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 Contribssion Filers)	2 Total pages filed:
3 CANDIDATE /	MS/MRS/MR FIRST	Mi	OFFICE USE ONLY
OFFICEHOLDER NAME	NV. Kussell Rusty Fincher	suffix To	Date Received COUNTY ELECTION RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / PO BOX; APT / SUITE #; CITY;	state, zipcode Cyas 77378	RELLEIVED BY STANDARD BY STAND
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (936) 689-3701	EXTENSION	Date Probassed I Pags
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mr. David	MI C.	Date Imaged MM 1/16/15
	- Kleimann	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	street address (NO POBOX PLEASE): APT/SUITE#, 12146 Cude Cemetary	Willis, Tex	ZIPCODE as 77318
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (936) 537- 5619	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 3th day before election	Runoff Exceeded \$500 fimit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 10 / 30 / 2014 THROUGH	Month Day	Year - 2015 7014
11 ELECTION	Month Day Year Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (frany)	13 OFFICE SOUGHT (if known)	
	None	Montgonesy (ounty Constable Pet. 1
	GOTOPAG	SE 2	·

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH_NAME		15	ACCOUNT # (Ethics Commission Filers)
Russe	211 Bri	an Fincher JR	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOT CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE B' HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDAT ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY	TE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL NONC		
	SPECIFIC	COMMITTEE ADDRESS	
	-	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages	, , , , , , , , , , , , , , , , , , ,	COMMENT DE CAME ACIA TALACETATAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		* <i>(</i>
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$
	TAY SEAL ABOVE	I swear, or affirm, under penalty of peris true and correct and includes all informe under Title 15, Election Code. Signature of Candida	ormation required to be reported by
		me, by the said Russell B. Fincher, Jr, 20 15, to certify which, witness my	l l
Sum	Allien	Sherry L. McCrorey Printed name of officer administering oath	Administrative Assista
Signature of officer adm	inistering oath	/ Printed hartie of officer administering dath	THE OF SMOOT ACTION BESTING SAUT

9 Principal occupation / Job title (See Instructions)

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 7 Amount of 8 In-kind contribution contribution (\$) description (if applicable) 6 Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T)

Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
				0
			(If travel outside o	f Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	nstructions)	

10 Employer (See Instructions)

In-kind contribution ☐ out-of-state PAC (ID#: Full name of contributor Date Amount of description (if applicable) contribution (\$) City; State; Zip Code Contributor address;

Principal occupation / Job title (See Instructions) Employer (See Instructions) in-kind contribution Full name of contributor out-of-state PAC(ID# Amount of description (if applicable) contribution (\$) Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions)

In-kind contribution Full name of contributor Amount of Date ☐ out-of-state PAC (ID#, description (if applicable) contribution (\$) City, State, Zip Code Contributor address; (If travel outside of Texas, complete Schedule T)

Employer (See Instructions) Principal occupation / Job title (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

(If travel outside of Texas, complete Schedule T)

P.O. Box 12070

PLEDGED CONTRIBUTIONS				SCHEDULE B
The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	dule B:
2 FILER NAME	ell Brian Fincher, Jr.		3 ACCOUNT# (Est	nics Commission Filers)
	AL OF UNITEMIZED PLEDGES: ⇒	⇒ ⇒ ⇒	⇒ ⇒	\$
5 Date	6 Full name of pledgor cut-of-state PAC (ID#		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zīp Code			0
·			<u> </u>	Texas, complete Schedule T)
10 Principal occ.	pation / Job title (See Instructions)	11 Employer (See II	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
				O Sabadula D
Principal occu	pation / Job title (See Instructions)	Employer (See Ii	· · · · · · · · · · · · · · · · · · ·	Texas, complete Schedule T)
T III Gpai occu	pedon 7 300 title (occ medicalors)	Employer (Coc II	isou dedono;	
Date	Full name of pledgor out-of-state PAC (ID#;)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
				0
Principal occu	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
i incipal occo	pedon / sob use (see itsudototo)	Lipioyer (ccc ii	and account any	
Date	Full name of pledgor out-of-state PAC (ID#)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
			(If travel outside of	O Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		toxus, compress curiculas 1)
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		1	
				0
· 			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	nstructions)	
lf c	ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see instru			requirements.

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F	ontract Labor Loan lising Expense Trans Conti- trict C	Repayment/Reimbursement sportation Equipment & Related Expense ributions/Donations Made By andidate/Officeholder/Political Committee ER (enter a category not listed above)
. •••	The Instruction Guide explains how to		
4		compiete uno torni.	A LOCALITY (Called Considering Class)
1 Total pages Schedule F:	Russell Brian Fincher, J	Tr.	3 ACCOUNT # (Effics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
, the same (b)		<u></u>	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (titrav	el outside of Texas, complete Schedule T)
OF EXPENDITURE			
Da ERDRIORE		Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Date	-1006		
A	Pavee address: City: State; Zip Code		
Amount (\$)	Payee address; City; State; Zip Code		,
PURPOSE	Category (See categories listed at the top of this schedule)	Description (titrave	el ouiside of Texas, complete Schedule T)
OF EXPENDITURE		Check if Austin,	TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	эн		
Date	Payee name		
	None		
Amount (\$)	Payee address; City; State; Zip Code		
•			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trave	el outside of Texas, complete Schedule T)
OF EXPENDITURE		Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
•	NONE		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	ei outside of Texas, complete Schedule T)
OF EXPENDITURE		Check if Austin	TX, officeholder living expense
	0-34-10	l 	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense

P.O. Box 12070

Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement

(512) 463-5800

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees	Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)			
	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)		
Ì	Russell Brian Fincher, In			
4 Date	5 Payee name			
	NONE			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
Reimbursement from political contributions intended				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (tritravel outside of Texas, complete Schedule T)		
		Check if Austin, TX, officeholder living expense		
Date	Payee name			
	PONE			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended				
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE		Check if Austin, TX, officeholder living expense		
Date	Payee name			
	NOVE			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended				
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE		Check if Austin, TX, officeholder living expense		
Date	Payee name			
	NONE			
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)	Description (If travel outside of Texas, complete Schedule T)		
LA CRUITORE		Check if Austin, TX, officeholder living expense		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED		

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	 	
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Polling Expense Travel Out Of District		Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	
Fees	• •	Overhead/Rental Expense	OTHER (enter a category not listed above)	
1	The Instruction Guide explain	s how to complete this to		
1 Total pages Schedule H:	RUSSELL BRIAN FIN	KHER, Jr.	3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Business name	,		
6 Amount (\$)	7 Business address; City; State; Zip	Code		
0				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch	edule) (b) Description	(If travel outside of Texas, complete Schedule T)	
		☐ CheckifA	ustin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	nt Office held	
Date	Business name			
Amount (\$)	Business address; City; State; Zip	Code		
0				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche	dule) Description ((If travel outside of Texas, complete Schedule T)	
EAT ENDITORE			ustin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	nt Office held	
Date	Business name			
Amount (\$)	Business address; City; State; Zip	Code		
\bigcirc				
PURPOSE OF	Category (See categories listed at the top of this sub-	edute) Description	(If travel outside of Texas, complete Schedule T)	
EXPENDITURE		☐ Check ifA	uustin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	nt Office held	
Date	Business name			
Amount (\$)	Business address; City; State; Zip	Code		
			Steen of reducing of Toron complete Orbitals Ti	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch	Description	(If travel cutside of Texas, complete Schedule T)	
EXPENDITURE		Check if A	ustin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	t Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains ho	w to complete this form.
1 Total pages Schedule I	2 FILERNAME PUSSELL BRIAN FINCHER,	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name NONE	
6 Amount (\$)	7 Payee address; City; State; Zip Code	•
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name NONE	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name NONE	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name NoNE	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

(512) 463-5800

INTEREST EARNED, OTHER CREDITS/GAINS/ **REFUNDS, AND PURCHASE OF INVESTMENTS**

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Scho	edule K:
2 FILER NAME		3 ACCOUNT # (E	thics Commission Filers)
LUSSELL	BRIAN FINCHER, JR		
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code		• Company to the Control of Contr
i i			0
	7 Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City, State; Zip Code		
:			0
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City, State, Zip Code		
			0
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
			D D
	Purpose for which amount is received		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

(TDD 1-800-735-2989)

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME PILER NAME OUSSELL BITTH FINCHER, JR. 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee NONE 5 Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G Schedule H Schedule N PAC-E COHUC COH-T PAC-C 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 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule C Schedule D Schedule A Schedule B Schedule F Schedule G PAC-C PAC-E Schedule H COHUC СОН-Т Schedule N Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-C PAC-E Schedule H Schedule N COH-UC СОН-Т Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED