

# 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  |
|  | NICKNAME                                       | LAST  | SUFFIX  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                     | ADDRESS / PO BOX:                              | APT / SUITE #:                                    | CITY: STATE: ZIP CODE                         |
| 5 CANDIDATE / OFFICEHOLDER PHONE                               | AREA CODE                                      | PHONE NUMBER                                      | EXTENSION                                     |
| 6 CAMPAIGN TREASURER NAME                                      | MS (MRS) / MR                                  | FIRST   | MI  |
|  | NICKNAME                                       | LAST  | SUFFIX  |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business)           | STREET ADDRESS (NO PO BOX PLEASE):             | APT / SUITE #:                                    | CITY: STATE: ZIP CODE                         |
| 8 CAMPAIGN TREASURER PHONE                                     | AREA CODE                                      | PHONE NUMBER                                      | EXTENSION                                     |
| 9 REPORT TYPE  | <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff               |
|  | <input type="checkbox"/> July 15               | <input type="checkbox"/> 8th day before election  | <input type="checkbox"/> Exceeded \$500 limit |
| 10 PERIOD COVERED  | Month  | Day   | Year  |
|  | Month  | Day   | Year  |
| 11 ELECTION  | ELECTION DATE                                  | ELECTION TYPE                                     |   |
|  | Month Day Year                                 | <input checked="" type="checkbox"/> Primary       | <input type="checkbox"/> Runoff               |
| 12 OFFICE  | OFFICE HELD (if any)                           | <input type="checkbox"/> General                  |   |
|  |  | <input type="checkbox"/> Special                  |   |
|  |  | 13 OFFICE SOUGHT (if known)                       |   |

**OFFICE USE ONLY**

Date Received  
**JAN 16 2018**

Date Hand-delivered or Date Postmarked

Receipt #      Amount \$

Date Processed

Date Imaged

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME TANA SUE PYSSSEN 15 Filer ID (Ethics Commission Filers)

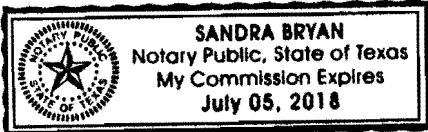
16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

|  |                |                                      |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME                       |
|  |                | 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 | \$ 0     |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 0     |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ - 0 - |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 1,000 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 1,000 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 2,000 |

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 15th day of January, 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><br><i>TANA SUE PUSSEN</i> | <b>20 Filer ID (Ethics Commission Filers)</b> |
|--|---|

| <b>21 SCHEDULE SUBTOTALS</b><br><b>NAME OF SCHEDULE</b>   | <b>SUBTOTAL</b><br><b>AMOUNT</b> |
|---|----------------------------------|
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       | \$ <i>-0-</i>                    |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         | \$ <i>-0-</i>                    |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$ <i>-0-</i>                    |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS   | \$ <i>2,000</i>                  |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               | \$ <i>1000</i>                   |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$ <i>-0-</i>                    |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS              | \$ <i>-0-</i>                    |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       | \$ <i>-0-</i>                    |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                         | \$ <i>-0-</i>                    |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ <i>-0-</i>                    |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ <i>-0-</i>                    |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ <i>-0-</i>                    |

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A1:<br><u>1</u> |
| 2 FILER NAME<br><i>TANA SUE PYSEN</i>  |   | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$)          |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)          |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code     | Amount of contribution (\$)            |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)            |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code     | Amount of contribution (\$)            |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)            |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code     | Amount of contribution (\$)            |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)            |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br/>                 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:<br><p style="text-align: center;">1</p> |   |
| 2 FILER NAME<br><p style="text-align: center;"><i>TANA SUE PYSSEN</i></p>   |   | 3 Filer ID (Ethics Commission Filers)                              |   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS   |   | \$ <p style="text-align: center;">- 0 -</p>                        |   |
| 5 Date  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>7 Contributor address; City; State; Zip Code | 8 Amount of Contribution \$  | 9 In-kind contribution description<br><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)   |   | 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  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code     | Amount of Contribution \$  | In-kind contribution description<br><br><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)                     |   |
| 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)  |   |  |   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |   |  |   |

**PLEDGED CONTRIBUTIONS**

**SCHEDULE B**

|   |   |   |                                    |
|---|---|---|------------------------------------|
| The Instruction Guide explains how to complete this form.                       |   | 1 Total pages Schedule B:<br><span style="font-size: 2em;">1</span> |                                    |
| 2 FILER NAME<br><i>JANA SUE PYSSSEN</i>   |   | 3 Filer ID (Ethics Commission Filers)                               |                                    |
| 4 TOTAL OF UNITEMIZED PLEDGES   |   | \$ <span style="font-size: 1.5em;">- 0 -</span>                     |                                    |
| 5 Date  | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>7 Pledgor address; City; State; Zip Code | 8 Amount of Pledge \$   | 9 In-kind contribution description |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |   |                                    |
| 10 Principal occupation / Job title (See Instructions)                          |   | 11 Employer (See Instructions)                                      |                                    |
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Pledgor address; City; State; Zip Code     | Amount of Pledge \$   | In-kind contribution description   |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |   |                                    |
| Principal occupation / Job title (See Instructions)                             |   | Employer (See Instructions)   |                                    |
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Pledgor address; City; State; Zip Code     | Amount of Pledge \$   | In-kind contribution description   |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |   |                                    |
| Principal occupation / Job title (See Instructions)                             |   | Employer (See Instructions)   |                                    |
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Pledgor address; City; State; Zip Code     | Amount of Pledge \$   | In-kind contribution description   |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |   |                                    |
| 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.**

**LOANS**

**SCHEDULE E**

|   |   |   |
|---|---|---|
| The Instruction Guide explains how to complete this form.                                 |   | <b>1</b> Total pages Schedule E:<br><i>1</i>  |
| <b>2</b> FILER NAME<br><i>TANA SUE PYSSSEN</i>  |   | <b>3</b> Filer ID (Ethics Commission Filers)  |
| <b>4</b> TOTAL OF UNITEMIZED LOANS  |   | <b>\$</b> <i>2,000</i>  |
| <b>5</b> Date of loan<br><i>12/20/17</i>  | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>TANA SUE PYSSSEN</i> | <b>9</b> Loan Amount (\$)<br><i>2,000</i>   |
| <b>6</b> Is lender a financial institution?<br><br>Y <input checked="" type="radio"/> N   | <b>8</b> Lender address; City; State; Zip Code  | <b>10</b> Interest rate   |
|   |   | <b>11</b> Maturity date   |
| <b>12</b> Principal occupation / Job title (See Instructions)                             |   | <b>13</b> Employer (See Instructions)   |
| <b>14</b> Description of Collateral<br><input checked="" type="checkbox"/> none           |   | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input checked="" type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable | <b>17</b> Name of guarantor   | <b>19</b> Amount Guaranteed (\$)  |
|   | <b>18</b> Guarantor address; City; State; Zip Code  |   |
| <b>20</b> Principal Occupation (See Instructions)   |   | <b>21</b> Employer (See Instructions)   |
| Date of loan  | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)                                     | Loan Amount (\$)  |
| Is lender a financial institution?<br><br>Y N   | Lender address; City; State; Zip Code   | Interest rate   |
|   |   | Maturity date   |
| Principal occupation / Job title (See Instructions)                                       |   | Employer (See Instructions)   |
| Description of Collateral<br><input type="checkbox"/> none                                |   | Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/>                      |
| <b>GUARANTOR INFORMATION</b><br><br><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:<br><i>1</i> | <b>2</b> FILER NAME<br><i>TANA SUE PYSSER</i> | <b>3</b> Filer ID (Ethics Commission Filers) |
|---|---|--|

|                                  |  |
|----------------------------------|--|
| <b>4</b> Date<br><i>12/20/17</i> | <b>5</b> Payee name<br><i>Clemens &amp; Associates, INC.</i> |
|----------------------------------|--|

|                                      |   |
|--------------------------------------|---|
| <b>6</b> Amount (\$)<br><i>1,000</i> | <b>7</b> Payee address; City; State; Zip Code |
|--------------------------------------|---|

|   |   |  |
|---|---|--|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Advertising Expense</i> | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---|---|--|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule) | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule) | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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



# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(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)  |

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F2:<br><i>1</i>                 | <b>2</b> FILER NAME<br><i>TANA Sue Pysser</i>                             | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS      |   | \$ <i>— 0 —</i>  |
| <b>5</b> Date   | <b>6</b> Payee name   |  |
| <b>7</b> Amount (\$)  | <b>8</b> Payee address; City; State; Zip Code                             |  |
| <b>9</b> TYPE OF EXPENDITURE                                  | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |  |
| <b>10</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>11</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought      Office held   |
| Date  | Payee name  |  |
| Amount (\$)   | Payee address; City; State; Zip Code                                      |  |
| TYPE OF EXPENDITURE   | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |  |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)              | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>    |   |  |

**PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F3**

|  |  |                                       |
|--|--|---------------------------------------|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule F3:<br>/       |
| 2 FILER NAME<br><i>TANA Sue Pyssen</i>                     |  | 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 (\$)  |                                       |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> |  |                                       |

