

# 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:
3 CANDIDATE / OFFICEHOLDER NAME	MS (MRS / MR) FIRST MI TANA SUE NICKNAME LAST SUFFIX Pyssen	OFFICE USE ONLY Date Received  <b>FEB 26 2018</b>  Date Hand-delivered or Date Postmarked  Receipt # Amount \$ Date Processed Date Imaged	
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1709 Schwartz Rd. San Angelo, TX 76904		
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (325) 716-0800			
6 CAMPAIGN TREASURER NAME	MS (MRS / MR) FIRST MI Penni R. NICKNAME LAST SUFFIX Wilde		
	7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6673 Debus Road San Angelo, TX 76905		
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (325) 656-8205			
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    Month Day Year 02 / 07 / 2018    THROUGH    02 / 26 / 2018		
11 ELECTION	ELECTION DATE Month Day Year 03 / 06 / 2018	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Precinct 2 Commission Tom Green County	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME TANA Sue Pyssen

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

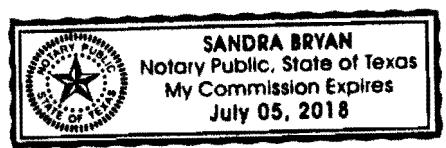
Additional Pages

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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4294.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED <u>BANK 3/c</u>	\$ 5.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5155.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2532.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3400.00

18 AFFIDAVIT



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.

Tana Sue Pyssen  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said TANA SUE PYSSSEN, this the 26th day of February, 2018, to certify which, witness my hand and seal of office.

Sandra Bryan  
Signature of officer administering oath

SANDRA BRYAN  
Printed name of officer administering oath

NOTARY  
Title of officer administering oath

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> <i>TANA Sue Pyssen</i>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>4294</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>400.66</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>1400</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>5155.97</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 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
~~2~~ 10

2 FILER NAME  
 JANA Sue Pyssen

3 Filer ID (Ethics Commission Filers)

4 Date  
 2-12-18

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
 John Duke Hudson

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
 P.O. Box 337 Wall TX 76957

100.00

8 Principal occupation / Job title (See Instructions)

Ranching

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

2-12-18

Bill & Amy Fuchs  
 Contributor address; City; State; Zip Code

100.00

9349 York Rd Wall, TX 76957

Principal occupation / Job title (See Instructions)

Ag / Farming

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

2-12-18

JANES DUSEK  
 Contributor address; City; State; Zip Code

100.00

7189 FM 2334 San Angelo, TX 76905

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

2-12-18

Mr & Mrs Clayton Friend  
 Contributor address; City; State; Zip Code

75.00

P.O. Box 40 Meneta, TX 76940

Principal occupation / Job title (See Instructions)

Ranching

Employer (See Instructions)

375.00

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Tana Sue Pyssen

3 Filer ID (Ethics Commission Filers)

4 Date

2-12-18

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

George L Grace Ahl Schwede

6 Contributor address;

City; State; Zip Code

6300 Tneece Rd San Angelo TX 76905

7 Amount of contribution (\$)

25.00

8 Principal occupation / Job title (See Instructions)

Ranching

9 Employer (See Instructions)

Date

2-12-18

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Cole & Kerri Mikulik

Contributor address;

City; State; Zip Code

5805 Fm 1223 San Angelo, TX 76905

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Farming

Employer (See Instructions)

Date

2-12-18

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Brent L Melesa Zwald

Contributor address;

City; State; Zip Code

5307 Blue Grama San Angelo, TX 76904

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Cotton Buyer

Employer (See Instructions)

Date

2-12-18

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

John Kocich

Contributor address;

City; State; Zip Code

2949 Schwartz Rd San Angelo TX 76904

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Farming

Employer (See Instructions)

475

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Tana Sue Pysse

3 Filer ID (Ethics Commission Filers)

4 Date

2-12-18

5 Full name of contributor

Rogea Strube

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

250.00

6 Contributor address;

P.O. Box 188

City; State; Zip Code

Wall TX

76957

8 Principal occupation / Job title (See Instructions)

farming

9 Employer (See Instructions)

Date

2-12-18

Full name of contributor

Leon Brader

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

6338 Debus Rd

City; State; Zip Code

San Angelo, TX 76905

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-12-18

Full name of contributor

Monroe Dienschle

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

8077 Hawk Ave

City; State; Zip Code

San Angelo TX 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-12-18

Full name of contributor

Mickey L. Ruth Dadds

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

2072 Country Club  
ESTATE Circle

City; State; Zip Code

San Angelo TX  
76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

550.00

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

TANA Sue Pyssen

4 Date

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

2-12-18

Cene Cully

99.00

6 Contributor address;

City; State; Zip Code

P.O. Box 630 201A TX 76937

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

2-12-18

Mike & Kim Mikulik

300.00

Contributor address;

City; State; Zip Code

4150 Walling  
Pean Rd San Angelo, TX 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

2-12-18

Joseph & Lezlye Henderson

500.00

Contributor address;

City; State; Zip Code

4722 Shawden  
Creek San Angelo, TX 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

2-12-18

KEVIN & Donna Niehues

250.00

Contributor address;

City; State; Zip Code

17209 E. Englent  
Rd 201A, TX 76937

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

1149

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

TANA Sue Pyssen

3 Filer ID (Ethics Commission Filers)

4 Date

2-12-18

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Dennis H. Morrison Jr.

6 Contributor address; City; State; Zip Code

7545 Planation Ct Wall TX 76957

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-12-18

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Kenneth Gully

Contributor address; City; State; Zip Code

P.O. Box 690 901a, TX 76937

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-12-18

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Mr + Mrs Nolan Niehues

Contributor address; City; State; Zip Code

6769 Susan Peak Rd San Angelo TX 76904

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-12-18

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Dale Droll

Contributor address; City; State; Zip Code

1026 ABERNATHY San Angelo TX 76905

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

500.00

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

TANA SUE PYSSON

3 Filer ID (Ethics Commission Filers)

4 Date

2-13-18

5 Full name of contributor

CHRIS BUBENIK

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

3117 Scenic Vista Dr  
San Angelo, TX 76904

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-19-18

Full name of contributor

MR & MRS CLINT SYMES

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

1809 Club House  
San Angelo TX 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-12-18

Full name of contributor

MR & MRS LEE ROY PYSSON

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

6412 Sailing Breeze Trl  
Austin, TX 78744

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-12-18

Full name of contributor

RONNIE & REBBIE HARTMAN

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

2002 Schwartz Rd  
San Angelo TX 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

500.00

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

TANA Sue Pysher

3 Filer ID (Ethics Commission Filers)

4 Date

2-20-18

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jean ANN LeGrand

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

7669 S US 277  
San Angelo TX 76904

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-12-18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Michael Hoelscher

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

11385 FM 765  
San Angelo TX 76905

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-12-18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

DARWIN Dusek

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

10229 Fm 765 San Angelo TX 76905

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-12-18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

JUSTIN L Allison Strube

Amount of contribution (\$)

40.00

Contributor address; City; State; Zip Code

P.O. Box 222 Wall, TX 76957

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

263

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

2-12-18

Bill Westbrook  
 6 Contributor address; City; State; Zip Code  
 1225 South Harrison SA TX 76901

20.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

2-12-18

Cam Morrison  
 Contributor address; City; State; Zip Code  
 7545 Planation CT Wall TX 76957

20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

2-12-18

4406 White Ash  
 Contributor address; City; State; Zip Code  
 Law SA TX 76904

40.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

2-12-18

Mark Denis  
 Contributor address; City; State; Zip Code  
 P.O. Box 39 Van County TX 76955

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

180

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

2-12-18

Charles Halfmar

100.00

6 Contributor address; City; State; Zip Code

P.O. Box 59 VanCOURT TX 76955

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

2-12-18

Frank

30.00

Contributor address; City; State; Zip Code

7034 S US 87 San Angelo, TX 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

2-12-18

Jeanie Schniers

100.00

Contributor address; City; State; Zip Code

6910 FA 765 San Angelo TX 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

2-24-18

John Childness

50.00

Contributor address; City; State; Zip Code

1300 Doranac Rd San Angelo 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

230

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

2-24-18

MARVIN Dierschke  
6 Contributor address; City; State; Zip Code

20.00

P.O. Box 245 Wall TX 76957

8 Principal occupation / Job title (See Instructions)

9 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 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)

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>2</i>	
2 FILER NAME <i>TANA Sue Pyssen</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>400.66</i>	
5 Date <i>2-14-18</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Wilde</i>	8 Amount of Contribution \$ <i>150.00</i>	9 In-kind contribution description <i>Rent - Hall Meeting</i>
7 Contributor address; City; State; Zip Code <i>6673 Debus Rd San Angelo TX 76905</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>FARMING</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <i>2-12-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karl Weishuhn</i>	Amount of Contribution \$ <i>200.00</i>	In-kind contribution description <i>Food</i>
Contributor address; City; State; Zip Code <i>6325 Trece Rd San Angelo TX 76905</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>FARMING</i>		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**

**SCHEDULE A2**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A2:

FILER NAME *TANA Sue Pyssen* 3 Filer ID (Ethics Commission Filers)

TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ *00.00*

Date <i>2-12-18</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Clay friend</i>	8 Amount of Contribution \$ <i>50.66</i>	9 In-kind contribution description <i>food</i>
7 Contributor address; City; State; Zip Code <i>2538 Lindenwood Ln San Angelo TX 76904</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
--	---

Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
---	--

Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
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Contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
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Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
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Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
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Contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>TANA Sue Pyssen</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>1400.00</b>
5 Date of loan <b>2-24-18</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>TANA Pyssen</b>	9 Loan Amount (\$) <b>1400.00</b>
6 Is lender a financial Institution?  Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <b>1709 Schwartz Rd San Angelo, TX 76904</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: 1	<b>2</b> FILER NAME Tana Sue Pyssen	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2-12-18	<b>5</b> Payee name Rent A Sign	
<b>6</b> Amount (\$) 100.00	<b>7</b> Payee address; City; State; Zip Code 5669 Fm 1223 San Angelo, TX 76905	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Adv.	<b>(b)</b> Description <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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-16-18	Payee name Clemens & Assoc.
Amount (\$) 1914.11	Payee address; City; State; Zip Code San Angelo TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv.
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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Date 22 2-16-18	Payee name Clement & Assoc
Amount (\$) 3141.86	Payee address; City; State; Zip Code San Angelo, TX 7
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED