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Official Public Records of
Harris County
Diane Trautman
County Clerk

Campaign Finance Report



Diane Trautman

COUNTY CLERK
HARRIS COUNTY, TEXAS

FileNo: 201946

Received By Clerk: 1/15/2019

File Date: January 15, 2019

Office: County Clerk

Candidate: Trautman, Diane

Treasurer: Cothrun, Sherri

Category: Contributions And Expenditures

Delivered By: Personal Appearance

Type: COR

Harris County No Fee

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

201946

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Mrs. Diane Trautman			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	P. O. Box 6067 Kingwood, TX 77325		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713)	417-4235	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Mrs. Sherri Cothrun			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	917 Franklin Houston, TX 77002		
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713)	228-2858	
9 REPORT TYPE	<input checked="" 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 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
	10	28	2018
		THROUGH	Month Day Year
			12 / 31 / 2018
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE		13 OFFICE SOUGHT (if known)	
OFFICE HELD (if any)		OFFICE HELD (if any)	
Harris County Clerk			

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

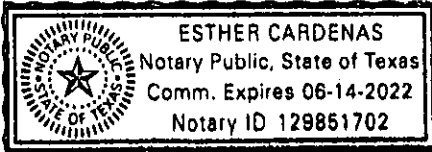
201946

14 C/OH NAME Diane Trautman	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Planned Parenthood Texas Votes PAC
		COMMITTEE ADDRESS 201 E. Ben White Blvd., Bldg. B, Suite 100 Austin, TX 78704
		COMMITTEE CAMPAIGN TREASURER NAME Alan Kramer
		COMMITTEE CAMPAIGN TREASURER ADDRESS 201 E. Ben White Blvd., Bldg. B, Suite 100 Austin, TX 78704

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 74.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,613.12
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 501.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 17,044.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

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.

Diane Trautman

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Diane Trautman, this the 15th day of January, 2019, to certify which, witness my hand and seal of office.

Esther Cardenas

Signature of officer administering oath

Esther Cardenas
Printed name of officer administering oath

Notary Public
Title of officer administering oath

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Notice from Political Committees (Continued from page 2)

Committee Name: Battleground Texas

Committee Address: P. O. Box 11525, Austin, TX 78711

Committee Campaign Treasurer Name: Jennifer Brown

Committee Campaign Treasurer Address: P. O. Box 11525, Austin, TX 78711

Committee Type: General

COPY

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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Diane Trautman		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,613.12
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,622.37
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 200.00
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 301.23
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: Diane Trautman	3 Filer ID (Ethics Commission Filers)
---------------------------------	---------------------------------------

4 Date: 10/28/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diane Morin	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 1910 Kane St., Houston TX 77007		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

Date: 10/28/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard Williams	Amount of contribution (\$) \$10.00
Contributor address; City; State; Zip Code 6519 Pleasant Stream Dr., Katy, TX 77449		

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

Date: 11/1/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lori Hathaway	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 5910 Hidden Lakes Dr., Kingwood, TX 77345		

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

Date: 11/1/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milton Flick	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3827 Kiamesha Dr., Missouri City, TX 77459		

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:

2 FILER NAME 3 Filer ID (Ethics Commission Filers)
 Diane Trautman

4 Date: 11/6/18 7 Amount of contribution (\$): \$93.12
 5 Full name of contributor: out-of-state PAC (ID#: _____)
 Nancy Friedman
 6 Contributor address; City; State; Zip Code
 1313 Pine Chase, Houston, TX 77055

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date: 11/8/18 Amount of contribution (\$): \$50.00
 Full name of contributor: out-of-state PAC (ID#: _____)
 PAC for Progressive Texas Women
 Contributor address; City; State; Zip Code
 1201 McDuffie #201, Houston, TX 77019

