

**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	2 Total pages filed: 13	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b> RECEIVED APR 28 2017 BY: M. Spinks
		Tammy		
	NICKNAME	LAST	SUFFIX	Date Received
		Young		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	Date Hand-delivered or Date Postmarked
	3700 Top Rock Ln			
	Round Rock, TX 78681			Receipt #
				Amount
	Date Processed			
	Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
		David	K	
	NICKNAME	LAST	SUFFIX	
		McCaleb		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY; STATE; ZIP CODE
	3700 Top Rock Ln. Round Rock, TX 78681			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
		512-289-0112		
8 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)
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year	
	03/28/2017		04/26/2017	
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
	05/06/2017		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)	
			Round Rock City Council Place 1	

**GO TO PAGE 2**

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

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

2 of 13

13 C / OH NAME Young, Tammy	14 Filer ID
--------------------------------	-------------


15 NOTICE FROM POLITICAL COMMITTEE(S)  
 Additional Pages

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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	585.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	6,535.81
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	3,971.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,400.05
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1.00

17 AFFADAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

*Tammy L. Young*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said TAMMY YOUNG, this the 28<sup>th</sup> day of APRIL, 2017, to certify which, witness my hand and seal of office.

*Meagan M. Spinks*      MEAGAN M. SPINKS      NOTARY PUBLIC  
Signature of officer administering      Printed name of officer administering      Title of officer administering oath

# SUBTOTALS - C/OH

18 FILER NAME Young, Tammy		19 Filer ID	
20 SCHEDULE SUBTOTALS			SUBTOTAL AMOUNT
NAME OF SCHEDULE			
1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,435.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,100.81
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,935.32
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 35.79
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.10

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/3 Rpt: 4/13
<b>2</b> FILER NAME Young, Tammy		<b>3</b> Filer ID
<b>4</b> Date 04/20/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Annie's List	<b>7</b> Amount of Contribution (\$)  \$750.00
<b>6</b> Contributor address; City; State; Zip Code PO Box 303277  Austin, TX 78703		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/14/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ausley, Robbie	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 3707 Laurel Ledge Ln  Austin, TX 78731		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/13/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Patrick	Amount of Contribution (\$)  \$500.00
Contributor address; City; State; Zip Code 3900 Texas Wildlife Trl  Austin, TX 78735		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) IAS
Date 03/31/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bucy, John	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 6633 East Hwy 290 Suite 104 Austin, TX 78723		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) TCSAAL, LLC
Date 04/03/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cano, Sophia	Amount of Contribution (\$)  \$1,000.00
Contributor address; City; State; Zip Code 2711 W. Old Settlers Blvd  Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/13
2 FILER NAME Young, Tammy		3 Filer ID
4 Date 04/12/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Jesus	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 1007 Collingwood Cv  Round Rock, TX 78665		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/30/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Citizens for Diversity in Leadership Roles	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 9917 Majorca Dr  Austin, TX 78717		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/08/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darby, Kelly	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code 3830 Azur Ln  Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) N/A
Date 04/23/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darby, Kelly	Amount of Contribution (\$) \$140.00
Contributor address; City; State; Zip Code 3830 Azur Ln  Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) N/A
Date 04/22/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felten, Stephanie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3104 Pointe Pl  Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Admin		Employer (See Instructions) DOL

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/13
2 FILER NAME Young, Tammy		3 Filer ID
4 Date 03/28/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Rachel	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 2634 Plantation Dr  Round Rock, TX 78681		
8 Principal occupation / Job title (See Instructions) Analyst		9 Employer (See Instructions) TriNet
Date 04/02/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hommel, Michael	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 407 W Majestic Oak Ln  Georgetown, TX 78633		
Principal occupation / Job title (See Instructions) Video Game Developer		Employer (See Instructions) Hamumu Games, Inc.
Date 03/30/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mireles, Brig	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 9917 Majorca Dr  Austin, TX 78717		
Principal occupation / Job title (See Instructions) Adjunct Professor		Employer (See Instructions) Austin Community College
Date 04/12/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Carlos	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 3845 Royal Troon Dr  Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) State Farm Insurance
Date 04/07/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zuehlke, Marty	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 901 Banyon St  Austin, TX 78757		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self-Employed

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/2 Rpt: 7/13	
2 FILER NAME Young, Tammy		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/12/2017	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Citizens for Diversity in Leadership Roles	8 Amount of contribution (\$) \$436.81	9 In-kind contribution description Food/Bev for event
	7 Contributor address; City; State; Zip Code 9917 Majorca Dr  Austin, TX 78717	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/08/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Gabe & Matt	Amount of contribution (\$) \$410.00	In-kind contribution description Food/bev for event
	Contributor address; City; State; Zip Code 3827 Ashbury Rd  Round Rock, TX 78681	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Manager		Employer (FOR NON-JUDICIAL) (See instructions) Sprinklr/Wal-Mart	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/21/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Erica	Amount of contribution (\$) \$100.00	In-kind contribution description Food/bev for event
	Contributor address; City; State; Zip Code 3408 Carya Cir  Round Rock, TX 78681	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Business Operations Specialist		Employer (FOR NON-JUDICIAL) (See instructions) IBM	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 2/2 Rpt: 8/13	
2 FILER NAME Young, Tammy		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ .	
5 Date 04/01/2017	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelden, Shirley Ann	8 Amount of contribution (\$) \$154.00	9 In-kind contribution description Video editing
	7 Contributor address; City; State; Zip Code 2223 Bluebonnet Dr  Round Rock, TX 78664	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) N/A		11 Employer (FOR NON-JUDICIAL) (See instructions) Retired	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			



# POLITICAL EXPENDITURES 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  
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.

<b>1</b> Total pages Schedule F1: Sch: 1/3 Rpt: 9/13	<b>2</b> FILER NAME Young, Tammy	<b>3</b> Filer ID
<b>4</b> Date 04/26/2017	<b>5</b> Payee name Donateway	
<b>6</b> Amount (\$) \$131.46	<b>7</b> Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant account processing fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 04/10/2017	Payee name Fry's Electronics	
Amount (\$) \$56.27	Payee address; City; State; Zip Code 12707 N Mopac Expressway  Austin, TX 78727	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Portable sound system
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 03/28/2017	Payee name Heinrich, Allison	
Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 2301 Ohlen Rd #107 Austin, TX 78757	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign management
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# POLITICAL EXPENDITURES 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  
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.

<b>1</b> Total pages Schedule F1: Sch: 2/3 Rpt: 10/13	<b>2</b> FILER NAME Young, Tammy	<b>3</b> Filer ID
<b>4</b> Date 04/02/2017	<b>5</b> Payee name Office Depot	
<b>6</b> Amount (\$) \$22.51	<b>7</b> Payee address; City; State; Zip Code 1105 C-Bar Ranch Trl #C Cedar Park, TX 78613	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper and pens
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/30/2017	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$26.88	Payee name Office Depot Payee address; City; State; Zip Code 2620 W. Anderson Ln Austin, TX 78757	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toner
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/20/2017	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$2,161.44	Payee name Postcard Builder Payee address; City; State; Zip Code 950 Lake Dr Chanhassen, MN 55317	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES 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  
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 F1: Sch: 3/3 Rpt: 11/13	2 FILER NAME Young, Tammy	3 Filer ID
---	------------------------------	------------

4 Date 03/28/2017	5 Payee name Rocket Banner Company
----------------------	---------------------------------------

6 Amount (\$) \$307.26	7 Payee address; City; State; Zip Code 319 N Briery Rd  Irving, TX 75061
---------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banners
--------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 03/28/2017	Payee name Rubber Stamp Champ
--------------------	----------------------------------

Amount (\$) \$29.50	Payee address; City; State; Zip Code 409 Enterprise St  San Marcos, CA 92078
------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rubber stamp
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

--	--	--	--

# POLITICAL EXPENDITURES 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.

<b>1</b> Total pages Schedule G: Sch: 1/1 Rpt: 12/13	<b>2</b> FILER NAME Young, Tammy	<b>3</b> Filer ID
<b>4</b> Date 04/18/2017	<b>5</b> Payee name Home Depot	
<b>6</b> Amount (\$) \$25.79	<b>7</b> Payee address; City; State; Zip Code 2551 S IH-35  Round Rock, TX 78664	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies to display signs
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 03/29/2017	Payee name Mimi's Cafe	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 4151 N IH 35  Round Rock, TX 78664	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/bev for meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

**INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER**

**SCHEDULE K**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 13/13
<b>2</b> FILER NAME Young, Tammy		<b>3</b> Filer ID
<b>4</b> Date 04/04/2017	<b>5</b> Name of person from whom amount is received ABC Bank	<b>8</b> Amount (\$) \$0.10
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code 530 U.S. 62 Frontage Rd  Wolfforth, TX 79382	
	<b>7</b> Purpose for which amount is received Interest	<input type="checkbox"/> Check if political contribution returned to filer