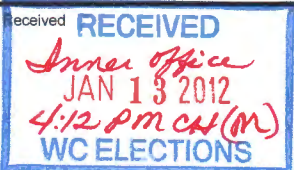


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX		
		Edna			
		Staudt			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
420 Hernandez Loop Reander Texas 78641					
<input type="checkbox"/> change of address	Date Hand-delivered or Postmarked				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #	Amount
		(512)	259-2693	Date Processed	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Imaged	
		Edna		1/13/12 KS	
		Staudt			

7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
420 Hernandez Loop Reander Texas 78641					

8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(512)	259-2693

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	THROUGH	Month	Day	Year		
		7	1	11			12	31	11

11 ELECTION	Month	ELECTION DATE	Day	Year	ELECTION TYPE			
		/	/	/	<input 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)
		Justice of the Peace betz

GO TO PAGE 2

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>1</i>	2 FILER NAME <i>Edna Staudt</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>10-2-11</i>	5 Payee name <i>Williamson County Republican Women</i>
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6 Amount (\$) <i>100.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 342 Round Rock, Texas 78680</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>donation by officeholder</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>political committee contribution</i>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-31-11</i>	Payee name <i>Castle Media</i>
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Amount (\$) <i>30.00</i>	Payee address; City; State; Zip Code <i>8000 Centre Park Dr Austin Texas 78754</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) <i>Web design Services</i>
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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 <i>11-23-11</i>	Payee name <i>Castle Media</i>
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Amount (\$) <i>1500.00</i>	Payee address; City; State; Zip Code <i>8000 Centre Park Drive Austin Texas 78754</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) <i>Web design Services</i>
------------------------	--	---

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
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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)
------------------------	--	---

Complete <u>ONLY</u> 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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Edna Staudt

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$ — 0 —

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 232.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1802.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

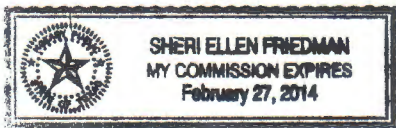
\$ 1372.41

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.

Edna Staudt

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Edna Staudt, this the 13th day of January, 20 12, to certify which, witness my hand and seal of office.

Sheri E. Friedman
Signature of officer administering oath

Sheri E. Friedman
Printed name of officer administering oath

Notary
Title of officer administering oath