

APR 17 3:45 PM

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: 9	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Russell M: L NICKNAME: LAST: SUFFIX:		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked: 4/16/2017 EC Receipt #: Amount \$: Date Processed: Date Imaged: 4/6/2017	
	Wiggs			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS (PO BOX): APT / SUITE #:	CITY:		STATE:
9004 Virgo Lane El Paso, Texas 79904				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (915)	PHONE NUMBER: 757-0798	EXTENSION:	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr. FIRST: Rodney MI: L NICKNAME: LAST: SUFFIX:		Wiggs	
	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE:			
3220 Sands El Paso, TX 79904				
8 CAMPAIGN TREASURER PHONE	AREA CODE: (915)	PHONE NUMBER: 755-0286	EXTENSION:	
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:	THROUGH	Month: / Day: / Year:	
02 / 16 / 2017 04 / 06 / 2017				
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month: Day: Year:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
05 / 06 / 2017				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)
Board of Trustees, District 4				

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Russell Wiggs	15 Filer ID (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	\$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 185.69
	4. TOTAL POLITICAL EXPENDITURES	\$ 533.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 966.78
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 00.00

18 AFFIDAVIT

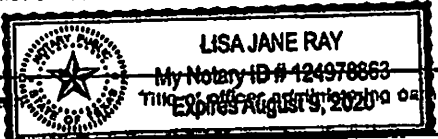
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Russell T. Wiggs
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP & SEAL ABOVE

Sworn to and subscribed before me, by the said Lisa Jane Ray, this the 6 day of April, 2017, to certify which, witness my hand and seal of office.

Lisa Jane Ray Lisa Jane Ray
Signature of officer administering oath Printed name of officer administering oath



SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Russell Wiggs		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1500.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 533.22
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Russell L. Wiggs

3 Filer ID (Ethics Commission Filers)

4 Date

03/27/17

5 Full name of contributor

out-of-state PAC (ID# _____)

Laura Dickerson Price

6 Contributor address;

City: State: Zip Code

3500 Capella

El Paso, TX 79904

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

03/27/17

Full name of contributor

out-of-state PAC (ID# _____)

Mary Anna and Thomas Gibbs

Contributor address;

City: State: Zip Code

1039 Calle Flor Place

El Paso, TX 79912

Amount of contribution (\$)

\$150.00

Principal occupation / Job title (See Instructions)

Principal

Employer (See Instructions)

EPISD

Date

03/27/17

Full name of contributor

out-of-state PAC (ID# _____)

Fred and Kathy Wurdeman

Contributor address;

City: State: Zip Code

8600 Leo

El Paso, TX 79904

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

EPISD

Date

03/27/17

Full name of contributor

out-of-state PAC (ID# _____)

Benjamin and Therese Avalos

Contributor address;

City: State: Zip Code

4545 General Maloney Cr El Paso, TX 79904

Amount of contribution (\$)

\$25.00

Principal occupation / Job title (See Instructions)

Retired

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 Russell L. Wiggs		3 Filer ID (Ethics Commission File#)
4 Date 03/27/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ J Kirk Robison 6 Contributor address; City: State: Zip Code 4445 N. Mesa El Paso, TX 79902	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Pizza Properties
Date 03/27/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ John and Susan Hjalquist Contributor address; City: State: Zip Code 848 Forest Willow El Paso, TX 79922	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Pizza Properties
Date 03/27/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ Robert Marsh Contributor address; City: State: Zip Code 10113 Palmetto Dr El Paso, TX 79925	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Principial		Employer (See Instructions) EPSID
Date 03/27/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ Larry and Sylvia Kimmich Contributor address; City: State: Zip Code 3106 Mesa Verde El Paso, TX 79904	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Russell L. Wiggs

3 Filer ID (Ethics Commission Filers)

4 Date

03/27/17

5 Full name of contributor

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

Michael and Becky Abeyta

6 Contributor address;

City: State: Zip Code

4229 Loma Rosada

El Paso, TX 79934

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

Onwer

9 Employer (See Instructions)

Abeyta Appraisal

Date

03/27/17

Full name of contributor

out-of-state PAC (ID# _____)

Andrea McCune

Contributor address;

City: State: Zip Code

10892 Black Sands

El Paso, TX 79924

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Office Administrator

Employer (See Instructions)

State Farm Ins.

Date

03/30/17

Full name of contributor

out-of-state PAC (ID# _____)

Rodney and Jamey Wiggs

Contributor address;

City: State: Zip Code

3220 Sands

El Paso, TX 79904

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Assitant Principal

Employer (See Instructions)

GISD

Date

03/27/17

Full name of contributor

out-of-state PAC (ID# _____)

Barbara King

Contributor address;

City: State: Zip Code

6472 Morningside Cr

El Paso, TX 79904

Amount of contribution (\$)

\$25.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Russell L. Wiggs		3 Filer ID (Ethics Commission Filers)
4 Date 03/31/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Joseph and Kristine Slovensky 6 Contributor address; City; State; Zip Code 508 Palo Pinto Milsap, TX 76066	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Brock ISD
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
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	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Russell L. Wiggs	3 Filer ID (Ethics Commission Filers)
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4 Date 03/25/17	5 Payee name Albertsons
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6 Amount (\$) \$33.69	7 Payee address: City: State; Zip Code Dyer Street El Paso, Tx 79904
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Russell L. Wiggs	Office sought BOT District 4	Office held
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Date 03/25/17	Payee name Sam's
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Amount (\$) \$126.70	Payee address: City: State; Zip Code 9498 Gateway North El Paso, TX 79904
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Russell L. Wiggs	Office sought BOT District 4	Office held
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Date 03/23/17	Payee name Amigo Signs
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Amount (\$) \$220.83	Payee address: City: State; Zip Code 9584 Dyer Suite G El Paso, TX 79924
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Russell L. Wiggs	Office sought BOT District 4	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1:	2 FILER NAME Russell L. Wiggs	3 Filer ID (Ethics Commission Filers)
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4 Date 03/23/17	5 Payee name Vista Print
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6 Amount (\$) \$77.00	7 Payee address: City: State: Zip Code Waltham, Massachusetts
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule 1. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 03/29/17	Payee name Transmountatin Optimist
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Amount (\$) \$75.00	Payee address: City: State: Zip Code 5813 Bagdad El Paso, TX 79924
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule 1. <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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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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule 1. <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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED