

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:

12

3 CANDIDATE /
OFFICEHOLDER
NAME

☒ MS / MRS / MR

FIRST

MI

ELAINE

H

NICKNAME

LAST

SUFFIX

CARDENAS

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

501 CARNEY LN
WIMBERLEY, TX 78676

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 722-3906

6 CAMPAIGN
TREASURER
NAME

☒ MS / MRS / MR

FIRST

MI

DUANNE

REDUS

NICKNAME

LAST

SUFFIX

NEBEKER

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

33 CREEKSIDE DR
WIMBERLEY, TX 78676

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 423-5638

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

7 / 1 / 22

THROUGH

Month

Day

Year

9 / 30 / 22

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 8 / 22

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

HAYS COUNTY CLERK

13 OFFICE SOUGHT (if known)

HAYS COUNTY CLERK

14 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

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received

Received
OCT 11 2022
Elections Office
BMK

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME E LAINE CÁRDENAS		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 3,110
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,885
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 176.53
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,176.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,157.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE 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.

Elaine Cardenas

Signature of Candidate or Officeholder

Please complete either option below:



(+) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Elaine Cardenas this the 11th day of October

20 22 to certify which, witness my hand and seal of office.

Anita Collins

Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____ (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

ELAINE CÁRDENAS

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,885
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 checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,115.79
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	\$ 2,060.86
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 5
2 FILER NAME ELAINE CARDENAS		3 Filer ID (Ethics Commission Filers)
4 Date 7-15 8-9 8-15 9-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RAOUL BELLEAU 6 Contributor address; City; State; Zip Code 291 BRUNSON WIMBERLEY, TX 78676	7 Amount of contribution (\$) \$250
8 Principal occupation / Job title (See Instructions) IT EXECUTIVE		9 Employer (See Instructions)
Date 8-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LINDA PLEASANT Contributor address; City; State; Zip Code 217 GREENE, KYLE, TX 78640	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 8-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PAULA COZORT Contributor address; City; State; Zip Code 340 PRIMROSE, KYLE, TX 78640	Amount of contribution (\$) \$60
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 9-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JERRY LANGLEY Contributor address; City; State; Zip Code 21085 CARDINAL POND TERRACE ASHBURN, VA. 20147	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME ELAINE CAROENAS		3 Filer ID (Ethics Commission Filers)
4 Date 9-9	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: AART AND MELISSA MILLECAM 6 Contributor address; City; State; Zip Code 111 W HOLLAND ST, SAN MARCOS, TX 78666	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 9-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARY SKILLMAN Contributor address; City; State; Zip Code 221 CRESTVIEW DR. WIMBERLEY, TX 78678	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 8-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JUDY GARDNER Contributor address; City; State; Zip Code 2109 HERZOG, KYLE, TX 78640	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 10-3	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TERESA KENDRICK + GUY BEN-MOSHE Contributor address; City; State; Zip Code 123 SADDLE BLANKET TRL, BUDA, TX 78610	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>5</u>
2 FILER NAME <u>ELAINE CÁRDENAS</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>7-30</u> <u>9-30</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>HAYS DEMOCRATS</u>	7 Amount of contribution (\$) <u>\$ 1000</u>
6 Contributor address; City; State; Zip Code <u>215 W. SAN ANTONIO ST SAN MARCOS TX 78666</u>		
8 Principal occupation / Job title (See Instructions) <u>N/A</u>		9 Employer (See Instructions)
Date <u>9-29</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>TJ AND POT COLE</u>	Amount of contribution (\$) <u>\$ 100</u>
Contributor address; City; State; Zip Code <u>330 DEER LN, WIMBERLEY, TX 78676</u>		
Principal occupation / Job title (See Instructions) <u>RETIRED</u>		Employer (See Instructions)
Date <u>8-9</u> <u>9-29</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>SALWA KHAN + RBT CURRIE</u>	Amount of contribution (\$) <u>\$ 200</u>
Contributor address; City; State; Zip Code <u>250 WIMBERLEY HILLS DR, WIMBERLEY TX 78676</u>		
Principal occupation / Job title (See Instructions) <u>FILM PRODUCERS</u>		Employer (See Instructions) <u>VC YES</u>
Date <u>9-29</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>GISELA HOPKINS</u>	Amount of contribution (\$) <u>\$ 100</u>
Contributor address; City; State; Zip Code <u>WIMBERLEY, TX 78676</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME ELAINE CÁRDENAS		3 Filer ID (Ethics Commission Filers)
4 Date 8-9	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL RAMBO	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 2614 FM 3237, WIMBERLEY, TX 78676		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 8-9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NICK HOOVER	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 811 W HOPKINS ST, SAN MARCOS, TX 78666		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 8-9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN HATCH	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 1766 FM 967, #2 BUDA, TX 78610		
Principal occupation / Job title (See Instructions) EXECUTIVE		Employer (See Instructions) TX PETITION STRATEGIES
Date 8-9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIKE AUGUST	Amount of contribution (\$) \$65
Contributor address; City; State; Zip Code WIMBERLEY, TX 78676		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <div style="text-align: center; font-size: 1.5em;">5</div>
2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">ELAINE CÁRDENAS</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em; font-family: cursive;">8-9</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; font-family: cursive;">HELEN MORA-McCARTY</div>	7 Amount of contribution (\$) <div style="font-size: 1.2em; font-family: cursive;">\$ 100</div>
6 Contributor address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">(FACEBOOK CONTACT) VA</div>		
8 Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em; font-family: cursive;">EXECUTIVE</div>		9 Employer (See Instructions) <div style="font-size: 1.2em; font-family: cursive;">CIRCLE INTERNET FINANCIAL</div>
Date <div style="font-size: 1.2em; font-family: cursive;">8-9</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; font-family: cursive;">ROBIN ROUTH McAFEE</div>	Amount of contribution (\$) <div style="font-size: 1.2em; font-family: cursive;">\$ 85</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">(FACEBOOK CONTACT) AUSTIN, TX</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p style="text-align: center; margin: 0;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p style="text-align: center; margin: 0;">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 F1: 2	2 FILER NAME ELAINE CÁRDENAS	3 Filer ID (Ethics Commission Filers)
4 Date 8-2-22	5 Payee name LOWES	
6 Amount (\$) \$201.35	7 Payee address; City; State; Zip Code LOWES.COM	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description STAKES FOR SIGNS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held ELAINE CÁRDENAS HAYS COUNTY CLERK HAYS COUNTY CLERK		
Date 8-17/22	Payee name WIMBERLEY PRIDE	
Amount (\$) \$150	Payee address; City; State; Zip Code WIMBERLEY PRIDE.ORG	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT	Description PARADE SPONSORSHIP
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held ELAINE CÁRDENAS HAYS COUNTY CLERK HAYS COUNTY CLERK		
Date 8/23/22	Payee name VISTA PRINT	
Amount (\$) \$245.72	Payee address; City; State; Zip Code VISTA PRINT.COM	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER: SWAG	Description LABELS, PENS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held ELAINE CÁRDENAS HAYS COUNTY CLERK HAYS COUNTY CLERK		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 F1: <u>2</u>		2 FILER NAME <u>ELAINE CÁRDENAS</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>9/15/22</u>		5 Payee name <u>SPECTRUM REACH</u>			
6 Amount (\$) <u>\$2,125</u>		7 Payee address; City; State; Zip Code <u>201 E. MAIN #1701 EL PASO TX 79901</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>ADVERTIZING</u>		(b) Description <u>TV ADS</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name <u>ELAINE CÁRDENAS</u> Office sought <u>HAYS COUNTY CLERK</u> Office held <u>HAYS COUNTY CLERK</u>					
Date <u>8/5/22</u>		Payee name <u>CITY OF KYLE</u>			
Amount (\$) <u>\$320</u>		Payee address; City; State; Zip Code <u>100 W CENTER ST KYLE TX 78640</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>ADVERTISING</u>		Description <u>BILLBOARD</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name <u>ELAINE CÁRDENAS</u> Office sought <u>HAYS COUNTY CLERK</u> Office held <u>HAYS COUNTY CLERK</u>					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> 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

If the requested information is not applicable, DO NOT include this page in the report.

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 ELAINE CÁRDENAS		3 Filer ID (Ethics Commission Filers)	
4 Date 7-3-22		5 Payee name PINK CONSULTING			
6 Amount (\$) \$202.97 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; P.O. BOX 3911		City; AUSTIN	State; TX Zip Code 78764
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER: SWAG		(b) Description FANS		
	(c) <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 ELAINE CÁRDENAS Office sought HAYS COUNTY CLERK Office held HAYS COUNTY CLERK					
Date 7-31-22		Payee name VISTA PRINT (NERISSA ODEN INTERMEDIARY)			
Amount (\$) \$559.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; VISTAPRINT.COM		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description PUSH CARDS, DOOR HANGERS		
	<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 ELAINE CÁRDENAS Office sought HAYS COUNTY CLERK Office held HAYS COUNTY CLERK					
Date 8-30-22		Payee name RIVER CITY SCREEN PRINTING			
Amount (\$) \$319.34 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; 1705 S. IH 35		City; SAN MARCOS	State; Zip Code TX 78666
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER: SWAG		Description T-SHIRTS		
	<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 ELAINE CÁRDENAS Office sought HAYS COUNTY CLERK Office held HAYS COUNTY CLERK					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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: <div style="text-align: center; font-size: 1.5em;">2</div>	2 FILER NAME <div style="text-align: center; font-size: 1.2em;">ELAINE CARDENAS</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="text-align: center; font-size: 1.2em;">9-7-22</div>	5 Payee name <div style="text-align: center; font-size: 1.2em;">PRINT PPS</div>	
6 Amount (\$) <div style="text-align: center; font-size: 1.2em;">\$181.60</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">PRINTPPS.COM</div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">OTHER: SWAG</div>	(b) Description <div style="text-align: center; font-size: 1.2em;">PAPER PADS</div>
	(c) <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 <div style="text-align: center; font-size: 1.2em;">ELAINE CARDENAS HAYS COUNTY CLERK HAYS COUNTY CLERK</div>		
Date <div style="text-align: center; font-size: 1.2em;">9-10-22</div>	Payee name <div style="text-align: center; font-size: 1.2em;">SUPER CHEAP SIGNS</div>	
Amount (\$) <div style="text-align: center; font-size: 1.2em;">\$695.09</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">9200 WATERFORD CTR BLVD AUSTIN TX 78758</div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">ADVERTISING</div>	Description <div style="text-align: center; font-size: 1.2em;">SIGNS</div>
	<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 <div style="text-align: center; font-size: 1.2em;">ELAINE CARDENAS HAYS COUNTY CLERK HAYS COUNTY CLERK</div>		
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)	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