

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: <div style="text-align: center; font-size: 2em;">8</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: <u>Tammy</u> MI: <u>L</u> NICKNAME: _____ LAST: <u>Young</u> SUFFIX: _____	OFFICE USE ONLY Date Received <div style="font-size: 2em; font-weight: bold;">RECEIVED</div> JUL 16 2018 BY: _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ <u>3700 Top Rock Ln</u> <u>Round Rock, TX 78681</u>	Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: _____ PHONE NUMBER: <u>(512) 751-6119</u> EXTENSION: _____	Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: <u>David</u> MI: _____ NICKNAME: _____ LAST: <u>McCaleb</u> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ <u>3700 Top Rock Ln</u> <u>Round Rock, TX 78681</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: _____ PHONE NUMBER: <u>(512) 289-0112</u> 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 checked="" type="checkbox"/> July 15 <input 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 Month Day Year <u>01 / 01 / 18</u> THROUGH <u>06 / 30 / 18</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>5 / 6 / 17</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE OFFICE HELD (if any) <u>Round Rock City Council</u> <u>Place 1</u>	13 OFFICE SOUGHT (if known)		

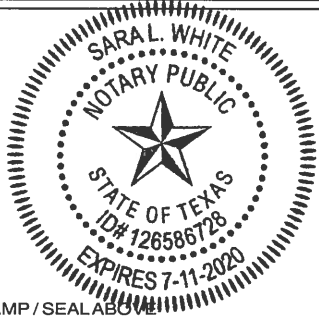
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME <u>Tammy L. Young</u>	15 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<small>(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.)</small>		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 305-	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3055 ³²	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 152 ⁹⁹	
	4. TOTAL POLITICAL EXPENDITURES	\$ 152 ⁹⁹	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2947 ⁹⁷	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 121-	

18 AFFIDAVIT



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 16th day of July, 2019, to certify which, witness my hand and seal of office.

SARAL. WHITE
Signature of officer administering oath

SARAL. White
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Tammy L. Young

3 Filer ID (Ethics Commission Filers)

4 Date

6/19/18

5 Full name of contributor

Craig Morgan

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

263⁴⁷

6 Contributor address;

City; State; Zip Code

1343 River Forest Dr. Round Rock TX 78665

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

MVBA Law

Date

6/19/18

Full name of contributor

Half Associates - State PAC

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500⁰⁰

Contributor address;

City; State; Zip Code

1201 N. Bowser Rd, Richardson, TX 75081

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/19/18

Full name of contributor

Terry Cook

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

3116 Golden Oak Cr. Round Rock, TX 78681

Principal occupation / Job title (See Instructions)

County Commissioner

Employer (See Instructions)

Williamson County

Date

6/19/18

Full name of contributor

George White

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500⁰⁰

Contributor address;

City; State; Zip Code

25 Wilderness Way Round Rock TX 78681

Principal occupation / Job title (See Instructions)

Retired

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Tammy Young

3 Filer ID (Ethics Commission Filers)

4 Date

6/19/18

5 Full name of contributor out-of-state PAC (ID#: _____)

Charlie Culpepper
 Contributor address; City; State; Zip Code 78681
 1901 Shadowbrook Cr. Round Rock TX

7 Amount of contribution (\$)

100⁰⁰

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

6/19/18

Full name of contributor out-of-state PAC (ID#: _____)

Writ Baese
 Contributor address; City; State; Zip Code
 2721 Loyaga Dr. Round Rock, TX 78681

Amount of contribution (\$)

200⁰⁰

Principal occupation / Job title (See Instructions)

Hill Country Payroll | Owner

Employer (See Instructions)

Owner

Date

6/19/18

Full name of contributor out-of-state PAC (ID#: _____)

Michelle Ly
 Contributor address; City; State; Zip Code 78748
 1409 Merchants Tale Ln Round Rock TX
 Austin

Amount of contribution (\$)

100⁰⁰

Principal occupation / Job title (See Instructions)

Restaurant Owner

Employer (See Instructions)

Owner

Date

6/19/18

Full name of contributor out-of-state PAC (ID#: _____)

Lori Scott
 Contributor address; City; State; Zip Code
 2511 Creek Bend Round Rock TX 78681

Amount of contribution (\$)

100⁰⁰

Principal occupation / Job title (See Instructions)

Executive Director

Employer (See Instructions)

Round Rock Serving Center

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Tammy L. Young

3 Filer ID (Ethics Commission Filers)

4 Date

6/19/18

5 Full name of contributor

Alan McGraw

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100⁰⁰

6 Contributor address;

City; State; Zip Code

211 Round Rock Ave
Round Rock, TX 78664

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self-Employed

Date

6/19/18

Full name of contributor

John Moman

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100⁰⁰

Contributor address;

City; State; Zip Code

1701 Johnson Way Round Rock, TX 78681

Principal occupation / Job title (See Instructions)

Architect

Employer (See Instructions)

Self-Employed

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Tammy L Young		3 Filer ID (Ethics Commission Filers)
4 Date 5/24/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Heath	7 Amount of contribution (\$) 105⁵⁸
6 Contributor address; City; State; Zip Code 107 Settlers Valley Dr. Pflugerville, TX 78660		
8 Principal occupation / Job title (See Instructions) Massage therapist		9 Employer (See Instructions) Self-employed
Date 6/13/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Cook	Amount of contribution (\$) 105⁵⁸
Contributor address; City; State; Zip Code 3116 GoldenOak Cr. Round Rock TX 78681		
Principal occupation / Job title (See Instructions) County Commissioner		Employer (See Instructions) Williamson County
Date 6/19/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William H Peckham IV	Amount of contribution (\$) 200⁰⁰
Contributor address; City; State; Zip Code 2701 Wolkin Cr Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Travel agent		Employer (See Instructions) Round Rock Travel
Date 6/19/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeremiah Williams	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 109 E Bagdad, Ste 200 Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Salbature & Williams

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Tammy L. Young</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>6/19/18</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Will Peckham IV</u>	8 Amount of Contribution \$ <u>76.32</u>	9 In-kind contribution description <u>Food</u>
7 Contributor address; City; State; Zip Code <u>2701 Wolkin Cv Round Rock 78681</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Travel Agent</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Round Rock Travel</u>	
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
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)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.