CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 2_ 3 CANDIDATE/ MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** cott NAME RECEIVED NICKNAME STATE; ADDRESS / PO BOX; 4 CANDIDATE/ OFFICEHOLDER 78602 IX MAILING ADDRESS Change of Address EXTENSION 5 CANDIDATE/ AREA CODE PHONE NUMBER Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN TREASURER Date Processed NAME SUFFIX NICKNAME Date Imaged STATE; ZIP CODE CITY: STREET ADDRESS (NO PO BOX PLEASE); CAMPAIGN TREASURER ADDRESS 78602 (Residence or Business) 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day Year Month COVERED 24 30/ THROUGH ELECTION TYPE 11 ELECTION ELECTION DATE Other Description Primary Runoff Month Dav General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE BISD Trustee 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

5 C/OH NAME		16 Filer ID (Ethics Commission Filers)
7 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	s Ø
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	\$ Ø
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ \$
	4. TOTAL POLITICAL EXPENDITURES	* Ø
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	AST DAY \$ \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C LAST DAY OF THE REPORTING PERIOD	S TO
	swear, or affirm, under penalty of perjury, that the accompanying report is tr quired to be reported by me under Title 15, Election Code.	ue and correct and includes all information
		\rightarrow
	Signature of C	Candidate or Officeholder
	Please complete either option belo	w:
(1) Affidavit	Please complete either option belo	w:
(1) Affidavit NOTARY STAMP/SEA		w:
NOTARY STAMP/SEA	AL.	e day of
NOTARY STAMP/SEA	AL.	
NOTARY STAMP/SEA	AL d before me by this th ywhich, witness my hand and seal of office.	e,
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify	AL d before me by this th ywhich, witness my hand and seal of office.	e,
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify	AL d before me by this th ywhich, witness my hand and seal of office. tering oath Printed name of officer administering oath OR	
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify Signature of officer administ (2) Unsworn Declarate	this the ywhich, witness my hand and seal of office. Tering oath Printed name of officer administering oath OR Stion Hey Muts und year of birth	e day of, Title of officer administering oath
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify Signature of officer administ (2) Unsworn Declarate	this the defore me by	e day of, Title of officer administering oath is
NOTARY STAMP/SEA Swom to and subscribed 20, to certify Signature of officer administ (2) Unsworn Declarate My name isASM My address is	this the ywhich, witness my hand and seal of office. Tering oath Printed name of officer administering oath OR Stion Hey Muts und year of birth	is

FORM ACTA AMENDMENT: APPOINTMENT OF A PG 1 CAMPAIGN TREASURER BY A CANDIDATE 3 Total pages filed: 2 FILER ID# 1 CANDIDATE NAME \mathbf{Z} Ashley Mutschink See ACTA Instruction Guide for detailed instructions. Use this form for changes to existing information only. Do not provide information previously disclosed. NEW MS/MRS/MR MI FIRST CANDIDATE OFFICE USE ONLY NAME Scott RECEIVED SUFFIX NICKNAME LAST Mutschink Ashley ZIP CODE STATE: NEW ADDRESS / PO BOX; APT / SUITE #; 5 CANDIDATE MAILING TX78602 Bastrop ADDRESS Amount \$ Receipt # Date Processed EXTENSION PHONE NUMBER NEW AREA CODE 6 CANDIDATE PHONE Date Imaged NEW 7 OFFICE HELD (if any) BISD Trustee Place 7 NEW OFFICE SOUGHT (if known) NEW MS/MRS/MR NICKNAME LAST SUFFIX CAMPAIGN TREASURER NAME Dickey Tandra L. Tammy NEW STREET ADDRESS; APT / SUITE #; CITY; STATE: ZIP CODE 10 CAMPAIGN TREASURER 78602 Bastrop τ_{x} STREET **ADDRESS** (residence or business) PHONE NUMBER EXTENSION NEW AREA CODE 11 CAMPAIGN TREASURER PHONE 12 CANDIDATE I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. SIGNATURE I am aware of my responsibility to file timely reports as required by title 15 of the Election Code. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations. 7-10-27 Date Signed Signature of Candidate GO TO PAGE 2

AMENDMENT: CANDIDATE MODIFIED REPORTING DECLARATION

FORM ACTA

PG 2

13 CANDIDATE NAME	Scott Ashley Mutschink	
14 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING	
	•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••	
	The modified reporting option is valid for one election cycle only. (An election cycle includes a primary election, a general election, and any related runoffs.)	
	•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••	
	I do not intend to accept more than \$1,080 in political contributions or make more than \$1,080 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.	
	Year of election(s) or election cycle to which declaration applies Signature of Candidate	

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us or mail to

Texas Ethics Commission

P.O. Box 12070

Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority
DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php