

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) 00010009	2 PAGE # 1 of 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Chris MI	OFFICE USE ONLY Date Received 2011 JUL 15 PM 4 31 AUSTIN CITY CLERK RECEIVED Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date imaged	
	NICKNAME LAST Riley SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 301118 Austin, TX 78703		
	5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Mike MI NICKNAME LAST Clark-Madison SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 907 East 15th Street Austin, TX 78702		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 478-0682		
8 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 checked="" 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)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 05/05/2011 06/30/2011		
10 ELECTION	ELECTION DATE Month Day Year 05/14/2011	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	11 OFFICE OFFICE HELD (if any) City Council, Place 1	12 OFFICE SOUGHT (if known) City Council, Place 1	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...		
	Name		
	Address/PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Riley, Chris

15 ACCOUNT # (Ethics Commission filers)
00010009

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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. ..

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$	365.00
---	----	--------

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	9,785.00
--	----	----------

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	84.00
--	----	-------

4. TOTAL POLITICAL EXPENDITURES	\$	34,506.50
---------------------------------	----	-----------

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	20,818.20
--	----	-----------

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
---	----	------

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.

Chris Riley

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Chris Riley, this the 15th day of July, 20 11, to certify which, witness my hand and seal of office.

[Signature]

 Signature of officer administering oath

Susan C. Harry

 Print name of officer administering oath

Notary

 Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/7 Report: 3/14	
2 FILER NAME Riley, Chris		3 ACCOUNT # (Ethics Commission filers) 00010009	
4 Date 05/14/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Compton, Sean 6 Contributor address; City; State; Zip Code 2601 Great Oaks Pkwy. Austin, TX 78756	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 05/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contros, Tina Contributor address; City; State; Zip Code 2213 E. Windsor Rd. Austin, TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 05/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fuselier, James Contributor address; City; State; Zip Code 5804 Garden Oaks Austin, TX 78745	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions) The RK Group	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 05/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greenberg, Leigh (*1) Contributor address; City; State; Zip Code 1522 S. Congress Ave. Austin, TX 78704	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) student		Employer (See Instructions) none	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 05/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greenberg, Sean (*1) Contributor address; City; State; Zip Code 330 Eanes School Rd. Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retail manager		Employer (See Instructions) Allen's Boots	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/7 Report: 4/14	
2 FILER NAME Riley, Chris		3 ACCOUNT # (Ethics Commission filers) 00010009	
4 Date 05/11/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greenberg, Stephen (*1) 6 Contributor address; City; State; Zip Code 1522 S. Congress Ave. Austin, TX 78704	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions) Allen's Boots	
Date 05/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harutunian, Anne Contributor address; City; State; Zip Code P.O. Box W Austin, TX 78713	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Harutunian Engineers	
Date 05/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harutunian, Takoohy Contributor address; City; State; Zip Code P.O. Box W Austin, TX 78713	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Harutunian Engineers	
Date 05/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HDR PAC Contributor address; City; State; Zip Code 8404 Indian Hills Dr. Omaha, NE 68114	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hilgers, David (*1) Contributor address; City; State; Zip Code 701 Yaupon Valley Drive Austin, TX 78746	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Brown McCarroll LLP	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/7 Report: 5/14	
2 FILER NAME Riley, Chris		3 ACCOUNT # (Ethics Commission filers) 00010009	
4 Date 05/14/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hilgers, Joan (*1) 6 Contributor address; City; State; Zip Code 701 Yaupon Valley Drive Austin, TX 78746	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) homemaker		10 Employer (See Instructions) none	
Date 05/05/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Huber, Karen Contributor address; City; State; Zip Code 23020 Pedernales Canyon Trail Spicewood, TX 78669-6431	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Commissioner		Employer (See Instructions) Travis County	
Date 05/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hughes, Christopher Contributor address; City; State; Zip Code 3205 Indian Canyon Dr. Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Brown McCarroll LLP	
Date 05/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Rodman (*1) Contributor address; City; State; Zip Code 4204 Venado Drive Austin, TX 78731	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Brown McCarroll LLP	
Date 05/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Larson, Dohn (*1) Contributor address; City; State; Zip Code 1008 East 44th St. Austin, TX 78751	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas Classroom Teachers Association	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/7 Report: 6/14	
2 FILER NAME Riley, Chris		3 ACCOUNT # (Ethics Commission filers) 00010009	
4 Date 05/10/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lehman, Chris 6 Contributor address; City; State; Zip Code 1914 Larchmont Dr. Austin, TX 78704	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Appraiser		10 Employer (See Instructions) Chris Lehman Co.	
Date 05/09/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lippincott, Rob Contributor address; City; State; Zip Code 2322 Townes Ln Austin, TX 78703-2332	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Guero's Restaurant	
Date 05/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marwitz, David Contributor address; City; State; Zip Code 1703 Palma Plaza Austin, TX 78703	Amount of contribution (\$) \$120.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McGinnis, Larry Contributor address; City; State; Zip Code 4908 Rollingwood Dr. Austin, TX 78746	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McWilliams, Andrea Contributor address; City; State; Zip Code 1710 Windsor Rd. Austin, TX 78703	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) governmental affairs consultant		Employer (See Instructions) McWilliams Governmental Affairs	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/7 Report: 7/14	
2 FILER NAME Riley, Chris		3 ACCOUNT # (Ethics Commission filers) 00010009	
4 Date 05/14/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McWilliams, Dean 6 Contributor address; City; State; Zip Code 1710 Windsor Rd. Austin, TX 78703	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) governmental affairs consultant		10 Employer (See Instructions) McWilliams Governmental Affairs	
4 Date 05/11/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oliver, Guy (*1) 6 Contributor address; City; State; Zip Code 3119 Honey Tree Lane Austin, TX 78746	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) General Manager		10 Employer (See Instructions) V&S Enterprises	
4 Date 05/11/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oliver, Jason (*1) 6 Contributor address; City; State; Zip Code 3267 Bee Cave Rd. #107 #92 Austin, TX 78746	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Land Manager		10 Employer (See Instructions) V & S Enterprises	
4 Date 05/11/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oliver, Kerianne (*1) 6 Contributor address; City; State; Zip Code 3119 Honey Tree Lane Austin, TX 78746	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) homemaker		10 Employer (See Instructions) none	
4 Date 05/11/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oliver, Stacy (*1) 6 Contributor address; City; State; Zip Code 3267 Bee Cave Rd. #107 #92 Austin, TX 78746	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions) V & S Enterprises	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/7 Report: 9/14	
2 FILER NAME Riley, Chris		3 ACCOUNT # (Ethics Commission filers) 00010009	
4 Date 05/06/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sibley, Jane 6 Contributor address; City; State; Zip Code 2210 Windsor Rd. Austin, TX 78703	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 05/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vaught, James Contributor address; City; State; Zip Code 4707 Chiappero Trl. Austin, TX 78731	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) McCullar Vaught, P.C.			
Date 05/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wallace, Dalton Contributor address; City; State; Zip Code 9505 Johnny Morris Rd. Austin, TX 78724	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Safesite Inc			
Date 05/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Watkins, Tom (*1) Contributor address; City; State; Zip Code 1918 East Side Dr. Austin, TX 78704	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Brown McCarroll LLP			
Date 05/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Melanie Contributor address; City; State; Zip Code 3901 Dry Ledge Cove Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/5 Report: 10/14	2 FILER NAME Riley, Chris	3 ACCOUNT # (TEC filers) 00010009
--	-------------------------------------	---

4 Date 05/09/2011	5 Payee name Austin Chronicle
-----------------------------	---

6 Amount (\$) \$1,370.00	7 Payee address City; State; Zip Code P.O. Box 49066 Austin, TX 78765
------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political advertising
---------------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 06/24/2011	Payee name Butts, David
---------------------------	-----------------------------------

Amount (\$) \$1,200.00	Payee address City; State; Zip Code 1914 Patton Lane Austin, TX 78723
----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> General consulting
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 05/09/2011	Payee name Hall, Garrett
---------------------------	------------------------------------

Amount (\$) \$2,000.00	Payee address City; State; Zip Code 3012 University Ave. Austin, TX 78705
----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 05/05/2011	Payee name Harry, Susan
---------------------------	-----------------------------------

Amount (\$) \$3,000.00	Payee address City; State; Zip Code P.O. Box 301074 Austin, TX 78703
----------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fundraising & compliance consulting
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
FeesGifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing ExpenseSalaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental ExpenseLoan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/5 Report: 11/14		2 FILER NAME Riley, Chris		3 ACCOUNT # (TEC filers) 00010009	
4 Date 05/09/2011	5 Payee name Kelly Graphics				
6 Amount (\$) \$12,001.82	7 Payee address City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing, postage & mailing services		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 05/10/2011	Payee name Mailchimp.com				
Amount (\$) \$75.00	Payee address City; State; Zip Code 512 Means Street, Ste. 404 Atlanta, GA 30318				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Communications		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Email list management		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 06/13/2011	Payee name Mailchimp.com				
Amount (\$) \$75.00	Payee address City; State; Zip Code 512 Means Street, Ste. 404 Atlanta, GA 30318				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Email list management		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 05/11/2011	Payee name NOKOA Newspaper				
Amount (\$) \$200.00	Payee address City; State; Zip Code P.O. Box 1131 Austin, TX 78767				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political advertising		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/5 Report: 12/14		2 FILER NAME Riley, Chris		3 ACCOUNT # (TEC filers) 00010009	
4 Date 05/11/2011	5 Payee name NOKOA Newspaper				
6 Amount (\$) \$100.00	7 Payee address City; State; Zip Code P.O. Box 1131 Austin, TX 78767				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political advertising		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 05/31/2011	Payee name Parkerson, Matt				
Amount (\$) \$5,000.00	Payee address City; State; Zip Code 806 Kinney Ave. Austin, TX 78704				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> General consulting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/30/2011	Payee name Piryx				
Amount (\$) \$86.19	Payee address City; State; Zip Code 401 W. 15th St. Ste. 520 Austin, TX 78701				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card processing fees for reporting period		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 05/09/2011	Payee name Ranes, Jim				
Amount (\$) \$434.85	Payee address City; State; Zip Code 1501 Barton Springs Rd. #233 Austin, TX 78704				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Graphic design		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial 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 PAGE # Schedule: 4/5 Report: 13/14		2 FILER NAME Riley, Chris		3 ACCOUNT # (TEC filers) 00010009	
4 Date 05/09/2011	5 Payee name Salazar, Vicki				
6 Amount (\$) \$269.64	7 Payee address City; State; Zip Code requested				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> repair windshield damaged by yardsign		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 05/05/2011	Payee name Texas Ethics Commission				
Amount (\$) \$500.00	Payee address City; State; Zip Code P. O. Box 12070 Austin, TX 78711				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fine		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/03/2011	Payee name Thompson & Knight LLP				
Amount (\$) \$594.00	Payee address City; State; Zip Code 98 San Jacinto Blvd., Ste. 1900 Austin, TX 78701				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Legal Services		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Legal Fees		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/24/2011	Payee name Thompson & Knight LLP				
Amount (\$) \$416.00	Payee address City; State; Zip Code 98 San Jacinto Blvd., Ste. 1900 Austin, TX 78701				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Legal Services		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Legal Fees		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/5 Report: 14/14	2 FILER NAME Riley, Chris	3 ACCOUNT # (TEC filers) 00010009
--	-------------------------------------	---

4 Date 05/16/2011	5 Payee name Tomlinson, Mykle
-----------------------------	---

6 Amount (\$) \$2,100.00	7 Payee address City; State; Zip Code 5102 Delores Austin, TX 78721
------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
---------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 05/31/2011	Payee name Tomlinson, Mykle
---------------------------	---------------------------------------

Amount (\$) \$2,500.00	Payee address City; State; Zip Code 5102 Delores Austin, TX 78721
----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 05/10/2011	Payee name Zocalo Cafe
---------------------------	----------------------------------

Amount (\$) \$2,500.00	Payee address City; State; Zip Code 1110 West Lynn Street Austin, TX 78703
----------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Election Night Party
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

--	--

SCHEDULE V – attach to form C/OH (C & E)
Reference 2-2-22, Austin City Code

PERSONS SOLICITING CONTRIBUTIONS ON YOUR BEHALF

Name of Candidate/Officeholder: Chris Riley

Enter the name and address of any person who has solicited and obtained contributions on your behalf during the reporting period of \$200 per person from five or more individuals. (This requirement does not apply to an individual who raises funds in total amount of \$5,000 or less for a candidate through a fundraising event held at the individual's residence.)

Denoted on Schedule A:	Name of person soliciting contributions	Address
*1	Nikelle Meade	8834 Honeysuckle Tr., Austin, TX 78759

Reminder: This form is to identify bundlers, i.e. individuals who solicit and obtain contributions on your behalf. Remember there is a separate form to identify the *actual* donors (C/OH).