## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

				· · · · · · · · · · · · · · · · · · ·		<del></del>
The C/OH Instruction Guide explains how to complete this form.  1 ACCOUNT (Ethics Commodotte) (Ethics Comm			ics Commission filers)	2 PAGE# 1 of 5		
3		MS/MRS/MR FIRST		MI	OFFICE U	
	OFFICEHOLDER NAME	Darrell			Date Received	<del>                                      </del>
		NICKNAME LAST Pierce		SUFFIX		AUSTIN REC
4	CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE		IN CITY RECEIVE
	ADDRESS	901 East 12th St. Austin, TX 78702			Date Hand-delivered	
	Change of Address					.R.K.
					Receipt #	Amount
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST		MI	Date Processed	· ·
	NAME	Aaron			Date Imaged	, 4
		NICKNAME LAST Demersor	n	SUFFIX		
Ļ	CAMPAICN					
6	CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):  6019 Roxxbury Lane Austin, TX 78739	APT / SUITÉ #;	CITY: STATE:	ZIP CODE	
<u> </u>	CAMPAIGN					
7	CAMPAIGN TREASURER PHONE	AREA CODE   PHONE NUMBER     (512) 470-6544		EXTENSION		
8	REPORT TYPE	January 15 30th day be	efore election	Runoff	15th day after ca	ampaign treasurer ficeholder only)
		July 15 Sth day bef	fore election	Exceeded \$500 limit	X Final report (Atta	ach C/OH - FR)
9	PERIOD COVERED	Month Day Year		Month Day	Year	
		01/01/2015	THROUGH	01/15/20	15	
10	ELECTION	ELECTION DATE ELE	Primary	Runoff	General	Special
11	OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known	)	
	GO TO PAGE 2					

#### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTAL S

### FORM C/OH

SUPPORT &	TOTALS		COVER	SHEET PG 2	
13 C/OH NAME Pierc	e, Darrell		14 ACCOUNT # (I	Ethics Commission filers)	
15 NOTICE FROM	have been made with	stice of political expenditures by political committees to support the clout the candidate's or officeholder's knowledge or consent. Candida by receive notice of such expenditures	andidate / officeholder. Thates and officeholders are	ese expenditures may required to report this	
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
GENERAL COMMITTEE ADDRESS		COMMITTEE ADDRESS	<u>-</u> <u>-</u> .		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
16 CONTRIBUTION TOTALS		AL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN DGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		0.00	
	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		<b>\$</b>	160.65	
	4. TOTAL POLITICAL EXPENDITURES		\$	425.59	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00			0.00	
OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$	0.00	
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  Notary Public, State of Texas My Commission Expires May 16, 2015  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said  AMULTIMATERINATION AND ASSESSED ASSE					
of					

## INTEREST EARNED, OTHER CREDITS/GAINS/

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 4/5	
FILER NAME	Pierce, Darrell	3 ACCOUNT# 00000011	(Ethics Commission filers)
Date 01/14/2015	<ul> <li>Name of person from whom amount is received Morgan, Cameron</li> <li>Address of person from whom amount is received; City; State; Zip Code 4700 E. Riverside Dr. #1334 Austin, TX 78741</li> </ul>		8 Amount (\$) \$35.6
	7 Purpose for which amount is received uncashed check	-	

## **CANDIDATE/OFFICEHOLDER REPORT:**

FORM C/OH - FR

	DESIGNATION OF FINAL REPORT					
		uction Guide explains how to complete this form. ete only if 'Report Type' on page 1 is marked 'Final Report' **	Page 5 of 5			
1	C/OH NA	ME - Pierce, Darrell	2 ACCOUNT # (Ethics Commission filers) 00000011			
3	SIGNAT	URE				
	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	FII FR V	/HO IS NOT AN OFFICEHOLDER				
7		e A & B below only if you are not an officeholder **				
	Α.	CAMPAIGN FUNDS				
	Check	only one:				
		I do not have unexpended contributions or unexpended interest or income earned from po	litical 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.				
	В.	ASSETS				
	Check	Check only one:				
	X	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 convert assets purchased with political contributions or interest or other income fruse. I also understand that I must dispose of assets purchased with political contributions Election Code, § 254.204.	om political contributions to personal			
5	OFFICE " Comple	HOLDER e this section only if you are an officeholder **				
		I am aware that I remain subject to filing requirements applicable to an officeholder who do file. I am also aware that I will be required to file reports of unexpended contributions if, aft as an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	er filing the last required report			
		-	Signature of Officeholder			