

# 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:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST MI <u>CRAIG</u> <u>M.</u>	<b>OFFICE USE ONLY</b> <hr/> Date Received <div style="border: 1px solid black; padding: 5px; display: inline-block; text-align: center;">                     RECEIVED                      2:45pm                      APR 07 2016                      by <i>Cara McPartland</i>                      City Secretary                 </div> <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt #      Amount \$ <hr/> Date Processed <hr/> Date Imaged			
	NICKNAME LAST SUFFIX <u>FORE</u>				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>PO Box 1150</u> <u>WIMBERLEY, TX 78676</u>				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(512) 785 4480</u>				
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u> FIRST MI <u>CARROLL</u> <u></u>	Date Hand-delivered or Date Postmarked			
	NICKNAME LAST SUFFIX <u>CZICHOS</u>				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>PO Box 799</u> <u>WIMBERLEY, TX 78676</u>			Receipt #      Amount \$	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(512) 845 6383</u>			Date Processed	
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)				
10 PERIOD COVERED	Month Day Year      Month Day Year <u>2 / 18 / 2016</u> THROUGH <u>4 / 7 / 2016</u>				
11 ELECTION	ELECTION DATE Month Day Year <u>05 / 07 / 2016</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)	13 OFFICE SOUGHT (if known) <u>WIMBERLEY CITY COUNCIL</u> <u>PLACE 2</u>		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME CRAIG FORE 15 Filer ID (Ethics Commission Filers)

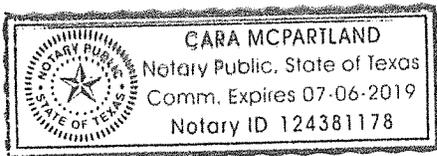
16 NOTICE FROM POLITICAL COMMITTEE(S)  
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES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

COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	<u>VOICES OF WIMBERLEY</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<u>310 MIL ROSS LN WIMBERLEY, TX 78676</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	<u>SALLY TRAPP</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<u>310 MIL ROSS LN WIMBERLEY, TX 78676</u>

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3900.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3188.75</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Craig M. Fore  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Craig M. Fore, this the 7th day of April, 20 16, to certify which, witness my hand and seal of office.

Cara McPartland      Cara McPartland      Notary Public  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

CRAIG FONE

3 Filer ID (Ethics Commission Filers)

4 Date

2/27/16

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

ED + LINDA COOPER

6 Contributor address; City; State; Zip Code

PO BOX 623 WIMBERLEY, TX 78676

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

2/29/16

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

CAROL + DIDDLE CRICHOS

Contributor address; City; State; Zip Code

PO BOX 799 WIMBERLEY, TX 78676

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

FIRE CHIEF

Employer (See Instructions)

Date

3/3/16

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

GAIL + GARY PIGE

Contributor address; City; State; Zip Code

2214 FLARE ACRES RD WIMBERLEY, TX 78676

Amount of contribution (\$)

\$150.00

Principal occupation / Job title (See Instructions)

PROPERTY MGR.

Employer (See Instructions)

Date

3/2/16

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

DAVID + JOI PIERCE

Contributor address; City; State; Zip Code

3611 CYPRESS CARE SAN ANTONIO, TX 78259

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

INSURANCE SALES

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 <b>CRAIG FONE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/8/16</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STEPHANIE REYNOLDS</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>#3 LAS FLORES WIMBERLEY, TX 78676</b>		
8 Principal occupation / Job title (See Instructions) <b>ARTIST</b>		9 Employer (See Instructions)
Date <b>3/9/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LARRY CATT</b>	Amount of contribution (\$) <b>\$ 50.00</b>
Contributor address; City; State; Zip Code <b>PO BOX 740 WIMBERLEY TX 78676</b>		
Principal occupation / Job title (See Instructions) <b>CONSTRUCTION</b>		Employer (See Instructions)
Date <b>3/9/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MIKE + BARBARA STEVENS</b>	Amount of contribution (\$) <b>\$ 500.00</b>
Contributor address; City; State; Zip Code <b>111 WHITEWATER WIMBERLEY, TX 78676</b>		
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions)
Date <b>3/18/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LARRY + DEBBIE STRICKLAND</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code <b>301 HUB DR WIMBERLEY TX 78676</b>		
Principal occupation / Job title (See Instructions) <b>WELDER</b>		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

*CRAIG FORE*

3 Filer ID (Ethics Commission Filers)

4 Date

*3/23/16*

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

*VOICE OF WIMBERLEY*

7 Amount of contribution (\$)

*\$ 2350.00*

6 Contributor address; City; State; Zip Code  
*310 MILL RACE LN WIMBERLEY TX 78676*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*3/24/16*

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

*LEE ANN BOWER*

Amount of contribution (\$)

*\$ 100.00*

Contributor address; City; State; Zip Code  
*152 SPOKE LN WIMBERLEY TX 78676*

Principal occupation / Job title (See Instructions)

*SALES*

Employer (See Instructions)

Date

*4/2/16*

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

*MICHAEL + LEEANN BOWER*

Amount of contribution (\$)

*\$ 100.00*

Contributor address; City; State; Zip Code  
*152 SPOKE LN WIMBERLEY TX 78676*

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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>CRAIG FORB</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	-----------------------------------	---------------------------------------

4 Date <i>3/12/16</i>	5 Payee name <i>ABBAY PRINTING</i>
--------------------------	---------------------------------------

6 Amount (\$) <i>\$2312.54</i>	7 Payee address; City; State; Zip Code <i>1310 S. LAMAR AUSTIN, TX 78704</i>
-----------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>3/24/16</i>	Payee name <i>ABBAY PRINTING</i>
------------------------	-------------------------------------

Amount (\$) <i>\$696.05</i>	Payee address; City; State; Zip Code <i>1310 S LAMAR AUSTIN, TX 78704</i>
--------------------------------	--

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/8/2016</i>	Payee name <i>DELUTE CHECKS THROUGH OZONA BANK</i>
-------------------------	---

Amount (\$) <i>\$29.70</i>	Payee address; City; State; Zip Code <i>PO Box 528 WIMBERLEY, TX 78676</i>
-------------------------------	---

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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                        |                               |                                |  |

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<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>CRAIG FORE</i>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <i>4/4/2016</i>	<b>5</b> Payee name <i>GRAPHICS LAND</i>				
<b>6</b> Amount (\$) <i>\$129.90</i>	<b>7</b> Payee address; City; State; Zip Code <i>8061 186<sup>TH</sup> STREET TINLEY PARK, IL 60487</i>				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	<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			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	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			
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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