

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Douglas Tomasini

15 ACCOUNT # (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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

N/A

2014 JUL -9 AM 8:52
BEXAR COUNTY
JACQUETTE CALLAHAN
ELECTIONS ADMINISTRATOR

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

\$

0

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

0

OUTSTANDING LOAN TOTALS

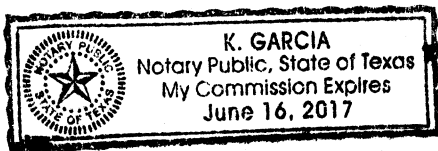
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Douglas Tomasini
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Douglas Roland Tomasini, this the 9th day of July, 20 14, to certify which, witness my hand and seal of office.

K. Garcia
Signature of officer administering oath

Kelly Garcia
Printed name of officer administering oath

Notary Public
Title of officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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/MR <i>Mr.</i> NICKNAME	FIRST <i>Douglas</i> LAST	MI <i>R.</i> SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>4311 Hickory Haven Elmendorf, Texas 78112</i>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(210)</i>	PHONE NUMBER <i>442-9277</i>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS/MRS/MR <i>Ms.</i> NICKNAME	FIRST <i>Lou Ann</i> LAST	MI <i>A</i> SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>737 Isom Road San Antonio, TX 78216</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(210)</i>	PHONE NUMBER <i>341-4900</i>	EXTENSION
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 THROUGH Month Day Year <i>7 / 15 / 2014</i> <i>8 / 1 / 2014</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>8 / 9 / 2014</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>Alderman for City of Sandy Daks</i>	
GO TO PAGE 2			

OFFICE USE ONLY

Date Received: *2014 AUG - 1 PM 1:25*

Date Hand-delivered or Postmarked: _____

Receipt # _____ Amount _____

Date Processed: _____

Date Imaged: _____

BEXAR COUNTY
ELECTIONS ADMINISTRATOR

FILED IN MY OFFICE
JACQUELYN T. CALLANEN
ELECTIONS ADMINISTRATOR

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

14 C/OH NAME Douglas R. Tomasini **15 ACCOUNT # (Ethics Commission Filers)**

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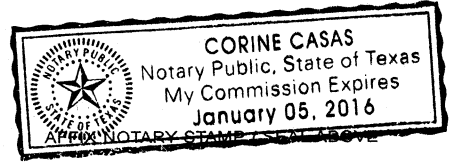
<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE COMMITTEE NAME <u>S.O.P.A.C.</u> <u>Sandy Oaks Political Action Committee</u>
	COMMITTEE ADDRESS <u>P.O. Box 377 Von Ormy, Tx. 78073</u>
	COMMITTEE CAMPAIGN TREASURER NAME <u>Charlotte Rabe</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS <u>P.O. Box 377 Von Ormy, Tx. 78073</u>

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

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.

Douglas R. Tomasini
Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said Douglas R. Tomasini, this the 01st day of August, 20 14, to certify which, witness my hand and seal of office.

Corine Casas Signature of officer administering oath
Corine Casas Printed name of officer administering oath
Notary Public Title of officer administering oath