LOVISH LOVISC. HERRIN I	rs)
4 Date	5 Payee name	
6/3/2014	Staples	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$ 43.29 Reimbursement from	1201 Barbara Jordon Blvd. Ste. 700	
political contributions intended	Austin TX. 78723	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)	_
OF EXPENDITURE	Printing Expense Business Cand	
Date	Pavee name	=
6/6/2014	DSL Extreme	
5 14.99	Payee address: City: State: Zip Code 21540 Plummer Street, Suite A	_
Reimbursement from political contributions intended	Chatsworth, Ca. 91311	
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)	_
OF	A 1	
EXPENDITURE	AdvERTISING EXPENSE WEB Sitc	
Date		=
	Payee name	
7/8/2014	DSL EXTREME	
Amount (\$) > 11.33	21540 Plummer Street Suite A	
Reimbursement from	0.1	
political contributions intended	Chatsworth, CA, 91311	
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising Expense WEB site	
5.4.		_
Date	Payee name	
NA	NIA	
		_
Amount (\$)	Payee address; City; State; Zip Code	
MIA		
Reimbursement from	$\wedge$ $\wedge$ $\wedge$	
political contributions intended		
	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)	-
PURPOSE OF		
EXPENDITURE	N/A N/A	i
<u></u>	· · · · · · · · · · · · · · · · · · ·	┛
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

#### SCHEDULE H

					<u> </u>
	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Co Solicitation/Fundra Travel In District	entract Labor Los ising Expense Tra Co	ntributions/Donation	ent & Related Expense
Fees Expense	Printing Expense	Travel Out Of Dist			
7 663	The Instruction Guide	Office Overhead/R	· ·	HER (enter a categ	ory not listed above)
1 Total pages Schedule H:	2 FILER NAME				
/ lotal pages schedule H.	LOUISCHE RIZI	J 333		3 ACCOUNT # (	Ethics Commission Filers)
4 Date	5 Business name	<u>~</u>		<u> </u>	
N/A	NIA				
6 Amount (\$)		ate; Zip Code		· · · · · · · · · · · · · · · · · · ·	
NIA	NIA				
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If Ira	avel outside of Texas, co	mplete Schedule T)
OF EXPENDITURE	NIA		NIA		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name  W / 13'		Office sought	·	Office held
Dete					<u> </u>
Date N∕⊿	Business name		1		
Amount (\$)	Business address; City; Sta	te; Zip Code	/		
NA	$\bigwedge$		/ 		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If to	avel outside of Texas, con	nolale Schedule T\
OF EXPENDITURE		0.1 (1.11.5 36.11.6 36.11.5)	Deganpulon (in u.a.	rver budide or rexas, cor	npiete Schedule 1)
Complete ONLY if direct expenditure to benefit C/OF	Candidate Officeholder name		Office sought		Office held
Data		<del></del>	1 1		<del></del>
Date N/4	Business name	/			
Amount (\$)	Business address; City; Stat	te;/ Zip Code			
NIA					
PURPOSE OF	Category (See categories listed at the top of	of this schedule)	Description (If tra	vel outside of Texas, con	nplete Schedule T)
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held
Date	Business name				
NIA	N/A				
Amount (\$)	Business address; City; Stat	te; Zip Code		_	
11/0	NIA				
N/A	14 /47				
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (1972)	vel outside of Texas, com	olete Schedule T\
OF	• •		Coccipion pros	. S. SOLDIOC OF TEXES, COR	igiqiq qarraadia 1 j
EXPENDITURE	NA	-			
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/OH			N/A		
	ATTACH ADDITIONAL CO	PIES OF THIS S	CHEDULE AS NEE	DED	

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains he	ow to complete this form.
1 Total pages Schedule		3 ACCOUNT # (Ethics Commission Filers
	Louis C. HERRIN -	<del>711</del>
4 Date	5 Payee name N/A	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	1
Amount (\$)	Payee add/ess; City; State; Zip Code	
PURPOSE	(a) Category (Seevins fuctions for examples of acceptable	Description (See instructions regarding type of information
OF EXPENDITURE	categories)	required.)
Date	Payee name	
Amount (\$)	Payee address; City; State: Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

### INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

#### SCHEDULE K

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
FILER NA	UISCHERRIN, JI	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received  6 Address of person from whom amount is received; City; State; Zip	8 Amount (\$)  Code
	7 Purpose for which amount is received	
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip  Purpose for which amount is received	Amount (\$)
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip	Amount (\$)  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	

#### IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 2 FILER NAME : C. 3 ACCOUNT # (Ethics Commission Filers) 5 Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G Schedule H PAC-E Schedule N COH-UC сон-т PAC-C 6 Dates of travel 7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Sonedule C Schedule F Schedule G Somedule H Schedule N COH-UC 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, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G Schedule H Schedule N COH-UC PAC-E COH-T PAC-C 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, seminar, or other event) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED