CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

(512) 463-5800

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 CP1C NICKNAME LAST PANGAL	MI	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address 5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX: APT / SUITE #: CITY: 1500 E. FIVES IDE DY #5	STATE; ZIP CODE 37 7, TY +8 741 EXTENSION	Date Hand-delivered or Posintarted Receipt # Amount Date Processed 2 2 2 3
6 CAMPAIGN TREASURER NAME	MS (MRS) MR FIRST HOLHAY NICKNAME LAST B1SHOP	MI SUFFIX	Date Imaged C
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 1545 FM 1325 #136	CITY; STATE; AUSTIN, TX	21P CODE 78728
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (5 2) 343-426 (EXTENSION	
9 REPORTTYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	67 / 15	Year
11 ELECTION	Month Day Year ELECTION TYPE 65 / [# / [[Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (IF KNOWN	ITY COUNCIL
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURE CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION Name	RES MADE BY OTHERS WITHOUT THE	CANDIDATE'S PRIOR CONSENT OR APPROVAL.
additional pages	Address / PO Box; Apt. / Suite #, City; State; Zip Cod	е	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT	& TOTAL	.S	COVER SHEET PG 2	
15 C/OH NAME			16 ACCOUNT # (Ethics Commission Filers)	
17 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA CHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANI TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
COMMITTEL(3)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
- datition of the same		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1225.00	
EXPENDITURE TOTALS 3. TOTAL POLI		POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEM	ZED \$	
	4. TOTAL POLITICAL EXPENDITURES \$ 4,819.01			
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1/2. 74			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			
NC NC	CE DANÉ ORMAND II DTARY PUBLIC State of Texas m. Exp. 07/21/2013	is true and correct and includes all me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by didate of Officeholder	
AFFIX NOTARY STAM		Fold T 140		
Sworn to and subs		The, by the said ERIC J. LANCE , 20 11 , to certify which, witness many Terms of the Company	ny hand and seal of office.	
Signature of officer admir	nistering oath	SRUCE DANE (RMA~I) II. Printed name of officer administering oath	North Ly Knbl.'C	

(512) 463-5800

P.O. Box 12070

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAI	NS		SCHEDULE A
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	EPIL J. FANGAL		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1-11-11	6 Contributor address; City; State; Zip Code		45.00	1
	Austin, TX		(If travel outside	 of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
1-61-61	Contributor address; City; State; Zip Code		100.=-	
	AUSTIN, TX		·	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor 🗆 cut-of-state PAC (ID#_ LOGAN FOOP (GULT,	Amount of contribution (\$)	In-kind contribution description (if applicable)
1-11-11	Contributor address; City; State; Zip Code	, , 5	100.00	
	AUGTIN, TX		(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1.2811	Contributor address; City; State; Zip Code		50.	
Principal occup	ation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
26.11	Contributor address; City; State; Zip Code		50	
Deliver	MAIN, TX			of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.				

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
EPIC J. PANGE	
4 Date 5 Full name of contributor Out-of-state PAC (ID#)	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
ERUCE OFMAND	()
2.8. (6 Contributor address; City; State; Zip Code	350:
AUSTIN, TX	/ <i>N</i> -
1-11/2	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See	s Instructions)
Date Full name of contributor out-of-state PAC (ID#:) Amount of In-kind contribution contribution (\$) description (if applicable)
CODY GAORGE	contribution (\$) description (if applicable)
2.2 (Contributor address, City; State; Zip Code	25-
Augotin TX	20.
AUSTINITY	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	: Instructions)
Date Full name of contributor out-of-state PAC (ID#) Amount of In-kind contribution contribution (\$) description (if applicable)
APPIL BESAW	contribution (s)
2.7. ((Contributor address; City; State; Zip Code	
August TV	40-
AUSTIN, TX	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description (if applicable)
SALAWADRA HALL	contribution (\$) description (if applicable)
Z/4-((Contributor address; City; State; Zip Code	122
AUSTIN, TX	
·	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Date Full name of contributor □ out-of-state PAC (ID#)	Amount of In-kind contribution contribution (\$) , description (if applicable)
VOLORGIS GEHARTY	description (iii approximation)
Contributor address; City; State; Zip Code	100 == 1
AUSTIN, TX	[ω-]
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
<u> </u>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Texas Ethics Cor	nmission	P.O. Box 12070	Austin, Te	xas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
1		ONTRIBUTION PLEDGES O		NS		SCHEDULE A
The	Instruction	Guide explains how to	complete thi	s form.	1 Total pages Sche	dule A:
2 FILER NAME		PIC J. P.	A. 16-11.		3 ACCOUNT # (Eth	ics Commission Filers)
4 Date 2. [5.]	5 Full na	me of contributor out	it-of-state PAC(ID#:_ 29U - PO tate; Zip Code	MPA	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
		LOCKHAP	7,7×		· · · · · · · · · · · · · · · · · · ·	Texas, complete Schedule T)
9 Principal occu	pation / Job	title (See Instructions)		10 Employer (See	nstructions)	
Date 2 - (8. []		me of contributor 0 out	ut-of-state PAC (ID#_ ASVAK tate; Zip Code	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job	AMSTIN, title (See Instructions)	7%	Employer (See I		Texas, complete Schedule T)
Date	Full na	me of contributor 🔲 or	ut-of-state PAC (ID# P31 SHOY	2	Amount of contribution (\$)	In-kind contribution description (if applicable)
2.72-11	Contrib	1	ate; Zip Code		カー	
Principal occu	pation / Job	MGTIN;	T7X	Employer (See I		Texas, complete Schedule T)
Dat e		OLGA 1		VADO	Amount of contribution (\$)	In-kind contribution description (if applicable)
2.23.1	Contain	utor address; City; St	ate; Zip Code		40.	
Principal occup	pation / Job	title (See Instructions)	<u> </u>	Employer (See I		Texas, complete Schedule T)
Date 2.4.11		HOMA	st-of-state PAC (ID#:_ SCH A ate; Zip Code	rte	Amount of contribution (\$)	In-kind contribution description (if applicable)
	pation / Job	itle (See Instructions)	(TX	Employer (See li		Texas, complete Schedule T)
If c	ontributor	ATTACH ADDITION		F THIS SCHEDULE.		quirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

_ ,_,_				
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	tric J. PANGAL		3 ACCOUNT # (E	ithics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
:		<u> </u>	contribution (\$)	description (if applicable)
22411	6 Contributor address; City; State; Zip Code		20.	<u> </u>
	Auctin, TX		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of	In-kind contribution
	LATOIN SMITH	'	contribution (\$)	description (if applicable)
3.10-11	Contributor address; City; State; Zip Code		25-	
	flowston, TX		j	
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See Ii	nstructions)	
=	Full name of contributor Out-of-state PAC (ID#		A	In trind contribution
Date			Amount of contribution (\$)	In-kind contribution description (if applicable)
4.13.11	Contributor address: City: State; Zip Code		100=	
	ALBNONEROUC, NN			
Principal organ	eation / Job title (See Instructions)	Employer (See In	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
r incipal occup	anon / Job tine (See instructions)	Employer (See ii	istructions)	
Date	Full name of contributor out-of-state PAC (ID#_	FT)	Amount of contribution (\$)	In-kind contribution description (if applicable)
H.6-11	Contributor address; City; State; Zip Code	V 1	25:	
	SUSTIN, TX		(If tenualt-id	if Toyon complete Schodule Ti
Principal occup	ation / Job title (See Instructions)	Employer (See Ir		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#.	1	Amount of	In-kind contribution
	JOARNIN ESPACE	n.D.	contribution (\$)	description (if applicable)
4.27.11	Contributor address; City; State; Zip Code		50.	
	ALBUQUERANE, NM	,	(If travel outside o	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In		reseas, complete ochedule 1)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDIN E	AS NEEDED	
lf c	ontributor is out-of-state PAC please see instru			requirements

