

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 Filer)	2 Total pages filed: <i>8</i>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Ms. Mrs. apt</i>	FIRST Heather	MI	OFFICE USE ONLY		
	NICKNAME	LAST Pacharzina Long	SUFFIX	Date Received RECEIVED <i>APR 03 2025</i> <i>By: Aldrich</i> VIA FAX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1405 T H Johnson Drive, Taylor, Tx 76574			Date Hand-delivered or Date Postmarked		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 365-9249	EXTENSION	Receipt # Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Michele	MI M	Date Processed		
	NICKNAME	LAST Smith	SUFFIX	Date Images		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 350 County Road 497, Taylor, TX 76574					
8 CAMPAIGN TREASURER PHONE	AREA CODE (818)	PHONE NUMBER 319-7510	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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month 1	Day 15	Year / 25	Month 3	Day / 24	Year / 25
11 ELECTION	ELECTION DATE Month 5 / Day 3 / Year / 25	ELECTION TYPE <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)		13 OFFICE SOUGHT (if known) City Council District 4			
14 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.					
Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL	COMMITTEE NAME				
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Heather Pacharzina Long	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 1,100.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 5,925.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE \$ 0.00
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 1,658.32
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 4,266.68
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

18 SIGNATURE 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.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

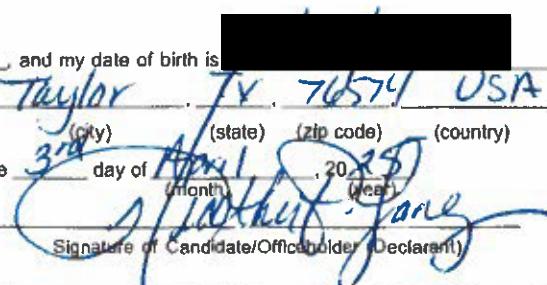
Sworn to and subscribed before me by _____ this the _____ day of _____,

20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
OR		

(2) Unsworn Declaration

My name is Heather Pacharzina Long and my date of birth is _____
 My address is 1405 T H Johnson Dr. Taylor TX 76574 USA
 (street) (city) (state) (zip code) (country)
 Executed in Williamson County, State of Texas on the 3rd day of April, 2015


Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME Heather Pacharzina Long	20 Filer ID (Ethics Commission Filer)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,825.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. ■ SCHEDULE E: LOANS	\$ 1,658.32
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

If the requested information is not applicable, DO NOT include this page in the report.

<p>The Instruction Guide explains how to complete this form.</p>		
2 FILER NAME Heather Pacharzina Long		1 Total pages Schedule A1: 2
4 Date 01/25/2025	5 Full name of contributor Heather P Long/Charles C Long 6 Contributor address: [REDACTED]	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/31/2025	Full name of contributor D'Layne Rhynsburger Contributor address: [REDACTED]	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/04/2025	Full name of contributor Billy Ralph Williams/Gail Williams Contributor address: [REDACTED]	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/08/2025	Full name of contributor Doyle Miller/Martha Miller Contributor address: [REDACTED]	Amount of contribution (\$) 250.00
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**

If the requested information is not applicable, DO NOT include this page in the report.

<p>The Instruction Guide explains how to complete this form.</p>		
		1 Total pages Schedule A1: 2
2 FILER NAME Heather Pacharzina Long		
4 Date 02/21/2025	5 Full name of contributor RCT Holding LLC	6 Contributor address; [REDACTED], Pflugerville, TX 78660
	out-of-state PAC (ID#:	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/23/2025	Full name of contributor Kristine PJ Caalim	out-of-state PAC (ID#: [REDACTED] Amount of contribution (\$) 25.00
	Contributor address; [REDACTED]	City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/05/2025	Full name of contributor Susan Faykus	out-of-state PAC (ID#: [REDACTED] Amount of contribution (\$) 1,500.00
	Contributor address; [REDACTED]	City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/03/2025	Full name of contributor Keith or Marcia Hagler	out-of-state PAC (ID#: [REDACTED] Amount of contribution (\$) 1,000.00
	Contributor address; [REDACTED]	City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
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

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Rimbursement	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/Memorabilia 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 F1: 3	2 FILER NAME Heather Pacharzina Long	3 Filer ID (Ethics Commission Fliers)		
4 Date 01/22/2025	5 Payee name Deluxe Check - CNBT			
6 Amount (\$) 29.00	7 Payee address: 212 N. Main Street, Taylor, TX 76574	City: _____ State: _____ Zip Code: _____		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Checks		
	(c) Check if travel outside of Texas. Complete Schedule T. _____			
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name _____	Office sought _____	Office held _____
Date 02/05/2025	Payee name Super Cheap Signs			
Amount (\$) 365.45	Payee address: 12800 Anderson Mill Road, Bldg. D-1, Cedar Park, TX 78613			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Signs	
	Check if travel outside of Texas. Complete Schedule T. _____		Check if Austin, TX, officeholder living expense _____	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name _____	Office sought _____	Office held _____
Date 01/31/2025	Payee name PayPal			
Amount (\$) 9.22	Payee address: 2211 North First Street, San Jose, CA 95131			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Fees	
	Check if travel outside of Texas. Complete Schedule T. _____		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				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expenses	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expenses
Accounting/Billing	Fee	Office Overhead/Rental Expense	Transportation Equipment & Related Expenses
Consulting Expenses	Food/Beverage Expense	Polling Expenses	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expenses	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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
3	Heather Pacharzina Long		
4 Date	5 Payee name		
02/13/2025	Super Cheap Signs		
6 Amount (\$)	7 Payee address:	City; State; Zip Code	
502.03	12800 Anderson Mill Road, Bldg. D-1, Cedar Park, TX 78613		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Printing Expense	Signs	
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/26/2025	Super Cheap Signs		
Amount (\$)	Payee address:	City; State; Zip Code	
548.54	12800 Anderson Mill Road, Bldg. D-1, Cedar Park, TX 78613		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Printing Expense	Signs	
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/23/2025	PayPal		
Amount (\$)	Payee address:	City; State; Zip Code	
1.24	2211 North First Street, San Jose, CA 95131		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Fees	Fees	
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expenses	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fee	Office Overhead/Rental Expenses	Transportation Equipment & Related Expense
Consulting Expenses	Food/Beverage Expense	Polling Expenses	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expenses	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 F1: 3	2 FILER NAME Heather Pacharzina Long	3 Filer ID (Ethics Commission Filer)		
4 Date 03/05/2025	5 Payee name PayPal			
6 Amount (\$) 52.84	7 Payee address: 2211 North First Street, San Jose, CA 95131	City: _____ State: _____ Zip Code: _____		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees		
	(c) 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 / _____	Office sought	Office held
Date 03/22/2025	Payee name Taylor Rodeo Association			
Amount (\$) 125.00	Payee address: PO Box 562, Taylor, TX 76574	City: _____	State: _____	Zip Code: _____
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description PR Event		
	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 03/19/2025	Payee name Taylor Chamber of Commerce			
Amount (\$) 25.00	Payee address: 1519 N. Main Street, Taylor, TX 76574	City: _____	State: _____	Zip Code: _____
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Table for Candidate Forum		
	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				