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	My. RUSSell	Ä	OFFICE USE ONLY			
	Rusty Fincher	SUFFIX	Date Received ELECTIONS			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE /	P. O. BOX 245 Wi	illig, TX 77378	FEB 2 2 2016 FEB 2 2 2016			
OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (97)6) 699-3701	EXTENSION	Date Hand delivered or Date Bostmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST OUT OF THE STATE OF THE		Receipt # Amount \$ Date Processed			
	Kleinman		Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI		Willis, TX 77318			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (436) 537 5619	EXTENSION				
9 REPORT TYPE	July 15 Sth day before electric		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	2 / 1 / 2016	THROUGH 2/	22/2016			
11 ELECTION	ELECTION DATE Month Day Year Primary 3 / 1 / 2016 General	ELECTION TYPE Runoff Other Description Special				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known)				
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Russel	B. Fincher, Ur.	5 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.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
Additional Pages	Port a contract of the contrac	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ \$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6500.00	
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$	
	4. TOTAL POLITICAL EXPENDITURES		\$ 9942:26	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		av \$ 3728.91	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		\$	
18 AFFIDAVIT				
		I swear, or affirm, under penalty of per true and correct and includes all informunder Title 15, Election Code.		
		Signature of Candid	tate or Officeholder	
AFFIX NOTARY STAME				
Sworn to and subscri		y the said Kussell B. Findher. o certify which, witness my hand and seal of office.	IL this the Idn/d	
Sury I	Melierer	1 - Shelip VL. MUMAPPL	drivistentin Assistan	
Signature of officer ac	Iministering oath	Printed name of officer administering oath	Title of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILERNAME RUSSell B. Fincher, Jr. 20 Filer ID (Ethics Com		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6900,00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$ 9442.26
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$ 500,00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE 1: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 7 Amount of contribution (\$) 3000,00 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:_ Full name of contributor Date Amount of contribution (\$) 500,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#: Amount of contribution (\$) 500,00 Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) 2500.00 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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER 3 Filer ID (Ethics Commission Filers) 7 Payee address; Zip Code 8 (a) Category (See Categories listed at the top of this schedule Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name lontgomery 25.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date City; State; Zip Code Check if travel outside of Texas, Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Citt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing 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)

Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FUER NAME 3 Filer ID (Ethics Commission Filers) Fincher dr russell 4 Date 5 Payee name 2-1-2016 6 Amount (\$) 7 Payee address: State; Zip Code 16.23 (a) Category (See Categories listed at the top of this schedule) Chack if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Other Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 2-8-2016 Amount (\$) 14300 NW Freeway, Suite B-26 Houston, Tx 77040 7356.60 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense Advertising Expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH Date Payee name 2-9-2016 Amount (\$) Liberty St. Montgomery Tx 7735b 1900,00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Advertising Ex. EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Benking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagas/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel for District Travel Out Of District Other (enter a category not listed above)

Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 21 12016 6 Amount (\$) City; State; Zip Code Westview Blvd., Conroe, TX 77304 46.01 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office held Payee name Date Category (See Categories listed at the top of this **PURPOSE** Check if travel outside of Texas, Complete Scherista T. OF Check if Austin, TX, officeholder living expense Other EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name Date City; State; Zip Code Houston, Tx 77225 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. PURPOSE O₽ Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loen 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)

Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule G:	RUSSELI B. FINCHER J	Ϋ́,	3 Filer ID (Ethics Commission Filers)		
4 Date 2/19/2016	Facebook				
6 Amount (\$) 500 i 00 Fleimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1501 Willow Road, Mer		44025		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertiging Expense Sandidate (Office) believe trans	Check if Austin, TX	of Texas, Complete Schedule T. officeholder living expense Office held		
9 Complete ONLY if direct Candidate / Officeholder ame Office sought Office held expenditure to benefit C/OH					
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		of Texas. Complete Schedule T. officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	<u> </u>	of Texas. Complete Schedule T. , officeholder living expense		
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					