CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			OUVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MBS/MR FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME PLAST PYSSEN	SU E SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address			JAN 1 6 2018
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (325) 716-0800	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS (MRS) MR FIRST	R	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Wilde		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APTISU 6673 Debus Roa San angelo. TX	d	ZIP CODE
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (325) 656-8203	5 EXTENSION	
REPORT TYPE	January 15 30th day before elec		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
O PERIOD COVERED	Month Day Year 12 / 7 / 2017	THROUGH 12	Day Year (3 / / / 7
11 ELECTION	ELECTION DATE Month Day Year Primary	ELECTION TYPE Runoff Other	
	03/06/2018 General	Description Special	
2 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) PRECINCT TOM G	2 Commissionen County
APPLIES TO THE STATE OF THE STA	GO TO I		

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Revised 9/8/2015

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	NA SUE	Pyssen 1	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT		
	COMMITTEE TYPE		
	SPECIFIC		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAISS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
!	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		
EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			\$ - 0 -
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,000
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DON'TING PERIOD	DAY \$ 1,000
OUTSTANDING LOAN TOTALS	6. TOTAL F	* 2,000	
Notary Put My Con	IDRA BRYAN olic, State of Texas nmission Expires y 05, 2018	true and correct and includes affinfor under Title 15, Election Code	erjury, that the accompanying report is rmation required to be reported by me didate or Officeholder
AFFIX NOTARY STAM		TANA SUE PUSSEN	15th
Sworn to and subsci	ribed before me, b	by the said TANA SUE PYSSEN to certify which, witness my hand and seal of office.	, this the
Sandra Br	yas	SANDRA BRYAN	NOTARY
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath

					_		
SI	IR'	LU.	ΓΔΙ	LS .	- C.	n	Н
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FORM C/OH COVER SHEET PG 3

F	TANA SUE PUSSEN 20 Filer ID (Ethic	s Commission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAI AMOUNT
	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s -0 -
	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$-0-
	SCHEDULE E: LOANS	\$ 2,000
	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1000
	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0 -
	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0 -
	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0 -
	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0 -
	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CA	OH \$ -0 -
	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0 -
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0 -

Date 5 Full name of contributor out-of-state PAC (ID#:	ate 5 Full name of contributor		he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
6 Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor	6 Contributor address; City; State: Zip Code Semployer (See Instructions) Semployer (See Instructions)	FILER NAM	NE SUE PUSSEN	3 Filer ID (Ethics Commission Filers)
Date Full name of contributor Contributor address; City: State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:	ate Full name of contributor	Date		7 Amount of contribution (\$)
Contributor address; City: State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:	Contributor address; City: State; Zip Code Employer (See Instructions) ate Full name of contributor Out-of-state PAC (ID#:	Principal of	ccupation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
Contributor address; City: State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor 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 out-of-state PAC (ID#: Amount of contribution (\$ Contributor (\$ C	Contributor address; City: State; Zip Code Contributor address; City: State; Zip Code	Date	Full name of contributor	Amount of contribution (\$)
Date Full name of contributor Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$) Contributor address; City; State; Zip Code incipal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) ate Full name of contributor out-of-state PAC (ID#:			
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	Contributor address; City; State; Zip Code Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address; City; State; Zip Code	Principal oc	cupation / Job title (See Instructions) Employer (See Instruc	tions)
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	Contributor address; City; State; Zip Code incipal occupation / Job title (See Instructions) Employer (See Instructions) ate Full name of contributor	Date	Full name of contributor	Amount of contribution (\$)
Date Full name of contributorout-of-state PAC (ID#:) Amount of contribution (\$	Full name of contributorout-of-state PAC (ID#:) Amount of contribution (\$) Contributor address; City; State; Zip Code			
	Contributor address; City; State; Zip Code	Principal oc	cupation / Job title (See Instructions) Employer (See Instruc	tions)
	Contributor address; City; State; Zip Code	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Commodel address, Only, Clare, 2-p code	incipal occupation / Job title (See Instructions) Employer (See Instructions)		}	
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Principal oc	cupation / Job title (See Instructions) Employer (See Instruc	tions)

	MONETARY (IN-KIND) POLIT	ICAL	SCHEDULE A2
7	The Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
2 FILER NAI	ANA SUE Pyssen		3 Filer ID (Ethics Commission Filers)
4 TOTAL (OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ _0 -
5 Date	6 Full name of contributor)	8 Amount of 9 In-kind contribution description
	7 Contributor address; City; State; Zip Co	de	
10 Principal or	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)
i i i i i i i i i i i i i i i i i i i	entition of the control of the contr	11 2	(Stringth County, Cook montages, Co,
12 Contributor	's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor	's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State; Zip Co	ode	Check if travel outside of Texas. Complete Schedule T.
Principal oc	coupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor	's principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor	's employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1.	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDG	ED CONTRIBUTIONS			SCHEDULE B
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sched	iule 8:
2 FILER NAME TANA	Sue Pyssen		3 Filer ID (Ethics C	commission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES		\$ -0	
5 Date	6 Full name of pledgor ut-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Z	, , , , , , , , , , , , , , , , , , ,		
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See		ide of Texas. Complete Schedule T.
		Linpioyor (occ		
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State: 2	îp Code		· ·
			Check if travel outsi	ide of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
!	Pledgor address; City; State; Z	tip Code		÷ ·
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Z	ip Code		
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occup	ation / Job title (See Instructions)	Employer (See		,
	ATTACH ADDITIONAL COPIES O contributor is out-of-state PAC, please see instr			requirements.

LOANS			SCHEDULE E
The	Instruction Gulde explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME TANA	Sue Pyssen		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$ 2,000
5 Date of loan 12/20/17	7 Name of lender Out-of-state TANA SUR PUSSEN	PAC (ID#:)	9 Loan Amount (\$) 2,000
6 Is lender a financial Institution?	a financial		10 Interest rate
Y (N)			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
		15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	not applicable 18 Guarantor address; City; State; Zip Code		
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	_
Date of loan	Date of loan Name of lender out-of-state PAC (ID#:)		Loan Amount (\$)
ls lender a financial	Lender address; City; State; Zip Code		Interest rate
Institution? Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral		Check if personal funds were of account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			Was to the same of
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
lf lo	ATTACH ADDITIONAL CO ender is out-of-state PAC, please see in	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Gredit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Poling Expense Printing Expense Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (expenses) set listed above)

Candidate/Officeholder/Politica Credit Card Payment		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
	The instruction duties explain	is how to complete this form.	
1 Total pages Schedule F1:	TANA SUE /4	135er	3 Filer ID (Ethics Commission Filers)
4 Date 12/20/17	5 Payeename	sociates, I	EN C.
6 Amount (\$)	7 Payee address; City; State; Z	ip Code	
1,000			
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
PURPOSE		Check if travel of	outside of Texas. Complete Schedule T.
OF EXPENDITURE	Adventising Eu	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Z	ip Code	
DUDDOSE	Category (See Categories listed at the top of this s		utside of Texas, Complete Schedule T.
PURPOSE OF			n, TX, officeholder living expense
EXPENDITURE		Oneck is Austr	II. TX, Underload: Hing expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Z	ip Code	
	Category (See Categories listed at the top of this	chedule) Description	
DUDDEST	=	1	utside of Texas. Complete Schedule T.
PURPOSE OF			
EXPENDITURE		L Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
experience to benefit 0/011			
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

Revised 9/8/2015

Advertising Expense Accounting/Banking

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Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

EXPENDITURE CATEGORIES FOR BOX 10(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Gift/Awards/Memorials Expense	Polling Expense Printing Expense	e	Travel In District Travel Out Of District	·
	Candidate/Officeholder/Political Committee	Legal Services The Instruction Guide explains	Salaries/Wages		Other (enter a category not listed	d above)
	The second secon	<u> </u>	Thom to comp			
1	Total pages Schedule F2: 2 FILER		35er		3 Filer ID (Ethics Commission	on Filers)
4	TOTAL OF UNITEMIZED UN	IPAID INCURRED OBLIG	SATIONS		s -0 -	
5	Date 6 Payee	name				
7	Amount (\$) 8 Payee	address; City; State; Z	Zip Code			
9	TYPE OF EXPENDITURE	Political	Non-Political			
10	(a) Categ	ory (See Categories listed at the top of this	schedule)	(b) Description	1	
	PURPOSE			Check if to	ravel outside of Texas, Complete Schedu	leT.
	OF EXPENDITURE			Check if	Austin, TX, officeholder living exper	ise
11	11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
	Date Payee	name				
	Date	rians				
	Amount (\$) Payee	address; City; State; 2	Zip Code			
	TYPE OF EXPENDITURE	Political	Non-Political	l		
	Catego	ory (See Categories listed at the top of this	schedule)	Description	n	
	PURPOSE			Check if to	avel outside of Texas. Complete Schedul	le T.
	OF EXPENDITURE			Check if	Austin, TX, officeholder living exper	nse
	Complete ONLY if direct Can	ndidate / Officeholder name	Office	sought	Office held	
	expenditure to benefit C/OH					
	A STATE OF THE STA					
	ATTAC	CH ADDITIONAL COPIES OF	THIS SCHE	DULE AS NEE	EDED	

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		071112 0 2010
PURC	HASE OF INVESTMENTS MADE POLITICAL CONTRIBUTIONS	SCHEDULE F3
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME TAN		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased;	City; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased;	City; State; Zip Code
	Description of investment	
	Amount of investment (\$)	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committe Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sataries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expe Travel In District Travel Out Of District Other (enter a category not listed above) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 433em TANA 3118 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD -0-5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code TYPE OF EXPENDITURE Political Non-Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas, Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code TYPE OF EXPENDITURE Non-Political Political Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gfft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) TANA JUE 43300 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas, Complete Schedule T. OF EXPENDITURE __ Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name City; State; Zip Code Amount (\$) Payee address; Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** ___ Check if Austin, TX, officeholder living expense Office sought Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH Date Payee name City; State; Zip Code Amount (\$) Payee address; Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

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Revised 9/8/2015

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

Forms provided by Texas Ethics Commission

SCHEDULE H

Revised 9/8/2015

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	tical Committee 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)
4	The instruction Guide explain	is now to complete this form.	
1 Total pages Schedule H:	TANA SUE 143	ser	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zi	ip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Check if travel outside	of Texas. Complete Schedule T. , officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zi	p Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Check if travel outside	of Texas. Complete Schedule T. , officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zi	p Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sol	Check if travel outside	of Texas. Complete Schedule T. officeholder fiving expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NEE	DED

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	TANA Sur Pysser	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	dule K:		
2 FILER NA	TANA Sue Pysser	3 Filer 1D (Ethics	Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; Stat	te; Zip Code	
	7 Purpose for which amount is received Check	if political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta		
	Purpose for which amount is received Check	if political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Stat	e; Zip Code	
	Purpose for which amount is received Check	if political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Star	te; Zip Code	
	Purpose for which amount is received Check	if political contribution i	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	LE AS NEEDED	
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IN-KIND CO		NS OR POLIT	TICAL EXPE	NDITURES SCHEDULE T			
The Instru	uction Guide explai	1 Total pages Schedule T:					
2 FILER NAME TH	NA Sur	Py550	وس	3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor	Corporation or Labo						
5 Contribution / Expend	liture reported on:						
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2	Schedule F	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
6 Dates of travel	7 Name of person(s) traveling 8 Departure city or name of departure location						
	9 Destination city or name of destination location						
10 Means of transportati	10 Means of transportation						
Name of Contributor /	Corporation or Labo	r Organization / Pledgor	/ Payee				
Contribution / Expend	liture reported on:						
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel	Name of persor	(s) traveling					
	Departure city or name of departure location						
	Destination city or name of destination location						
Means of transportati	ion Pu	pose of travel (including	name of conference, s	eminar, or other event)			
Name of Contributor /	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expend	iture reported on:		and the second s				
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel	Dates of travel Name of person(s) traveling						
Departure city or name of departure location							
	Destination city	or name of destination lo	cation				
Means of transportati	ion Pui	pose of travel (including	name of conference, s	eminar, or other event)			
	ATTACH	ADDITIONAL COPIES	OF THIS SCHEDULI	E AS NEEDED			
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015							