

# 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: <div style="font-size: 2em; text-align: center;">5</div>
3 CANDIDATE / OFFICEHOLDER NAME	<input checked="" type="checkbox"/> MS / MRS / MR      FIRST <u>ELAINE</u> MI <u>41</u>		<div style="border: 2px solid blue; padding: 10px; transform: rotate(-15deg); color: blue; font-weight: bold;">             Received              JAN 17 2023              Elections Office           </div>
	NICKNAME _____ LAST <u>CARDENAS</u> SUFFIX _____		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE _____ <u>501 CARNEY LN</u> <u>WIMBERLEY, TX 78676</u>		
	AREA CODE _____ PHONE NUMBER _____ EXTENSION _____ <u>(703)</u> <u>597-8818</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR      FIRST <u>DU ANNE</u> MI <u>REDUS</u>		
	NICKNAME _____ LAST <u>NEBEKER</u> SUFFIX _____		
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE _____ <u>33 CREEKSIDE DR</u> <u>WIMBERLEY, TX 78676</u>		
	AREA CODE _____ PHONE NUMBER _____ EXTENSION _____ <u>(512)</u> <u>423-5638</u>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	REPORT TYPE <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
	PERIOD COVERED Month Day Year      THROUGH      Month Day Year <u>10 / 30 / 22</u> <u>12 / 31 / 22</u>		
8 CAMPAIGN TREASURER PHONE	ELECTION DATE Month Day Year      ELECTION TYPE <u>11 / 8 / 22</u> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
	OFFICE HELD (if any)      OFFICE SOUGHT (if known) <u>HAYS COUNTY CLERK</u> <u>HAYS COUNTY CLERK</u>		
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

ELAINE CARDENAS

16 Filer ID (Ethics Commission Filers)

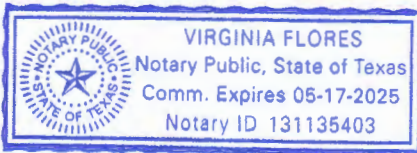
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 120
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 320
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,464.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD <u>DOES NOT INCLUDE UNREIMBURSED EXPENSES</u>	\$ 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 H. Cardenas*

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Elaine H. Cardenas this the 17<sup>th</sup> day of Jan

20 23, to certify which, witness my hand and seal of office.

*Virginia Flores*

*[Signature]*

*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	\$ 285
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	\$ 6,464.28
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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>1</u>
2 FILER NAME <u>ELAINE CARDENAS</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>11/1</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ELIZABETH FLOCKE</u>	7 Amount of contribution (\$) <u>\$100</u>
6 Contributor address; City; State; Zip Code <u>P.O. Box 1224 WIMBERLEY TX 78676</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>11/1 \$50</u> <u>AND</u> <u>12/1 \$50</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>LINDA SHOECRAFT</u>	Amount of contribution (\$) <u>\$100</u>
Contributor address; City; State; Zip Code <u>69 WOODCREEK DR, WIMBERLEY TX 78676</u>		
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)
<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.		



# 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: <b>1</b>		2 FILER NAME <b>ELAINE CÁRDENAS</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/1</b>		5 Payee name <b>DS POLITICAL DIGITAL ADS</b>			
6 Amount (\$) <b>\$1500</b>		7 Payee address; City; State; Zip Code <b>WWW.DSPOLITICAL.COM</b>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>		(b) Description <b>DIGITAL ADS</b>		
	(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					
Date <b>1/4</b>		Payee name <b>NERISSA ODEN</b>			
Amount (\$) <b>\$250</b>		Payee address; City; State; Zip Code <b>50 BOX 1204 WIMBERLEY, TX 78676</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OTHER: WEBSITE/SOC. MEDIA</b>		Description <b>WEBSITE AND SOCIAL MEDIA MANAGEMENT</b>		
	<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					
Date <b>12/13/22</b>		Payee name <b>ELAINE CÁRDENAS</b>			
Amount (\$) <b>\$4,999.28</b>		Payee address; City; State; Zip Code <b>P.O. BOX 1561 WIMBERLEY TX 78676</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>REIMBURSEMENT</b>		Description <b>REIMBURSEMENT FOR EXPENSES PAID FROM PERSONAL FUNDS PARTIAL</b>		
	<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					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED