Texas Ethics Commission

www.ethics.state.tx.us

P.O. Box 12070

Auslin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

CANDIDAT CAMPAIGI	FORM C/OH COVER SHEET PG 1				
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/(R) FIRST DONNEE NICKMAME LAST MAHAN	A SUFFIX	DATE RECEIVED APR 1 2 REC'D SUPERINTENDENT'S OFFICE NORTH EAST ISD		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS IPO BOX: APTISUITED; CITY: 2806 ENCINO FOLEST SAN A	STATE: ZIPCODE NUTUNIO TX 78254	Date Hand-delivered or Postmarked Receipt # Amount		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE FHONE NUMBER (210) 275-2162	EXTENSION	Date Processed		
6 CAMPAIGN TREASURER NAME	MS/MRS/MRD FIRST DONNEY NICKNAME LASY MAHAN	MI A SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY; STATE: ZIP CODE 2806 ENCINO FOREST SAN ANTONIO TX 78259				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 275 - 2162				
9 REPORTTYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded \$500 timit Final report (Attach CXOH - FR)				
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	/2012		
11 ELECTION	Month Day Year US / 12 / 20 12 Primary	Runoff	General Special		
12 OFFICE	OFFICE HELD (# any) NUNE	Board Member,	District S, NEISD		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.				
BY OTHER INDIVIDUALS	Name NAME Address / PO Box Apt / Sules 4: City: State: Zip Co				
additional pages	Address / PO Box, Apt. / Sulta & City, State: Zip Co				
GO TO PAGE 2					

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Revised 04/21/2010

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Austin, Texas 78711-2070

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CANDIDATE / OFFICEHOLDER	REPORT:
SUPPORT & TOTALS	

FORM C/OH

SUPPORT	& TOTAL	S	COVER SHEET PG 2		
15 C/OH NAME		1	6 ACCOUNT # (Ethics Commission Filers)		
17 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF 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 PEPORATION D'ALY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE(S)	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME NA COMMITTEE ADDRESS			
addlilonal pages		COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS			
18 CONTRIBUTION TOTALS	PLEDGE	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED TOTAL POLITICAL CONTRIBUTIONS			
(OTHER THAN PLEDO		THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEM	\$ Ø zed \$ Ø		
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ \$, <u>v</u>		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				
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. Signature of Candidate or Officeholder					
Del Cra	of APPIL	20 <u>1 2</u> . to certify which, witness n Dee Crowl	ny hand and seal of office.		
Signature of officer administering cath Printed name of officer administering cath Title of officer administering cath					

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