

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:** 7

3 CANDIDATE / OFFICEHOLDER NAME	MS (MRS) MR <u>MR</u> FIRST <u>Sandra</u> MI <u>L</u>	OFFICE USE ONLY
	NICKNAME <u>HANSCOM</u> LAST <u>HANSCOM</u> SUFFIX	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS (NO BOX); APT/SUITE#; CITY; STATE; ZIP CODE <u>677 Elkins Lake Huntsville Tx 77340</u> <u>607 Augusta (physical address)</u>
<input type="checkbox"/> change of address	

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(936)</u> PHONE NUMBER <u>436-0985</u> EXTENSION
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6 CAMPAIGN TREASURER NAME	MS (MRS) MR <u>MR</u> FIRST <u>Glenda</u> MI <u>S</u>
	NICKNAME <u>High</u> LAST <u>High</u> SUFFIX

7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; CITY; STATE; ZIP CODE <u>1816 Camellia Dr. Huntsville Tx 77340</u>
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8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(936)</u> PHONE NUMBER <u>439-9467</u> EXTENSION <u>---</u>
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9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)
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10 PERIOD COVERED	Month Day Year <u>09/15/11</u> THROUGH Month Day Year <u>10/10/11</u>
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11 ELECTION	ELECTION DATE Month Day Year <u>11/08/11</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special

12 OFFICE	OFFICE HELD (if any) <u>board appointee</u>	13 OFFICE SOUGHT (if known) <u>city Council - Ward 4</u>
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**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

14 C/OH NAME Sandra L. Hanson 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

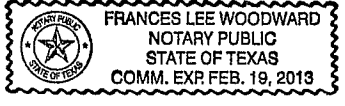
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$ 875.
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,030.
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00.
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,126.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 14,032.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 500.00

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.



Sandra L. Hanson
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sandra L. Hanson, this the 10th day of October, 2011, to certify which, witness my hand and seal of office.

[Signature] Lee Woodward City Secretary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2

2 FILER NAME:

Sandra L. Hanscom

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9-18-11

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

Katherine Falls

6 Contributor address; City; State; Zip Code

638 Augusta / 1361 E.L.
Huntsville TX 77340

7 Amount of contribution (\$)

500.

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

retired

10 Employer (See Instructions)

Date

9-21-11

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

Linda Waites

Contributor address; City; State; Zip Code

25 Lakeview Manor / 1101 E.L.
Huntsville TX 77340

Amount of contribution (\$)

200.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

9-25-11

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

Cyrus Guibak

Contributor address; City; State; Zip Code

2603 Chimney Rock
Huntsville TX 77342

Amount of contribution (\$)

500.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

9-23-11

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

Perry Youngblood

Contributor address; City; State; Zip Code

872 Overbrook / 1983 E.L.
Huntsville TX 77340

Amount of contribution (\$)

100.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

9-21-11

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

Jean Clepper

Contributor address; City; State; Zip Code

1835 Greenbriar / 523 E.L.
Huntsville TX 77340

Amount of contribution (\$)

100.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>2</i>	
2 FILER NAME <i>Sandra L. Hanson</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9-21-11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sara L. Kelly</i>	7 Amount of contribution (\$) <i>100.</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1624 Woodland Valley / 1145 E.L. Huntsville TN 37340</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>retired</i>		10 Employer (See Instructions)	
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 (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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 (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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 (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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 (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME <i>Sandra L. Hanson</i>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan <i>9-19-11</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandra Hanson</i>	9 Loan Amount (\$) <i>500.</i>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>607 Augusta / 677 ELKINS Lake Huntsville TX 77340</i>	10 Interest rate —
		11 Maturity date —
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
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 F: <i>2</i>	2 FILER NAME <i>Sandra L. Hanscom</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>9-19-11</i>	5 Payee name <i>Wagamon Printing</i>
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6 Amount (\$) <i>591.14</i>	7 Payee address; City; State; Zip Code <i>1410 Sycamore Huntsville TX 77340</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>printing expense</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sandra L. Hanscom</i>	Office sought	Office held
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Date <i>9-27-11</i>	Payee name <i>The Huntsville Item</i>
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Amount (\$) <i>216.00</i>	Payee address; City; State; Zip Code <i>1409 10th Street Huntsville TX. 77340</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>advertising expense</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sandra L. Hanscom</i>	Office sought	Office held
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Date <i>9-27-11</i>	Payee name <i>Wagamon Printing</i>
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Amount (\$) <i>243.87</i>	Payee address; City; State; Zip Code <i>1410 Sycamore Huntsville TX 77340</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>printing expense</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sandra L. Hanscom</i>	Office sought	Office held
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Date <i>9-29-11</i>	Payee name <i>U.S. Postal Service</i>
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Amount (\$) <i>44.</i>	Payee address; City; State; Zip Code <i>1315 10th St. Huntsville TX. 77320</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>postage</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
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 F: <i>2</i>	2 FILER NAME <i>Sandra L. Hauscom</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>9-28-11</i>	5 Payee name <i>Office Depot</i>	
6 Amount (\$) <i>31.70</i>	7 Payee address; City; State; Zip Code <i>133 Interstate 45 N Huntsville TN 37320</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>advertising expense</i>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	Office sought Office held
Amount (\$)	Payee name	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	Office sought Office held
Amount (\$)	Payee name	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	Office sought Office held
Amount (\$)	Payee name	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	Office sought Office held
Amount (\$)	Payee name	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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