


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: 5	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Randey LAST	MI R. SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		OFFICE USE ONLY  Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
<input type="checkbox"/> change of address	1112 Churchill Dr. Irving, TX 75060			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (972)	PHONE NUMBER 670-1862		EXTENSION cell
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. NICKNAME	FIRST Renee LAST		MI Copeland SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE ()	PHONE NUMBER 214) 769-8261	EXTENSION cell	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 4 / 10 / 2013	THROUGH	Month Day Year 5 / 1 / 2013	
11 ELECTION	ELECTION DATE Month Day Year 5 / 11 / 2013	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) IISD School Board, District 7 at large		
GOTO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS **FORM C/OH COVER SHEET PG 2**

14 C/OH NAME Randy Randle **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.

GENERAL
 SPECIFIC

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	\$ 160.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,035.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 651.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 383.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,000.00

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.

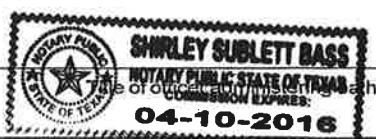
Randy Randle
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Randy Randle, this the 6 day of MAY, 20 13, to certify which, witness my hand and seal of office.

Shirley Bass
 Signature of officer administering oath

Shirley Bass
 Printed name 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: 1

2 FILER NAME Randy Landle 3 ACCOUNT # (Ethics Commission Filers)

4 Date <u>4/20/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Thomas A. Box</u>	7 Amount of contribution (\$) <u>\$100-</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>PO Box 165477, Irving TX 75016</u>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <u>4/20/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Dr. & Mrs. Robert Bettis, Jr.</u>	Amount of contribution (\$) <u>\$200-</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1205 N. Irving Heights Irving, TX 75061</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>4/20/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Gerald or Joyce Staveloy</u>	Amount of contribution (\$) <u>\$500-</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1304 Senter Dr. Irving, TX 75060</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>4/26/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Irving Women's Republican Club</u>	Amount of contribution (\$) <u>\$75-</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1401 Colony Dr. Irving, TX 75061</u>		(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#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME

Randy Randle

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

2-1-13

7 Name of lender

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

9 Loan Amount (\$)

4,000 -

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code

1112 Churchill Irving TX
75060

10 Interest rate

11 Maturity date

N/A

original not new one

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

N/A

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

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

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

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
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1		2 FILER NAME Randy Randle		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-17-13		5 Payee name Nimitz H.S.			
6 Amount (\$) \$100 -		7 Payee address; City; State; Zip Code 100 W. Oakdale Irving, TX 75060			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) golf tourn. - advertising		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Randy Randle		Office sought School Board Dist. 7	
Date 4-24-13		Payee name WB Webb Printing			
Amount (\$) \$162.38		Payee address; City; State; Zip Code 600 W. Shady Grove Rd. Irving, TX 75060			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) promo material		Description (If travel outside of Texas, complete Schedule T) Push cards	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Randy Randle		Office sought School Board Dist. 7	
Date 4-25-13		Payee name Fedex			
Amount (\$) \$118.53		Payee address; City; State; Zip Code 3201 W. Airport Fwy Irving, TX 75062			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) letters - Retired teachers		Description (If travel outside of Texas, complete Schedule T) Printing & mailing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Randy Randle		Office sought School Board Dist. 7	
Date 4-25-13		Payee name WB Webb Printing			
Amount (\$) \$270.63		Payee address; City; State; Zip Code 600 W. Shady Grove Rd. Irving, TX 75060			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) promo materials		Description (If travel outside of Texas, complete Schedule T) Push + business cards	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Randy Randle		Office sought School Board Dist. 7	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED