

# 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:

7

3 CANDIDATE /  
OFFICEHOLDER  
NAME

☒ MS ☐ MRS / MR

FIRST

ELAINE

MI

14

NICKNAME

LAST

CARDENAS

SUFFIX

OFFICE USE ONLY

Date Received

Received  
OCT 31 2022

Elections Office

BMW

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

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

DU ANNE

MI

REDUS

NICKNAME

LAST

NEBEKER

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

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

10 / 01 / 2022

THROUGH

Month

Day

Year

10 / 29 / 2022

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 08 / 2022

☐ Primary

☐ Runoff

ELECTION TYPE

☐ 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

☐ Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

ELAINE 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)

\$ 265

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3664.35

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 55.45

4. TOTAL POLITICAL EXPENDITURES

\$ 1380.45

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 5,435.17

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:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Elaine Cardenas this the 31 day of October

2022, to certify which, witness my hand and seal of office.

*Jennifer Ramirez*

JENNIFER RAMIREZ

NOTARY / ENGLISH ASSISTANT

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 <i>ELAINE CÁRDENAS</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>3664.35</i>
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	\$ <i>515.45</i>
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	\$ <i>865</i>
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: <u>2</u>
2 FILER NAME <u>ELAINE CARDENAS</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>10/15</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DAN PICKENS</u> 6 Contributor address; City; State; Zip Code <u>851 JENNIFER LN, DRIFTWOOD, TX 78676</u>	7 Amount of contribution (\$) <u>\$250</u>
8 Principal occupation / Job title (See Instructions) <u>OWNER-MARKETING/COMM</u>		9 Employer (See Instructions) <u>DAN PICKENS</u>
Date <u>10/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DIXIE CAMP</u> Contributor address; City; State; Zip Code <u>P.O. Box 163 DRIPPING SPRINGS, TX 78620</u>	Amount of contribution (\$) <u>\$1000</u>
Principal occupation / Job title (See Instructions) <u>RETIRED</u>		Employer (See Instructions)
Date <u>10/6</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>HAYS COUNTY WOMENS POLITICAL CAUCUS</u> Contributor address; City; State; Zip Code <u>108 CAMARO WAY SAN MARCOS, TX 78666</u>	Amount of contribution (\$) <u>\$300</u>
Principal occupation / Job title (See Instructions) <u>N/A</u>		Employer (See Instructions)
Date <u>10/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>WIMBERLEY DEMOCRATS</u> Contributor address; City; State; Zip Code <u>150 OLDHAM LN, WIMBERLEY, TX 78676</u>	Amount of contribution (\$) <u>\$550</u>
Principal occupation / Job title (See Instructions) <u>N/A</u>		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



# 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: right;">2</div>
2 FILER NAME <div style="text-align: center; font-size: 1.2em;">ELAINE CÁRDENAS</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="text-align: center; font-size: 1.2em;">10/11</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">A BETTER HAYS PAC</div>	7 Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">\$1199.35</div>
6 Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">2316 LIGHTHOUSE DR. DENTON, TX 76210</div>		
8 Principal occupation / Job title (See Instructions) <div style="text-align: center; font-size: 1.2em;">N/A</div>		9 Employer (See Instructions)
Date <div style="text-align: center; font-size: 1.2em;">10/16</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">GARY WEEKS</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">\$100</div>
Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">112 W SPOKE HILL DR WIMBERLEY, TX 78676</div>		
Principal occupation / Job title (See Instructions) <div style="text-align: center; font-size: 1.2em;">OWNER, FURNITURE MAKER</div>		Employer (See Instructions) <div style="text-align: center; font-size: 1.2em;">GARY WEEKS + COMPANY</div>
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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>1</u>	<b>2</b> FILER NAME <u>ELAINE CÁRDENAS</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name <u>UNIVERSITY STAR</u>	
<b>6</b> Amount (\$) <u>\$500</u>	<b>7</b> Payee address; City; State; Zip Code <u>601 UNIVERSITY DR</u> <u>SAN MARCOS, TX</u> <u>78666</u>	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Advertising</u>	<b>(b)</b> Description <u>Digital Ad</u>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held <u>ELAINE CÁRDENAS</u> <u>HAYS COUNTY CLERK</u> <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		
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.

<b>1</b> Total pages Schedule G: <u>1</u>		<b>2</b> FILER NAME <u>ELAINE CÁRDENAS</u>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <u>10-6</u>		<b>5</b> Payee name <u>LA VOZ NEWSPAPERS</u>			
<b>6</b> Amount (\$) <u>375</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; <u>P.O. Box 19457</u> <u>AUSTIN, TX 78760</u>		City;	State; Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Advertising</u>		<b>(b)</b> Description <u>Ad</u>		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> 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>					
<b>Date</b>		<b>Payee name</b> <u>SAN MARCOS DAILY RECORD</u>			
<b>Amount (\$)</b> <u>450</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>Payee address;</b> <u>101 E MAIN</u> <u>BRENHAM, TX 77833</u>		City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <u>Advertising</u>		<b>Description</b> <u>Ads</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name <u>ELAINE CÁRDENAS</u> Office sought <u>HAYS COUNTY CLERK</u> Office held <u>HAYS COUNTY CLERK</u>					
<b>Date</b>		<b>Payee name</b>			
<b>Amount (\$)</b> <input type="checkbox"/> Reimbursement from political contributions intended		<b>Payee address;</b>		City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)		<b>Description</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name <u>ELAINE CÁRDENAS</u> Office sought <u>HAYS COUNTY CLERK</u> Office held <u>HAYS COUNTY CLERK</u>					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED