

**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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS/ MRS/ MR C	FIRST Sharyn	MI C
	NICKNAME	LAST LaCombe	SUFFIX
OFFICE USE ONLY			
Date Received 10/29/18			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2317 Jake Pickle Pass Leander TX 78641		
	Date Hand-delivered or Date Postmarked 10/29/18 - hand delivered		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 688	EXTENSION 7736
	Receipt #		
6 CAMPAIGN TREASURER NAME	MS/ MRS/ MR	FIRST Dr. Joel	MI R.
	NICKNAME	LAST LaCombe	SUFFIX
Date Processed 10/29/18			Amount \$
Date Imaged 10/29/18			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3401 Royal Vista Blvd. B-102 Round Rock, TX 78681		
	Area Code		
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 676	EXTENSION 7588
	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="" 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		
	9/28/18 THROUGH 10/29/18		
11 ELECTION	ELECTION DATE		
	Month Day Year	ELECTION TYPE	
11/6/18			
<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)		
	n/a		
13 OFFICE SOUGHT (if known) LSD Board of Trustees Place 2			

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Sharyn LaCombe

15 Filer ID (Ethics Commission Filers) n/a

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
n/a

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1181.39

CONTRIBUTION BALANCE

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

\$ 0

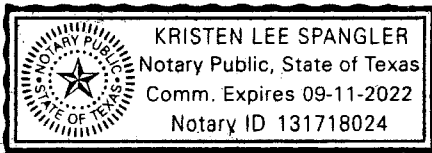
OUTSTANDING LOAN TOTALS

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

Sharyn C. LaCombe
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Sharyn LaCombe, this the 29th day of October, 2018, to certify which, witness my hand and seal of office.

Kristen Lee Spangler
Signature of officer administering oath

Kristen Lee Spangler
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

Sharyn LaCombe

20 Filer ID (Ethics Commission Filers)

N/A

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$	0
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	1181.39
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	N/A
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	N/A
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	N/A

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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 G: 4	2 FILER NAME Sharyn LaCombe	3 Filer ID (Ethics Commission Filers) NA
--------------------------------	--------------------------------	---

4 Date 9/29/18	5 Payee name Vistaprint
-------------------	----------------------------

6 Amount (\$) 406.72 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code www.vistaprint.com hexington, MA (no address available)
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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 Sharyn LaCombe	Office sought Office Board of Trustees	Office held Place 2 N/A
---	---	---	-------------------------------

Date 9/29/18	Payee name Facebook Ads
-----------------	----------------------------

Amount (\$) 25.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code www.facebook.com
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp.	(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 Sharyn LaCombe	Office sought LUSD Board of Trustees	Office held Place 2 N/A
---	---	---	-------------------------------

Date 9/30/18	Payee name Signs on the Cheap
-----------------	----------------------------------

Amount (\$) 574.90 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11525A Stonehollow Dr. Ste 100 Austin, TX 78758
---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	(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 Sharyn C. LaCombe	Office sought LUSD Board of Trustees	Office held Place 2 N/A
---	--	---	-------------------------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

1 of 4

**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: 4	2 FILER NAME Sharyn LaCombe	3 Filer ID (Ethics Commission Filers) NA
---------------------------------------	---------------------------------------	--

4 Date 9/30/18	5 Payee name Build a sign
--------------------------	-------------------------------------

6 Amount (\$) 13.89 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 11525 A Stonehollow Dr. Ste 100 Austin TX 78758
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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 Sharyn LaCombe	Office sought USD Board of Trustees, Place 2	Office held NA
---	--	--	--------------------------

Date 9/30/18	Payee name Sharyn LaCombe
------------------------	-------------------------------------

Amount (\$) 6.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Vista Print (online) Lexington, MA
--	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adversting Expense	(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 Sharyn LaCombe	Office sought Place 2	Office held MA
---	--	---------------------------------	--------------------------

Date 9/30/18	Payee name Sharyn LaCombe
------------------------	-------------------------------------

Amount (\$) 42.47 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code www.vistaprint.com Lexington, MA
---	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp.	(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 Sharyn LaCombe	Office sought USD Board of Trustees-Place 2	Office held MA
---	--	---	--------------------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

2 of 4

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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 G: 4	2 FILER NAME Sharyn LaCombe	3 Filer ID (Ethics Commission Filers) NA
---------------------------------------	---------------------------------------	--

4 Date 10/3/18	5 Payee name Hobby Lobby
--------------------------	------------------------------------

6 Amount (\$) 28.52 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1335 E. Whitestone Blvd. Cedar Park, TX 78613
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(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 Sharyn LaCombe	Office sought LISD Board of Trustees-Place 2	Office held NA
---	--	--	--------------------------

Date 10/3/18	Payee name Costco
------------------------	-----------------------------

Amount (\$) 21.64 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4601 183A Cedar Park, TX 78613
---	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	(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 Sharyn LaCombe	Office sought LISD Board of Trustees, Place 2	Office held NA
---	--	---	--------------------------

Date 10/4/18	Payee name Uhaul
------------------------	----------------------------

Amount (\$) 47.25 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 10303 E. Crystal Falls Parkway Leander TX 78641
---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	(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 Sharyn LaCombe	Office sought LISD Board of Trustees-Place 2	Office held NA
---	--	--	--------------------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

3 of 4

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking Expense | 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 G: 4	2 FILER NAME Sharyn LaCombe	3 Filer ID (Ethics Commission Filers) N/A
---------------------------------------	---------------------------------------	---

4 Date 10/20/18	5 Payee name Facebook Ads
---------------------------	-------------------------------------

6 Amount (\$) 15.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code www.FacebookAds.com (online)
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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 Sharyn LaCombe	Office sought USD Board of Trustees - Place 2	Office held N/A
--	---	--	--------------------

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(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	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(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
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

4 of 4