**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 Committee

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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F4:<br><i>1</i> | <b>2</b> FILER NAME<br><i>TANA SUE PUSSEN</i> | <b>3</b> Filer ID (Ethics Commission Filers) |
|---|---|--|

|  |                 |
|--|-----------------|
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ <i>— 0 —</i> |
|--|-----------------|

|               |                     |
|---------------|---------------------|
| <b>5</b> Date | <b>6</b> Payee name |
|---------------|---------------------|

|                      |   |
|----------------------|---|
| <b>7</b> Amount (\$) | <b>8</b> Payee address; City; State; Zip Code |
|----------------------|---|

|                              |   |
|------------------------------|---|
| <b>9</b> TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|---|

|                                  |   |  |
|----------------------------------|---|--|
| <b>10</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule) | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|----------------------------------|---|--|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>11</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                     |   |
|---------------------|---|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|---|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|---|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G:<br><i>1</i>                                 | <b>2</b> FILER NAME<br><i>TANA SUE PYSSEN</i>  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date  | <b>5</b> Payee name  |  |
| <b>6</b> Amount (\$)   | <b>7</b> Payee address; City; State; Zip Code  |  |
| <input type="checkbox"/> Reimbursement from political contributions intended |  |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                                    | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name                      Office sought                      Office held |  |
| Date   | Payee name   |  |
| Amount (\$)  | Payee address; City; State; Zip Code   |  |
| <input type="checkbox"/> Reimbursement from political contributions intended |  |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name                      Office sought                      Office held          |  |
| Date   | Payee name   |  |
| Amount (\$)  | Payee address; City; State; Zip Code   |  |
| <input type="checkbox"/> Reimbursement from political contributions intended |  |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name                      Office sought                      Office held          |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                   |  |  |

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

## SCHEDULE H

### 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 H:<br><i>1</i> | <b>2</b> FILER NAME<br><i>TANA SUE PYSSER</i>                           | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date                                | <b>5</b> Business name  |  |
| <b>6</b> Amount (\$)                         | <b>7</b> Business address; City; State; Zip Code                        |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>    | <b>(a)</b> Category (See Categories listed at the top of this schedule) | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH     |  |
| Date   | Candidate / Officeholder name   |  |
|  | Office sought   |  |
|  | Office held   |  |
| Date   | Business name   |  |
| Amount (\$)                                  | Business address; City; State; Zip Code                                 |  |
| <b>PURPOSE OF EXPENDITURE</b>                | Category (See Categories listed at the top of this schedule)            | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
|  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH              |  |
| Date   | Candidate / Officeholder name   |  |
|  | Office sought   |  |
|  | Office held   |  |
| Date   | Business name   |  |
| Amount (\$)                                  | Business address; City; State; Zip Code                                 |  |
| <b>PURPOSE OF EXPENDITURE</b>                | Category (See Categories listed at the top of this schedule)            | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
|  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH              |  |
| Date   | Candidate / Officeholder name   |  |
|  | Office sought   |  |
|  | Office held   |  |

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**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule I:<br><i>1</i> | <b>2</b> FILER NAME<br><i>TANA Sue Pyssen</i>                                 | <b>3</b> Filer ID (Ethics Commission Filers)                                      |
| <b>4</b> Date                                | <b>5</b> Payee name   |   |
| <b>6</b> Amount (\$)                         | <b>7</b> Payee address; City; State; Zip Code                                 |   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>    | <b>(a) Category</b> (See instructions for examples of acceptable categories.) | <b>(b) Description</b> (See instructions regarding type of information required.) |
| Date   | Payee name  |   |
| Amount (\$)                                  | Payee address; City; State; Zip Code  |   |
| <b>PURPOSE OF EXPENDITURE</b>                | <b>Category</b> (See instructions for examples of acceptable categories.)     | <b>Description</b> (See instructions regarding type of information required.)     |
| Date   | Payee name  |   |
| Amount (\$)                                  | Payee address; City; State; Zip Code  |   |
| <b>PURPOSE OF EXPENDITURE</b>                | <b>Category</b> (See instructions for examples of acceptable categories.)     | <b>Description</b> (See instructions regarding type of information required.)     |
| Date   | Payee name  |   |
| Amount (\$)                                  | Payee address; City; State; Zip Code  |   |
| <b>PURPOSE OF EXPENDITURE</b>                | <b>Category</b> (See instructions for examples of acceptable categories.)     | <b>Description</b> (See instructions regarding type of information required.)     |

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

**SCHEDULE K**

|   |  |                                       |
|---|--|---------------------------------------|
| The Instruction Guide explains how to complete this form. |  | 1 Total pages Schedule K: <u>1</u>    |
| 2 FILER NAME<br><i>TANA SUE RUSSEL</i>                    |  | 3 Filer ID (Ethics Commission Filers) |

|   |   |               |
|---|---|---------------|
| 4 Date  | 5 Name of person from whom amount is received<br><br>.....<br>6 Address of person from whom amount is received; City; State; Zip Code | 8 Amount (\$) |
| 7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer |   |               |

|   |   |             |
|---|---|-------------|
| Date  | Name of person from whom amount is received<br><br>.....<br>Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer |   |             |

|   |   |             |
|---|---|-------------|
| Date  | Name of person from whom amount is received<br><br>.....<br>Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer |   |             |

|   |   |             |
|---|---|-------------|
| Date  | Name of person from whom amount is received<br><br>.....<br>Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer |   |             |

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

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES  
FOR TRAVEL OUTSIDE OF TEXAS**

**SCHEDULE T**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: /

2 FILER NAME *TANA Sue Pysse*

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure 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

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 transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure 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 person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure 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 person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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