## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	Ms Audrey	C MI	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
CANDIDATE	"Tina" Cannon		RECEIVE
4 CANDIDATE / OFFICEHOLDER MAILING	address / PO BOX; APT / SUITE #; CITY; GITY; GIT	te 340	Date Hand-delivered or Pedmarked
ADDRESS  Change of address	AUSTIN, TX 787	oy	Receipt # C/Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (5/2) 922 25/1	EXTENSION	Date Processed
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST  PAUL	MI	Date Imaged
NAME	NICKNAME LAST CALVOZ	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #:  3301 Cherry Ca  AUSTIN TX		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (5/2) 669 0739	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	
11 ELECTION	ELECTION DATE Month Day Year Primary  5 / 1 2 / 1 2	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICESOUGHT (ifknown)  AUSTIN CITT	y Council
	GO TO PAG		

## **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

## FORM C/OH COVER SHEET PG 2

(512) 463-5800

14 C/OH NAME	idrey "	Ting" Cannon	15 ACCOUNT # (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE COMMITTEE NAME					
	GENERAL SPECIFIC	COMMITTEE ADDRESS				
additional pages		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 4,940					
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ (Itemized)					
	4. TOTAL POLITICAL EXPENDITURES \$ 2,5/3 68					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 2,426 32					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD					
I swear, or affirm, under penalty of periory, that the accompanying report is true and correct and includes all information required to be reported by me under this 15, Election Gode.  My Commission Expires January 13, 2015  Signature of Candidate or Officeholder						
AFFIX NOTARY STAMI		The Common (A)	dvein			
Sworn to and subs	of Amil	me, by the said <u>TINA CANNON (AV</u> , 20 <u>IZ</u> , to certify which, witness r	my hand and seal of office.			
Signature of officer admit	nistering oath	Chusea Wright Printed name of officer administering oath	Notary Public  Title of officer administering oath			
Signal of Singer adity			the of officer graffin forming outfl			

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# 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 Audrey	1.Tina " Counon		3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
1/28/12	6 Contributor address: City; State; Zip Code		\$20-	 	
	1256 MAPLEWOOD Kyle, TX 78640		(If travel outside	I   of Texas, complete Schedule T)	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See Trinkets	Instructions) Toy	12	
Date	Full name of contributor 🗆 out-of-state PAC (ID#:_  RAUL (ALV 07)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
1/28/12	Contributor address; City; State; Zip Code 330/ Cherry Lune		1350 -		
	Austin, TX 78703		(If travel outside o	r   	
A Horn	pation / Job title (See Instructions)	Employer (See 1			
Date	Full name of contributor   out-of-state PAC (ID#_ Desive Carlson		Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/1/12	Contributor address; City; State; Zip Code 1015 Welping Willow		\$25-		
	1015 Weeping Willow Austin, TX 78753		(If travel outside	of Texas, complete Schedule T)	
Principal occuj	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)	
2/1/12	Susun Strausberg Contributor address; City: State: Zip Code 603 Hurst Creek Rd.		每9-	<u> </u>	
	Lakeway, Tx 787	34	与200一 (If travel outside o	of Texas, complete Schedule T)	
Principal occup (EC	pation / Job title (See Instructions)	Employer (See )	nstructions)		
Date	Full name of contributor out-of-state PAC(ID#:_ Shyron Stanley	}}	Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/2/12	Contributor address; City; State; Zip Code		\$100-	[ 	
		8624	(If travel outside o	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
				;	

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	redule A:
				3 / 0
2 FILER NAME	Vey "Tina" Connon		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#)	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/2/12	Amanda Rose 6 Contributor address; City; State; Zip Code 6203 Linda Lane		\$250-	,   
	AUSTIN, TX 78723	3	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See Renewa b/	Instructions) L Energ	y Systems
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution
Jule	Frene Helper Contributor address: City; State; Zip Code	/	contribution (\$)	description (if applicable)
2/2/12	Contributor address: City; State; Zip Code	Λ.	\$250-	
	5826 Tributary Ridge AUSTIN, TX 78759	e Br.	/If trough putaids	f Towns, nomelets Selectile Th
Principal cocu	pation / Job title (See Instructions)	Employer/(%ee		of Texas, complete Schedule T)
Real		St/F		
Date	Full name of contributor   out-of-state PAC (ID#_	)	Amount of	In-kind contribution
2/2/12	Tina (annon (Audrly) Contributor address; City; State; Zip Code		f350 -	description (if applicable)
/ /	6202 Belfast, Austin, Ti			1
			(If travel outside	of Texas, complete Schedule T)
Principal occy	pation ( Job title (See Instructions)	Employer (See )		
Date Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution
	Jessica Jenkins Contributor address; City; State: Zip Code		contribution (\$)	description (if applicable)
2/6/12	Contributor address; City; State: Zip Code 6202 Re Ha st		才350一	 
	AUSTIN, TX 78723		(If travel outside	of <u>Texas,</u> complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
Date	Ton Brudge	<del></del>	contribution (\$)	description (if applicable)
2/8/12	Contributor address; City; State; Zip Code 1307 Solitaive St; RIND ROCK TX 7865		\$100-	]
	Tx 7865		(If travel outside	of <u>Texas, complete Schedule T)</u>
Principal occup	pation / Job title (See Instructions)	Employer (See !		

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

DAWNA HUBERT  2/8/12 6 Contributor address: City: State; Zip Code  // SULANU, TX 75074  9 Principal occupation / Job title (Sea Instructions)  Date  Full name of contributor   out-of-state PAC (ID#)  2/9/12   Contributor address: City: State; Zip Code  5/813 High land Hills Dr.  ANSTIN, TX 78731   (It travel outside of Texas, complete Schedule of Texas)  Employer (See Instructions)  Amount of contribution (if applicated of Texas, complete Schedule of Texas, complete Schedul	
Av dvey ("Tina") Cannon  4 Date 5 Full name of contributor out-of-state PAC (ID#:	inis form.
A Date   5 Full name of contributor   out-of-state PAC (ID#:   )   7 Amount of contribution (\$)   8 In-kind contribution (\$)   2/8//2   6 Contributor address: City: State; Zip Code	3 ACCOUNT # (Ethics Commission Filers)
Principal occupation / Job title (See Instructions)  Date  Full name of contributor   out-of-state PAC (ID#:   1873   Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  TASDN Sugawa  2/9//2   Contributor address: City; State; Zip Code   58/3 High land Hills Dr.   4350-    Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Date  Full name of contributor   out-of-state PAC (ID#:   )  Principal occupation / Job title (See Instructions)  CLUTCH (PEATIVE)  Date  Full name of contributor   out-of-state PAC (ID#:   )  Amount of   In-kind contribution   In-k	o#: y   7 Amount of   8 In-kind contribution
Principal occupation / Job title (See Instructions)  Date  Full name of contributor   out-of-state PAC (ID#:   1873   Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  TASDN Sugawa  2/9//2   Contributor address: City; State; Zip Code   58/3 High land Hills Dr.   4350-    Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Date  Full name of contributor   out-of-state PAC (ID#:   )  Principal occupation / Job title (See Instructions)  CLUTCH (PEATIVE)  Date  Full name of contributor   out-of-state PAC (ID#:   )  Amount of   In-kind contribution   In-k	\$50-
Date Full name of contributor   out-of-state PAC (ID#:	(If travel outside of Texas, complete Schedule T)
Date   Full name of contributor   Contribu	10 Employer (See Instructions) [NTERNATIONAL MED-CARE
Principal occupation / Job title (See Instructions)  Date  Pull name of contributor  AVST/N, TX  1873.1  (If travel outside of Texas, complete Schedule 1973.1  Employer (See Instructions)  CLUTCH CREATIVE  Date  Full name of contributor	
Principal occupation / Job title (See Instructions)    Date   Full name of contributor   out-of-state PAC (ID#:	\$350-
Date Full name of contributor	7873 ((If travel outside of Texas, complete Schedule T)
	1
2/12//2   Contributor address; City; State; Zip Code   550 -	
1 27/5 1110 1/6/1 3/17/1	150 -
1/AN ANNIEC 141 A 08/25	98685 (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
contribution (C) description (if purplied	contribution (f) description (if englishle)
2/15/12   KEVIN KOYM  Contributor aggress; City; State: Zip Code  9/11 Julyville Rd, Ste 100  650 - 1	00 P50 -
AUSTIN, TX 78759 (If travel outside of Texas, complete Schedule	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Employer (See Instructions)
	· · · · · · · · · · · · · · · · · · ·
2/16/12 Contributor address: City; State; Zip Code \$50-	D50-
SAN ANTONIO, TX +3217 (If travel outside of Texas, complete Schedule	8217 (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Cor	mmission P.O. Box 12070 Austin, Texas	s 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	S		SCHEDULE <b>A</b>
The	Instruction Guide explains how to complete this fo	form.	1 Total pages Sch	edule A. 6
2 FILER NAME AU LYPY	("Ting") (annon  5 Full name of contributor out-of-state PAC (ID#:		3 ACCOUNT # (E	thics Commission Filers)
			7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/17/12	6 Contributor address; City; State; Zip Code 8710 CAMELIA LN.		#100-	 
	AUSTIN, TX 78759	;	(If travel outside	 of Texas, complete Schedule T)
9 Principal occu		10 Employer (See In		
Date	Full name of contributor out-of-state PAC (ID#:  LOVI'S Agnesie		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/17/12	Louis Agnese Contributor address; City; State; Zip Code 2410 Spring Creek	. , , .	\$150	 
	AUSTIN, TX 78704		(If trave) outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In Whale	nstructions)	
Date	Full name of contributor   out-of-state PAC (ID#:  Pebra Smacula		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/17/12	Pehra Smagula Contributor address City: State: Zip Code 6204 Linda Lane		\$100-	<b> </b> 
	AUSTIN, TX 78723		(if travel outside r	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/17/12	Laura Strausberg Contributor address; City; State: Zip Code 8810 Thunderbird Laure	1.,	\$50	 
	AUSTIN, TX 78736		III travel outside (	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (Sec Ir		y torrow, domping to the
Date	Full name of contributor   out-of-state PAC(10#		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/17/12	Lotta Smagula Contributor address City; State; Zip Code 6204 Linda Lune		\$250-	 
	AUSTIN, TX 78723		M vat avvaida	To the control of Sahadala T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

I.	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS		SCHEDULE A
The	Instruction Guide explains how to complete this form.	1 Total pages Sch	edule A:
2 FILER NAME	y ("Tina") (annon  5 Full name of contributor Gout-of-state PAC (ID#:)	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)  RAQUEL Cordon	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/17/12	RAQUEL Cordon 6 Contributor address: City: State; Zip Code 3301 Charcy Land	\$350-	 
	AUSTING, TX 78763	(if travel outside	I of Texas, complete Schedule T)
9 Principal occur ART	pation / Job title (See Instructions) 10 Employer (Sec	Instructions)	
Date	Full name of contributor   out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/18/12	Contributor address; City; State; Zip Code 20817 Rellerive Dr.	\$75	 
	Petrosenville, TX 78660		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)	
Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/24/12	Junghine Vanover Contributor address; City: State: Zip Code 2300 Vanderbilt Circle	\$350	! 
	AUSTIN, TX 78723	<del></del>	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)  Employer (See  SH 130	Conepssions	n LLC
Date	Full name of contributor out-of-state PAC(ICH)  Cody B/4/V	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/2/12	Cody 13/4/V Contributor address; City: State: Zip Code 13/5 W. Slaughtor	\$10-	
	AUSTINITX 78748		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)  Employer (See Re d Pland	Instructions) t Tradin	<b>1</b>
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/3/12	Contributor address: City; State; Zip Code 8207 (Unoga AVL Anotary T. 78774	\$100-	 
,	Austra, Tx 78724	(If travel outside	of Texas, complete Schedule T)
	oation / Job title (See Instructions) Employer (See		
if c	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE ontributor is out-of-state PAC, please see instruction guide forad		requirements.

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

			<u>, , , , , , , , , , , , , , , , , , , </u>	
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	<i>I</i> la
2 FILER NAME ANAVEL	y ("Tina") Cannon		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/22/12	Timothy N TUGGEY 6 Contributor address: City; State; Zip Code 611 S. Congress Ste 34	· · · · · · · · · · · · · · · · · · ·	\$350-	  -
	AUSTIN, TX 7870)	<i>y</i>	()f trough putaids	Tours semilate Schodule TV
9 Principal decu	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
17 Hov.	neg	Tugge	y Farna	under LLP
Date / /	Full name of contributor out-of-state PAC (10#		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/11/12	THOMAS E Yeming for Contributor address; City; State; Zip Code 2707 STRATFORD DOING		\$350-	<b>1</b>
	AUSTIN, TX 78746		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/11/12	DIRK HEINEN  Contributor address; City; State; Zip Code  3016 WASHINGTON SQUARE	- <b>\$</b>	200 -	1
	Austin, TX 787	o5-	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State: Zip-Code	· · · · · · · · · · · · · · · · · · ·		
				1
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor Out-state PAC (ID#)		Amount of	In-kind contribution
Date	Full name of contributor	<u> </u>	contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			į
			(if travel outside	of Texas, complete Schedula T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		Series Series Series
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	
If c	ontributor is out-of-state PAC, please see instru			requirements.

P.O. Box 12070

PLEDO	SED CONTRIBUTIONS			SCHEDULE <b>B</b>	
The	e Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule B: / o f /	
2 FILER NAME Avar	ey ("Tina") Cannor	7	3 ACCOUNT # (Ethics Commission Filers)		
	AL OF UNITEMIZED PLEDGES: ⇒	ф ф <del>ф</del>	<b>\$</b>	\$ 0	
5 Date 6 Full name of pledgor out-of-state PAC(ID#)  7 Pledgor address; City; State; Zip Code			8 Amount of pledge (\$)	9 In-kind description (if applicable)	
			(If travel outside	of Texas, complete Schedule T)	
10 Principal occi	upation / Job title (See Instructions)	11 Employer (See In	nstructions)		
Date	Full name of pledgor out-of-state PAC(ID# Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)	
Principal occi	upation / Job title (See Instructions)	Employer (See Ir	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)	
Date	Full name of pledgor out-of-state PAC (ID#: Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)	
Principal occu	pation / Job title (See Instructions)	Employer (See Ir		of Texas, complete Schedule T)	
Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of pledge (\$)	In-kind description (if applicable)	
	Pledgor address; City; State; Zip Code			of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	nstructions)		
Date	Full name of pledgor out-of-state PAC(ID#:		Amount of pledge (\$)	In-kind description (if applicable)	
	Pledgor address; City; State; Zip Code		1   		
Principal occu	pation / Job title (See Instructions)	Employer (See In	<del></del>	f Texas, complete Schedule T)	
if c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instru			requirements.	

P.O. Box 12070

LOANS			SCHEDULE <b>E</b>
The	instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME Hudr	ey ("Tina") Cani	70 <b>h</b>	3 ACCOUNT # (Ethics Commission Filers)
<b>4</b> TOTA	AL OF UNITEMIZED LOANS:	<del>+</del> + + + +	\$ 8
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	y 9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions)	)
14 Description of Col	lateral	15 Check if personal funds wer	e deposited into political account
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City; State;		Interest rate
Y N			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colle	ateral	Check if personal funds were	deposited into political account
none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	<u> </u>
if len	ATTACH ADDITIONAL COPII der is out-of-state PAC, please see instr	I ES OF THIS SCHEDULE AS NEE ruction guide for additional rep	<del></del>

(512) 463-5800

### **POLITICAL EXPENDITURES**

P.O. Box 12070

### SCHEDULE F

	EXPENDITURE	CATEGORIES FO	OR BOX 8(a)		
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Contr Solicitation/Fundraisin	_	n Repayment/Reimbi	
Consulting Expense	Food/Beverage Expense	Travel In District		rsportation Equipmer tributions/Donations	
Event Expense	Polling Expense	Travel Out Of District	•		er/Political Committee
Fees	Printing Expense	Office Overhead/Rent	•	tER (enter a categor	y not listed above)
	The Instruction Guide	explains how to cor	mplete this form.	<u>.</u>	
1 Total pages Schedule F:	2 FILER NAME FUNDERLY ("TI	ina") Can	non	3 ACCOUNT # (Eti	nics Commission Filers)
4 Date 2/7/12	5 Payee name PAYPAL				
\$ 1, 95	7 Payee address; City: Ste 22/1 North Fire (AN Tuse		9513	1	
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (t	Description (If tra	vel outside of Texas, com	plete Schedule T)
OF EXPENDITURE	tees		Unline tee	<sup>2</sup> S	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
Datey 9 /15 /12	Minuteman A	ress Aust	TIN		
Amount (\$)	Payee address; City; Sta /72/ W/51 614	ite; Zip Code			
\$356.34	Austh, Tx	3NUF 78704			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (#tra-	vel outside of Texas, comp	olete Schedule T)
OF EXPENDITURE	Advertising Ex	pense	Sign s	OST CA	RDS
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	7	Office held
Data	Payee name				
2/17/12	B& C Trop	hies			
Amount (\$)	Payee address; City; Sta 9410 Anderson/	te; Zip Code			-
\$14.61	1410 Anderson				
, , ,	AUSTIN 1X	78729			
PURPOSE	Category (See categories listed at the top	of this schedule)	4 Y '	ve) outside of Texas, comp	elete Schedule T)
OF EXPENDITURE	Advertising Exp	'n se	Nome	7095	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought		Office held
Date 2/22/12	Payee name PRWeb				
Amount (\$)	Payee address; City; Sta	e; Zip Code	<i>F</i>		
\$ 89_	12051 Indian Cr	le; Zip Code Le L Cour			
70/	Beltsville Mi	2070			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If trav	rel outside of Texas, comp	lete Schedule T)
OF EXPENDITURE	Howertising Exp	ense	Pass	Release	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Office Holder name		Office sought	. ,	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCI	HEDULE AS NEE	DED	
					i

### **POLITICAL EXPENDITURES**

P.O. Box 12070

## SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fun Food/Beverage Expense Travel In Distri Polling Expense Travel Out Of I	/Contract Labor Load draising Expense Tract Corporate Officer Corp	n Repayment/Reimbursement nsportation Equipment & Related Expense stributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
4. Total pages Cabadula Fr	<del></del>		2 ACCOUNT # /Cibin Commission Files
1 Total pages Schedule F:	Audrey ("Tina") Can	non	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2/12	Build a Sign		
6 Amount (\$)	7 Payee address: City; State; Zip Code 11525 B Stone Hollun	1 #220	
\$1488 -	,	8758	
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	Advertising Expense	Signs	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	Office held
Date /18/12	Payer name //s Furgo		
Amount (\$)	Payoe address: City; State; Zip Code		
4050	501 S. Congress		
Pa-	٠	704	
PURPOSE	Category (See categories fisted at the top of this schedule)	Description (If tra	evel outside of Texas, complete Schedule T)
OF EXPENDITURE	Feos	Ban k	tee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
2/29/12	Payegname LUCY IN DISGU	158	
Amount (\$)	Payee address; City; State; Zip Code		
\$34 6	Payee address: City: State; Zip Code 1506 5. Cingres 5 Ave Av(TIN, TX 7)	704	
			ivel outside of Texes, complete Schedule T)
PURPOSE OF EXPENDITURE	Advertising Expense	Pescription (intra	ivel outside of texas, complete Schedule +)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
5.1.	Davida		
3/19/12	Staple S		
Amount (\$)	Payee address: City: State: Zip Code 1201 Barbara Jordan	Bluck	
ty13 20	•		
トフト	AUSTIN, TX 787	-23	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Taxes, complete Schedule T)
OF EXPENDITURE	Holvertising Expense	Supplie.	<u> </u>
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEE	-DED

(512) 463-5800

#### **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	Legal Services Solicitation/Fundra		nsportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District		tributions/Donations Made By
Event Expense	Polling Expense Travel Out Of Dist		Candidate/Officeholder/Potitical Committee
Fees	Printing Expense Office Overhead/F	tental Expense OTI	HER (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FICER NAME (UT)		3 ACCOUNT # (Ethics Commission Filers)
3 o £ 3		nnon	S ACCOUNT # (Ethics Collinission Filets)
4 Date	5 Payge name Press A	DITIAL	
2/17/16	1 / / / / /		
6 Arhount (\$)	7 Payee address; City; State; Zip Code		
\$ 94 65	1/221 West 6th Stre	et	
+14-	AUSTIN, TX 787	-04	
8 ··· PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (if tra	evel outside of Texas, complete Schedule T)
OF	Λ, , , , , , , , , , , , , , , , , , ,	Da. 101	M.t.
EXPENDITURE	Itavertisms Expense	MINTER	Malmals
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date :	Palvee name()		
3/20/12	US Postal Service		
Amount (\$)	Payee address; City; State; Zip Code		
10000	1914 6th Street		
ましと	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	201/	
7	MISTIN TX 18	704	
PURPOSE	Category (See categories listed at the top of this schedule)	·	vel outside of Texas, complete Schedule T)
OF		0.1.	0
EXPENDITURE	Hovertising Expense	Postage	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officebolder name	Office sought	Office held
· · · · · · · · · · · · · · · · · · ·			
Date 3/27/12	Wills Fargo		
Amount (\$)	Payee address; City; State; Zip Code		
/	501 S. Congress		
\$23 <u>0</u>		1/	
-p \( \sigma \)	AUSTIN, TX 7870	4	
DUDDOSE	Category (See categories listed at the top of this schedule)		vel gutside of Texes, complete Schedule T)
PURPOSE OF		1 2000 Piloti (III)	English to
EXPENDITURE	Tel s	Bank.	1-el
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	п 		
Date	Payee name / Day A	(4)	
Y/9/12	Minuteman Pross Au	J 11A	:
Amount (\$)	Payee address; City; State; Zip Code 1221 Wist 6th Stra		
39	1221 West 6th Stre	et	
\$172 1	<u> </u>	- \ \C	
1116	AUSTIN, TX 7-870	γ.	
BUBBASS	Category (See categories listed at the top of this schedule)	·	vel outside of Texas, complete Schedule T)
PURPOSE OF	A		-5. 25 alog of 16x65, complete deligable 1)
EXPENDITURE	Adventising Expense	ROST (A	RDS
	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Omce sought	Once tela
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	_	Loan Repayment/Reimbursement
Accounting/Banking Consulting Expense	Legal Services	Solicitation/Fundral Travel In District	=	Transportation Equipment & Related Expense
Event Expense	Food/Beverage Expense Polling Expense	Travel Out Of District		Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/R		OTHER (enter a category not listed above)
	The Instruction Guide	explains how to d	complete this for	n.
1 Total pages Schedule G:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
141	HUDNEY "/INA"	(ANNON		
4 Date / /	5 Payee name			
2/4/12	Ty of Austin  7 Payee address; City; Sta	✓		
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code		
<b>.</b>	301 MEST DECINO	Street		
Reimbursement from political contributions intended	301 WEST SECINO, AUSTIN TR 78	701		
8 PURPOSE	(a) Category (See categories listed at the top		(b) Description (	If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	CANDIDATE FILING FE	ie.		
	CHANDONIE PILING 16	=	<u></u>	
Date	Payée name			
Amount (\$)	Payee address; City; Sta	te; Zip Code		
				i
Reimbursement from political contributions intended				
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (	If travel outside of Texas, complete Schedule T)
OF EXPENDITURE				
EXPENDITURE				
Date	Payee name			
Amount (\$)	Payee address; City; Sta	te; Zip Code		
Amount (#)	r ayee address, City, Sa	ie, Zip C60e		
Reimbursement from				
political contributions intended				
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (	If travel outside of Texas, complete Schedule T)
OF				
EXPENDITURE				
Date	Payee name			
	j w			
Amount (\$)	Payee address; City; Stat	te; Zip Code		
				i
Reimbursement from political contributions				
intended		· · <del>- · </del>		
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (I	f travel outside of Texas, complete Schedule T)
OF EXPENDITURE				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

