CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		1 Filer ID (Ethics Commission Filers)	0
The C/OH Instruction (Guide explains how to complete this form.	Lancia Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS (MRS) MR Dr. FIRST A. Li	1/ian MI	OFFICE USE ONLY
	NICKNAME LAST Range	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER		ITY; STATE; ZIP CODE	RECEIVED
MAILING ADDRESS Change of Address	2 Overhill Dr.	phy Club TX	JUL 15 2020
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (8/7) 430-359	EXTENSION	NORTHWEST ISD Superintendent's Office 7-15-20 Postmalked K
6 CAMPAIGN TREASURER	MS/MRS MR Dr FIRST A. L	illian MI	Receipt # Amount \$
NAME	NICKNAME LAST Rauch	SUFFIX	Date Processed Date Imaged
of the state of the	3. 10 1. 1. 1. 1.		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 2 Overhill Dr	Trophy Club	STATE; ZIP CODE
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (8/7) 430-354	EXTENSION	
9 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elect	tion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 1 / 15 / 2020	THROUGH 7 /	Day Year 15 / 2020
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runaff Other	
7 - 4 (42) (10) (43) (44) - 1 - 1 - 4 (4) (4) (4) (4) - 1 - 1 - 4 (4) (4) (4) (4)	11 / 3 /2020 X General	Description Description	
12 OFFICE	OFFICE HELD (if any) Board of Trus	13 OFFICE SOUGHT (if known)	of Trustone
	NISD Board of Trus Place 6	Place	6

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME A. Lillian	" Rauce	h 1	5 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANI	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT DINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	A. Lillian Rauch		
The second secon	SPECIFIC	2 Overhile Dr		
		Trophy Club, TX 76	2262	
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages		A-hillian Rauch		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
		2 Overhill Dr		
			76262	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ @	
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$ 736.21	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 736.21	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$ 8	
18 AFFIDAVIT				
	BELLE CULVER y Notary ID # 132382 xpires February 28, 2	true and correct and includes all infor under Title 15, Election Code.	erjury, that the accompanying report is mation required to be reported by me	
		Signature of Candi	date or Officeholder	
AFFIX NOTARY STAMP	P/SEALABOVE			
Sworn to and subscri	ibed before me, b	y the said Lillian Rauch	, this the	
day of July	, 20 <u>20</u> , to	o certify which, witness my hand and seal of office.		
Poclis	AZ	Pelle Culver	volery	
Signature of officer ad	lministering oath	Printed name of officer administering oath	Title of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	mmission Filers)
	A. Lillian Rauch	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ &
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 8
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 8
4.	SCHEDULE E: LOANS	\$ 8
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ &
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 8
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 8
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 736.21
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 3
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment 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.		
1 Total pages Schedule G:	2 FILER NAME Achillian Ranch		3 Filer ID (Ethics (Commission Filers)
4 Date				
2/23/20	Signs on the	heap		
Amount (\$)	7 Pavee address:	City	State;	Zip Code
Reimbursement from political contributions intended	11525 a Stonehollow	Dr. Austin	TX	78758
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		Up 100-100
PURPOSE OF EXPENDITURE	Advertising	Sighs	7	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/OH	A Lillian Rauch Wish	Office sought School Board tee Place 6		Office held ISD Schoold Stee Place
Date	Pavee name		24.00	17200
3/02/20	Amazon - Vibe	Int		
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	5900 Bingle Rd		TX	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	0	
OF EXPENDITURE	Advertising	Stakes	For Sig.	hs
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	ense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	C	ffice held
expenditure to benefit C/C	OH A hillian Rauch NISD & Trus	School Bourd	NI	SD Schools
Date	Payee name	rec rive o	71 (0	see Trace
Amount (\$)	Payee address;	011		
, , , , , , , , , , , , , , , , , , ,	-,	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		,
OF				
OF	Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	TX, officeholder living expe	ense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN SCHOOL BOARD Trustee Place 6

NISD School Board
Trustee Place 6