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co		n Repayment/Reimbursement	
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District	• .	nsportation Equipment & Related Expense htributions/Donations Made By	
Event Expense	Polling Expense Travel Out Of Dist		Candidate/Officeholder/Political Committee	
Fees	Printing Expense Office Overhead/R		HER (enter a category not listed above)	
	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F;	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
	FRIL U. HANG	n		
4 Date	5 Payee name			
(20x)	FAD ax			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
23.25	ANGOTIN, TX			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	avel outside of Texas, complete Schedule T)	
OF EXPENDITURE	1 Man +1 ca W			
	ADVERTISING	0,55	06 1-11	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
1-29.4	JL EB			
Amount (\$)	Payee address; City; State; Zip Code			
86.58	11. 2000			
04. 0	SUSTIN, TX			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)	
OF EXPENDITURE	FOOD (Bavarage		:	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/O	н	J		
Date	Payee name			
1-29.11	CKRSTVIEW M Payee address; City; State; Zip Code	MMAX		
Amount (\$)	Payee address; City; State; Zip Code			
1 40	Marin TV			
- , ' ,	AUSTIN, TX			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)	
OF EXPENDITURE	FOOD BANGAGE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/O				
Date	Payee name			
39.11	JACK PURTON			
Amount (\$)	Payee address; City; State; Zip Code			
عند م	1, ,,,			
700.	FYLZ,TX			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra-	vel outside of Texas, complete Schedule T)	
OF EXPENDITURE	EVENT EXPENSE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C	DH			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Committ 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:	2 FILER NAME EPLL J. PANG	AL	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3, 13-11	5 Payee name CTY OF AUSTIA		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
LD6.	AUSTIN, TX		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (III	travel outside of Texas, complete Schedule T)
EXPENDITURE	Fass		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date 5. 13.11	Payee name FACR FLOX. COM		
Amount (\$)	Payee address; City; State; Zip Code		
25.62	CA		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If I	ravel outside of Texas, complete Schedule T)
EXPENDITURE	ADVERTISING		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	77 -2	
5.14.11	CHISHOLM TD. Payee address; City; State; Zip Code	41L 550	2
Amount (\$)			
48.71	LOCKHART	,7X 	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)
EXPENDITURE	FOOD BEVERAGE		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officehblder name H	Office sought	Office held
Date 5.14. II	Payee name FACGROOK- CtN	А	
Amount (\$)	Payee address; City; State; Zip Code	,	
24.38	CA		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If I	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	AVEKTISMU6		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES

Texas Ethics Commission

SCHEDULE F

, , , , , , , , , , , , , , , , , , , ,	EXPENDITURE	E CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/C	, ,	, Loan Repayment/Reimburseme	nt
Accounting/Banking	Legal Services	Solicitation/Fundra		Transportation Equipment & Rel	
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donations Made E	
Event Expense	Polling Expense	Travel Out Of Dis	strict	Candidate/Officeholder/Politi	
Fees	Printing Expense	Office Overhead/F	Rental Expense	OTHER (enter a category not lis	sted above)
	The Instruction Guide	e explains how to	complete this for	rm.	
1 Total pages Schedule F;	2 FILER NAME			3 ACCOUNT # (Ethics Co	mmission Filers)
7,5	ERIC	J. PAA	spac	- 11000 C. 11. 11 (MINIST - 1	
4 Date / 1/11	5 Payee name				
5.H.II	HEB				
6 Amount (\$)	7 Payee address; City; St	tate; Zip Code			
11.84	1				
1101	MIC	STIN, TX			
·		DI 170 1 170			
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description	(If travel outside of Texas, complete Sch	nedule T)
OF	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7			
EXPENDITURE	FVENT FX	4NSE			
9 Complete ONLY if direct	Candidate / Officeholder name	3	Office sought	nt Office	held
expenditure to benefit C/C	ЭН				
Date	Payee name				
1	(
Amount (\$)	Davies address: City: St	tate; Zip Code	<u></u>		
Amount (\$)	Payee address; City; St	ate; zip code			
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texas, complete Sch	redute T)
OF					
EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name	1	Office sought	ot Office	held
expenditure to benefit C/O			- · · · -		
Date	Payee name				
-	1				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
	ļ				
PURPOSE	Category (See categories listed at the top	o of this schedule)	Description /	(If travel outside of Texas, complete Sch	redule T)
OF	1	,			•
EXPENDITURE	I	•			
Canada ONIV if direct	Candidate / Officeholder name		Office sought	t Office	beld
Complete <u>ONLY</u> if direct expenditure to benefit C/OI			Onice song	J	Tota
experience to benefit 5.5.					
Date	Pavee name				
54.5					
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
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	I				
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nummaar	Category (See categories listed at the top	4 this nahadula)	Description /	discovered autoids of Toyon, complete Sch	adula Ti
PURPOSE OF	Caredota (saa caredones isten at the tob	of this scriedule)	Description ((If travel outside of Texas, complete Scho	addie i j
EXPENDITURE	ı	ŀ			
1	<u> </u>		<u> </u>		
Complete ONLY if direct	Candidate / Officeholder name		Office sought	t Office	held
expenditure to benefit C/C)H				
	ATTACH ADDITIONAL C	OPIES OF THIS S	SCHEDULE AS 1	NEEDED	

SCHEDULE G

(512) 463-5800

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a	n)
Advertising Expense Accounting/Banking	Legal Services Solicitation/F	ges/Contract Labor fundraising Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense
Consulting Expense Event Expense Fees	Food/Beverage Expense Travel In Dis Polling Expense Travel Out (Printing Expense Office Overh		Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
	The Instruction Guide explains ho		• • •
1 Total pages Schedule G:	2 FILER NAME EPIC J. 7	P1415661-	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	V(1001-	
12.14.10	USPS PO BOXE	55	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	le	
Reimbursement from political contributions intended	WACAIINGTOI	u ,DC.	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	offer (11411)		
Date	Payee name		
12.14.11	GODADDY Com		
Amount (\$) ADAV	Payee address; City; State; Zip Cod	e	
Reimbursement from political contributions intended	47		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	ADVERTISING / VERSOT	E	
Date	Payee name		
12.22.VI	JANK PEYES	PHOTOGY	2 PHY
Amount (\$)	Payee address; City; State; Zip Cod	e	·
Reimbursement from political contributions intended	AUGTIN, TX		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description	1 (If travel outside of Texas, complete Schedule T)
EXPENDITURE	ADVERT 151NG/PHOT	05	
Date	Payee name		
[2.30.11	GOT PRINT. LO	m	
Amount (\$)	Payee address; City; State; Zip Code	B	
Reimbursement from political contributions intended	CA		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	ADV 9PHISING		
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS I	NEEDED

(512) 463-5800

SCHEDULE G

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travet In District Polling Expense Travet Out Of Dist Printing Expense Office Overhead/R	ontract Labor Loan Repayment/Reimbursement ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By rict Candidate/Officeholder/Political Committee
	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule G:	2 FILER NAME EPIC J. PAN	3 ACCOUNT # (Ethics Commission Filers)
4 Date	340000	
1-11-11	5 Payee name ONION CRACK	CIUB
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Reimbursement from political contributions intended	AUGITIN, TX	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	EVENT EXPENSE	
Date	Payee name	
128-11	WAL-MAPT	
Amount (\$)	Payee address; City; State; Zip Code	
866		
Reimbursement from political contributions intended	AUSTIN, TX	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)
EXPENDITURE	DECORATION	FOR AN EVENT
Dete		
1.28.11	Payee name ACL MAPT	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended	AUSTIN, TX	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	DRLOPATION	FOR AN EVENT
Date	Payee name	
2.26.4	HIS BELLIONT	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended	AUSTIN, TX	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	EVENT EXPENSE	
-	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED
		i

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co		
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District	ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By	
Event Expense	Polling Expense Travel Out Of Dist	rict Candidate/Officeholder/Political Committee	
Fees	Printing Expense Office Overhead/R	•	
	The Instruction Guide explains how to		
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
	ENU J. HAND	m	
4 Date	5 Payee name		
3.11-11	5 Payee name Karry GRAPH	lcs	
6 Amount (\$) 012766	7 Payee address; Cfty; State; Zip Code		
Reimbursement from	AUSTIN, TX		
political contributions intended			
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	PRINTING EXPENSE		
Date	Payee name		
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Reimbursement from political contributions	AUSTIN, TX		
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Date	Payee name		
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OF EXPENDITURE		j	
2// 2//0//2			
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED	

CANDIDATE / OFFICEHOLDER REPORT:

P.O. Box 12070

(512) 463-5800

FORM C/OH - FR **DESIGNATION OF FINAL REPORT** The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" •• 1 C/OH NAME 2 ACCOUNT # (Ethics Commission Filers) PIL J. PANGE I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Office holder FILER WHO IS NOT AN OFFICEHOLDER - Complete A & B below only if you are not an officeholder. • **CAMPAIGN FUNDS** A. Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. ₿. **ASSETS** Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. gnature of Candidate 5 OFFICEHOLDER -- Complete this section only if you are an officeholder --I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. Signature of Officeholder