

**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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Erin K Banks			OFFICE USE ONLY Date Received RECEIVED OCT 28 2013 @ 10:02 Date Hand-delivered or Postmarked Receipt # Amount Date Imaged RECEIVED OCT 28 2013
	NICKNAME LAST SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 820 Corrie Ranch Rd Wimberley, Tx 78676 <input type="checkbox"/> change of address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 801-9049			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Darren J Banks			
	NICKNAME LAST SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 820 Corrie Ranch Rd Wimberley TX 78676			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 810-8020			
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 type="checkbox"/> July 15 <input checked="checked" 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 THROUGH Month Day Year 9 / 27 / 13 10 / 28 / 13			
11 ELECTION	ELECTION DATE Month Day Year 11 / 5 / 13		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="checked" type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE	OFFICE HELD (if any)		
		13 OFFICE SOUGHT (if known) HTGCD Place 4		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

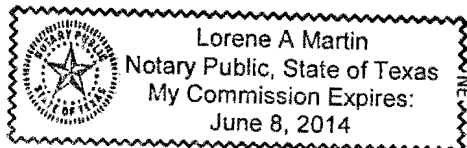
14 C/OH NAME <u>Erin Banks</u>	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL 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 type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

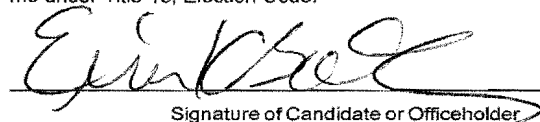
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3022.01
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 75.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,207.43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1314.58
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.

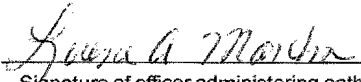


AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said ERIN K. BANKS, this the 35th day of OCTOBER, 20 13, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Lorene A. Martin

Printed name of officer administering oath

Notary

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 Erin Banks		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/8/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Key	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) signs
6 Contributor address; City; State; Zip Code 278 Mountain Laurel Way Austin, TX 78737		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Contractor		10 Employer (See Instructions) self	
Date 10/8/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Key	Amount of contribution (\$) \$322.01	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 278 Mountain Laurel Way Austin, TX 78737		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) contractor		Employer (See Instructions) self	
Date 10/18/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reck Coneway	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8701 Bluecreek CV Austin, TX 78735		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions) self	
Date 10/20/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Dickey	Amount of contribution (\$) \$200-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 944 Wimberley TX 78676		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) accountant		Employer (See Instructions) self	
Date 10/22/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaye Cobb	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2370 Bridlewood Ranches Dr San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) NIA		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: 2

2 FILER NAME Erin Banks 3 ACCOUNT # (Ethics Commission Filers)

4 Date <u>10/22/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Robert H. Seale</u>	7 Amount of contribution (\$) <u>\$1,000 -</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>PO BOX 1214 Dripping Springs, TX 78620</u>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) self-employed-designer 10 Employer (See Instructions) self

Date <u>10/22/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>J. Mike Holbrook</u>	Amount of contribution (\$) <u>\$250 -</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>PO BOX 894 Winberley, TX 78676</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) attorney/businessowner Employer (See Instructions) self

Date <u>10/22/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Richard R Scott 1991 Trust</u>	Amount of contribution (\$) <u>\$1,000 -</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>11030 Mount Sharp Rd Winberley TX 78676</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) retired 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)

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)

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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: 1	2 FILER NAME Erin Banks	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/31/13	5 Payee name Grapeline Signs
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6 Amount (\$) \$750 -	7 Payee address; City; State; Zip Code 310 Mercer St Dripping Springs TX 78620
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Signs
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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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Date 10/23/13	Payee name Patterson & Co (Jerod Patterson)
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Amount (\$) \$1200 -	Payee address; City; State; Zip Code PO Box 91405 Austin, TX 78709
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) consulting / mailouts
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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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Date 10/25/13	Payee name Patterson & Co
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Amount (\$) \$18243	Payee address; City; State; Zip Code PO Box 91405 Austin, TX 78709
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) mailout rush fee
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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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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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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