CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 / MR FIRST MI
LAST SUFFIX
David M
Dreessen

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
□ Change of Address

ADDRESS / PO BOX, APT / SUITE #: CITY, STATE, ZIP CODE
6706 Rahn Rd, Austin, TX 78747

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE PHONE NUMBER EXTENSION
(512) 422 4557

6 CAMPAIGN TREASURER NAME
MS / MRS / MR FIRST MI
LAST SUFFIX
David M
Dreessen

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY, STATE, ZIP CODE
6706 Rahn Rd, Austin, TX 78747

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(512) 422 4557

9 REPORT TYPE
☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH-FR)

10 PERIOD COVERED
Month Day Year THROUGH Month Day Year

11 ELECTION
ELECTION DATE ELECTION TYPE
Month Day Year ☐ Primary ☐ Runoff ☒ General ☐ Special

12 OFFICE
OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
Travis County Commissioner 4

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
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.

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages.

GO TO PAGE 2
CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
**Complete only if "Report Type" on page 1 is marked "Final Report"**

1. C/OH NAME
   David Dream

2. ACCOUNT # (Ethics Commission File)

3. SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4. FILER WHO IS NOT AN OFFICEHOLDER
**Complete A & B below only if you are not an officeholder.**

A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5. OFFICEHOLDER
**Complete this section only if you are an officeholder**

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder
# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## Form C/OH

### Cover Sheet pg 2

<table>
<thead>
<tr>
<th>15 C/OH NAME</th>
<th>16 ACCOUNT # (Ethics Commission File No.)</th>
</tr>
</thead>
</table>

## 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. Candidate and officeholders are required to report this information only if they receive notice of such expenditures.

<table>
<thead>
<tr>
<th>COMMITTEE TYPE</th>
<th>COMMITTEE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL</td>
<td></td>
</tr>
<tr>
<td>SPECIFIC</td>
<td></td>
</tr>
</tbody>
</table>

## COMMITTEE CAMPAIGN TREASURER NAME

## COMMITTEE CAMPAIGN TREASURER ADDRESS

## 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

3. Total political expenditures of $50 or less, unless itemized: $0

4. Total political expenditures: $0

## EXPENDITURE TOTALS

5. Total political contributions maintained as of the last day of reporting period: $0

## CONTRIBUTION BALANCE

6. Total principal amount of all outstanding loans as of the last day of the reporting period: $0

## OUTSTANDING LOAN TOTALS

## AFFIDAVIT

**MARISA LYNN NICHOLS**
Notary Public, State of Texas
My Commission Expires
AUGUST 31, 2013

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]

**Affix notary stamp / seal above**

Sworn to and subscribed before me, by the said [Signature] this the __ day of __________, 20__, to certify which, witness my hand and seal of office.

[Signature of officer administering oath]
Printed name of officer administering oath
Title of officer administering oath