#### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

	• 222		
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
THO WIGHT HIGH ACTION	The state of the s		5
3 CANDIDATE / OFFICEHOLDER	MS (MRS) MR FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received  4//////2
	Daise		, ,
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; 4/30 Longvale Dr San Ar	STATE: ZIP CODE ntoniu TX 78217	Date Hand-delivered or Postmarked
change of address			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (210) 653 - 8221	EXTENSION	Date Processed
6 CAMPAIGN	MS MRS MR FIRST	MI	Date Imaged
TREASURER NAME	NICKNAME LAST	SUFFIX	
	Salzwedel		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #	CITY; STATE;	ZIP CODE
TREASURER ADDRESS (residence or business)	7629 Avery Rd Live C	Oak Tx 7823	3
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 599-4146	EXTENSION	
9 REPORTTYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
SI SI	July 15 Sth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	/ 2012
11 ELECTION	ELECTION DATE ELECTION TYPE		
	Month Day Year  5 / 12 / 2012 □ Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know NEISD BOARD	of Trustees Dist. 4
14 NOTICE OF DIRECT CAMPAIGN	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPEND CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMA		
EXPENDITURE BY OTHER INDIVIDUALS	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip	Code	
additional pages	7		
The state of the s	GO TO PA	AGE 2	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME  Rettu	L. Daise		16 ACCOUNT # (Ethics Commission Filers)
17 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE	E OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES M HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN IS AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY I	IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	-
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500.00
EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITE	MIZED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 561.22
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	T DAY \$
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$ 0
19 AFFIDAVIT			
PE My (	EGGY ALANE TURNER Notary Public STATE OF TEXAS Comm. Exp. 03-18-20	is true and correct and includes me under Title 15, Election Code	Daise
7			andidate or Officeholder
AFFIX NOTARY STAM		Para T	OLISC PT this the
1 1 1	scribed before of April	me, by the said	, this the
Pass On M		, 20 <u>12</u> , to certify which, witness	my hand and seal of office.
Signature of officer adm	inistering oath	Printed name of officer administering oath	Title of officer administering oath

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

**Texas Ethics Commission** 

#### SCHEDULE A

The It	nstruction Guide explains how to complete this	form.	1 Total pages Scheo	dule A:
1110 11			O ACCOUNT # (Fth	ics Commission Filers)
FILER NAME			3 ACCOUNT # (Eur	ics Commission i nots)
30++11/	Doise			
Date J	5 Full name of contributor   Qut-of-state PAC (IDI:		S Selfementer as .	8 In-kind contribution description (if applicable)
/	Bexar County Federation of Tea	chers	contribution (\$)	describitor (ii abbiicane)
1/10/2012	5 Full name of contributor Quit-of-state PAC(IDITED SEXAY COUNTRY FEDERATION OF TEACOMMITTEE ON POLITICAL Educe 6 Contributor address; City: State; Zip Code 6 300 Park Ten Blvd Ste 12:	ation 3 N	500.00	
	San Antonio Tx 78213		(If travel outside o	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor  ut-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			2
			(If travel outside (	of Texas, complete Schedule T)
	( ) Lab Aida (Con Instructions)	Employer (See		71 1075007
Principal occup	pation / Job title (See Instructions)			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
1881	Contributor address; City; State; Zip Code			1
			(If travel outside	of Texas, complete Schedule T)
Dringing con	pation / Job title (See Instructions)	Employer (See		
Fillicipal occu	pation / dob tab (dob male and )			,
	Full name of contributor  out-of-state PAC(ID#		) Amount of	In-kind contribution
Date	Full Hallie of Contributor		contribution (\$)	description (if applicable
	Contributor address; City; State; Zip Cod			
				1
		a•0 5	(If travel outside	of Texas, complete Schedule T)
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020		1		
Date	Full name of contributor out-of-state PAC (IDI	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable
	Contributor address; City; State; Zip Coo	de		
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Principal occ	upation / Job title (See Instructions)	Employer (Se	e Instructions)	e or reads, complete scriedure ()
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		The state of the s	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	

#### **POLITICAL EXPENDITURES**

#### SCHEDULE F

	EXPENDITURE CATEGOR	CIES FOR BOX 8(8	a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/War	ges/Contract Labor	Loan Repayment/Re	eimbursement
Accounting/Banking	Legal Services Solicitation/F	undraising Expense		ment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In Dis	strict	Contributions/Donati	
Event Expense	Polling Expense Travel Out (	Of District		holder/Political Committee
Fees	Printing Expense Office Overt	nead/Rental Expense	OTHER (enter a cat	egory not listed above)
	The Instruction Guide explains ho	w to complete this f		c
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT	# (Ethics Commission Filers)
1	Betty L. Daise			(=====
4 Date	5 Payee name			
Apr 4, 2012 6 Amount (\$)	Costco			
6 Amount (\$)	7 Payee address; City; State; Zip Cool 15330 IH35N Selma	de		
437.21	15330 TH35N Selma	Tx 78154	<del>ļ</del>	
731.21	10000 3.10			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule	(h) Doggintin	The second and the second	
OF			n (If travel outside of Texas	, complete Schedule T)
EXPENDITURE	Advertising	Stamp	5	
O Complete CALVE direct	Candidate / Officeholder name			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office soug	gnt	Office held
Separation to belief C/C	A :			
Date	Payee name			
1				
Anr 5, 2012 Amount (\$)	NEISD			
Amount (\$)	Payee address; City; State; Zip Coo	de		
and and all	8961 Tesoro Dr Jan A	- Low Tr	78217	
15.54	0761 Tesoro Dr Jank	ntonio ix	10~11	
w same when the				
PURPOSE	Category (See categories listed at the top of this schedule	) Dead ::	- MAAI	
OF			n (If travel outside of Texas,	, complete Schedule T)
EXPENDITURE	Advertising	Mailin	ng Labels	
Complete Charles			<u> </u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	ght	Office held
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Date	Payee name			
A				
Mar 23, 2012	Target Payee address; City; State; Zip Coo			
Amount (\$)	Payee address; City; State; Zip Coo	ie		
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71.04	*			
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Complete ONLY if direct	Candidate / Officeholder name	Office soug	ght	Office held
expenditure to benefit C/C	<del>/  </del>			
Data				
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Coo	ło		
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	3			
PURPOSE	Category (See categories listed at the top of this schedule)	Description	n (If travel outside of Texas,	, complete Schedule T)
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EXPENDITURE				
Complete ONLY if direct	Candidate / Officeholder name	Office	aht .	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/0		Office soug	Ji II.	Office held
P				
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDI II F AS	SNEEDED	

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee **Event Expense** Polling Expense Travel Out Of District Fees **Printing Expense** Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Betty L. Daise 4 Date Apr 3, 2012 Walmart
7 Payee address; 6 Amount (\$) City; State; Zip Code 31.59 1430 Austin Hwy San Antonio Tx 78209 Reimbursement from political contributions (a) Category (See categories listed at the top of this schedule) **PURPOSE** (b) Description (If travel outside of Texas, complete Schedule T) Advertising Envelopes and labels EXPENDITURE Pavee name Apr 4, 2012 Amount (\$) Office Max
Payee address; City; State; Zip Code 19.03 4925 Windsor Hill Drive Windcrest Tx 78239 Reimbursement from political contributions Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF Paper for brochures Advertising EXPENDITURE Pavee name April 4,2012 Costco
Payee address; Amount (\$) City; State; Zip Code 15330 1H35N Selma TX 78154 10.29 Reimbursement from political contributions PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) OF **EXPENDITURE** Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) **PURPOSE** Description (If travel outside of Texas, complete Schedule T) EXPENDITURE ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking **Consulting Expense Event Expense** 

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense **Polling Expense** 

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

	The Instruction Guide explains how to co	complete this form.	
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission F	ilers)
	Betty L. Daise		-
4 Date	5 Payee name		
Apr 3, 2012	Walmart		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
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Reimbursement from political contributions	3		
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8 PURPOSE OF	4	Envelopes and labels	
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2002 O M 400 M 400 M 30 M 30 M 30 M 40 M 40 M	Payee address; City; State; Zip Code		
19.03	4925 Windsor Hill Driv	le Winderest Tx 78239	
Reimbursement from political contributions intended		•	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	******************
OF EXPENDITURE	Advertising	Paper for brochures	
Date	Payee name	÷	
April 4,2012	Costco		
Amount (\$)	Payee address; City: State; Zip Code		
10.29	15330 1H 35 N Selma TX	78154	. 4
Reimbursement from political contributions			
intended			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
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Amount (\$)	Payee address; City: State; Zip Code		Salit Married Salita
	Payee address; City: State; Zip Code	MAY 0 4 REC'D	nank kanaga ny kao
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	Payee address; City: State; Zip Code  Category (See categories listed at the top of this schedule)		
Reimbursement from political contributions		MAY 0 4 REC'D	

www.ethics.state.tx.us

Revised 04/21/2010

\* Amended Betty & Dane