(512) 463-5800

### PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

P.O. Box 12070

#### SCHEDULE H

	EXPENDITURE	CATEGORIES FOR	BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract   Solicitation/Fundraising Ex Travel In District Travel Out Of District Office Overhead/Rental E	xpense Transpo Contribu Cand Expense OTHER	epayment/Reimbursement ortation Equipment & Related Expense utions/Donations Made By didate/Officeholder/Political Committee (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME	e explains how to compl		ACCOUNT # (Ethics Commission Filers)
0 7	Audrey ("Tin	a") (anno		
4 Date	5 Business name			
6 Amount (\$)	7 Business address; City; St	tate; Zip Code	1/	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the co	op of this schedule) (b)	esoription (If travel 6	utside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH	0	Office sought	Office held
Date	Business name			
Amount (\$)	Business address; City; St	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description (If travel or	utside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name )H	01	ffice sought	Office held
Date	Business name			
Amount (\$)	Business address; City; Sta	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	o of this schedule) D	Description (If travel ou	utside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Of	ffice sought	Office held
Date	Business name			
Amount (\$)	Business address; City; Sta	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule) D	escription (Iftravelou	tside of Texas, complete Schedule T}
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Of	ffice sought	Office held
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEE	DULE AS NEEDE!	D

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials 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

Candidate/Officeholder/Political Committe
OTHER (enter a category not listed above)

	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule I:	Hudrey ("Tino") Cann	3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Payee name	1/1		
6 Amount (\$)	7 Payee address; City, State; Zip Gode	1E		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)		
Date	Payee name	·		
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

P.O. Box 12070

## SCHEDULE K

(512) 463-5800

T	he Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
2 FILER NAM	rey ("Tina") Cannon	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received  6 Address of person from whom amount is received. City: State; Zip Co  7 Purpose for which amount is received	8 Amount (\$)
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Co	
	Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Co	de
	Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Co	de
	Purpose for which amount is received	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	F AS NEEDED

P.O. Box 12070

!	NTRIBUTION OR POLITICAL EXPEN	DITURE SCHEDULE T		
The instru	uction Guide explains how to complete this form.	1 Total pages Schedule T: /of/		
2 FILER NAME AUG	drey ("Tina") Cannon	3 ACCOUNT # (Ethics Commission Filers)		
	/ Corporation or Labor Organization / Pledgor / Payee			
5 Contribution / Expend	diture reported on:			
	hedule A Schedule B Schedule C Schedule H Schedule N COH-UC COH-T			
6 Dates of travel	7 Name of person(s) traveling			
	8 Departure city or name of departure location			
	9 Destination city or name of destination location			
10 Means of transportat	tion 11 Purpose of travel (including name of conference,	seminar, or other event)		
Name of Contributor /	Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expendit	ure reported on:	"		
Sch	hedule A Schedule B Schedule C Schedu	ule D Schedule F Schedule G		
Sct	hedule H Schedule N COH-UC COH-T	PAC-C PAC-E		
Dates of travel	Name of person(s) traveling			
	Departure city or name of departure location			
Destination city or name of destination location				
Means of transportation	Purpose of travel (including name of conference, se	minar, or other event)		
Name of Contributor / (	Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expendit	ure reported on:			
Sch	nedule A Schedule B Schedule C Schedu	ile D Schedule F Schedule G		
Sch	nedule H Schedule N COH-UC COH-T	PAC-C PAC-E		
Dates of travel	Name of person(s) traveling			
	Departure city or name of departure location			
-	Destination city or name of destination location			
Means of transportation	Purpose of travel (including name of conference, see	minar, or other event)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED		

#### **EXEMPTION STATEMENT PER 2-2-26**

(To be used only when no electronic filing of a Campaign Finance Report (C&E) will be done)

NAME OF CA	NDIDATE OR COM	MITTĘE:			
Cannon	Audrey C'7	ina")			
ADDRESS: 6	11 S. Congres	s, Svite	340	AUSTIN, TX	7870
DATE OF FIL	ing: April, 1	11, 2012			
and do not inter January 25 will not be filin	(Tinu) (annon (Nond to raise more than \$, 20/2 through g our election contribution raised exceed \$30,000	30,000 in contrib April // tion and expendi	outions for, 20 ture report	the campaign peri     Campaign peri  Campaign peri  Campaign peri  Campaign  Campaign	od of I/we cally.
Signed by Cand	idate or Campaign Con	nmittee			

NOTE: The Code requires that if contributions exceed \$30,000, subsequent Campaign Finance Reports (C&E) must be filed electronically.

April 11, 2012

#### PERSONS SOLICITING CONTRIBUTIONS ON YOUR BEHALF

Name of Candidate/Officeholder:	Audrey	("Tinu	") Cannon	
			/	

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.)

Name of person soliciting contributions	Address
ALDALE	
740746	
	-····

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