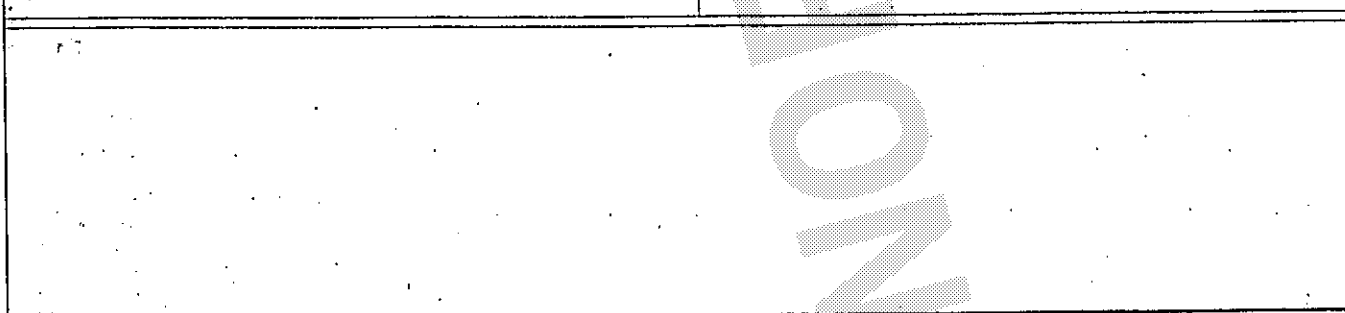
Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date: 11/1/18 Amount of contribution (\$): \$100.00
 Full name of contributor: out-of-state PAC (ID#: _____)
 Lori Hathaway
 Contributor address; City; State; Zip Code
 5910 Hidden Lakes Dr., Kingwood, TX 77345

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

Date: 11/19/18 Amount of contribution (\$): \$500.00
 Full name of contributor: out-of-state PAC (ID#: _____)
 Farrukh Shamsi
 Contributor address; City; State; Zip Code
 6311 Fulton St., Houston, TX 77022

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:
2 FILER NAME Diane Trautman		3 Filer ID (Ethics Commission Filers)
4 Date 12/1/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lori Hathaway 6 Contributor address; City; State; Zip Code 5910 Hidden Lakes, Kingwood, TX 77345	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/1/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard Williams Contributor address; City; State; Zip Code 16519 Pleasant Stream Dr., Katy, TX 77449	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/3/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Jordan Contributor address; City; State; Zip Code 914 Main St, Houston, TX 77002	Amount of contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Morin Contributor address; City; State; Zip Code 3743 Purdue St., Houston, TX 77005	Amount of contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

201946

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Diane Trautman		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Type text here		\$	
5 Date 11/26/18	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Planned Parenthood Texas Votes PAC	8 Amount of Contribution \$ \$41.61	9 In-kind contribution description Staff time
7 Contributor address; City; State; Zip Code 201 E. Ben White Blvd, Bldg B, Suite 100 Austin, TX 78704		<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 12/31/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Battleground Texas	Amount of Contribution \$ \$2,580.76	In-kind contribution description Salaries
Contributor address; City; State; Zip Code P. O. Box 11525, Austin, TX 78711		<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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

201946

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | 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 Diane Trautman	3 Filer ID (Ethics Commission Filers)
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4 Date 11/1/18	5 Payee name Roxanne Werner
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6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 5503 Cheshire Houston, TX 77092
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-----------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/10/18	Payee name Roxanne Werner
------------------	------------------------------

Amount (\$) \$100.00	Payee address; City; State; Zip Code 5503 Cheshire Houston, TX 77092
-------------------------	--

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

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

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

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

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

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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 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 G:		2 FILER NAME: Diane Trautman		3 Filer ID (Ethics Commission Filers)	
4 Date: 10/31/18		5 Payee name: Office Depot			
6 Amount (\$): \$123.38 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address, City, State, Zip Code: 7065 FM 1960E Humble, TX 77346			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office expense - printer		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date: 12/10/18		Payee name: GoDaddy			
Amount (\$): \$75.85 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address, City, State, Zip Code: 14455 N. Hayden Rd, Ste 219 Scottsdale, AZ 85260			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office expense - domain renewal		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date: 12/13/18		Payee name: USPS			
Amount (\$): \$102.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address, City, State, Zip Code: 4025 Feather Lakes Way, Kingwood, TX 77339			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office expense - post office box		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

RECORDER'S MEMORANDUM:
At the time of recordation, this instrument was found to be inadequate for the best photographic reproduction because of illegibility, carbon or photo copy, discolored paper, etc. All blockouts, additions and changes were present at the time the instrument was filed and recorded.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED