

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)	2 Total pages filed: <div style="text-align: center; font-size: 24px;">29</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Ms Audrey C</i> NICKNAME LAST SUFFIX <i>"TINA" CANNON</i>	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received <div style="text-align: center; font-size: 24px; font-weight: bold;">2014 JUL 11 PM 1 29</div> Date Hand-delivered or Postmarked Receipt # <i>Amount</i> Date Processed Date Imaged <i>29</i> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <i>9100 MOUNTAIN RIDGE #209 AUSTIN TX 78759</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 922-2511</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Mr. Paul</i> NICKNAME LAST SUFFIX <i>CAVOTZ</i>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE <i>900 CONGRESS AVE #900 AUSTIN TX 78701</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 814-0250</i>		
9 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>05 / 08 / 2014 04 / 30 / 14</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 04 / 14</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>AUSTIN CITY COUNCIL DISTRICT 10</i>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Audrey "Tina" 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 / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 2

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 11,716.66

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 2

4. TOTAL POLITICAL EXPENDITURES

\$ 8,370.82

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 2,738.54

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 2

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Audrey "Tina" Cannon, this the 10th day of July, 20 14, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

SUSAN ANGELIS
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

15

2 FILER NAME

AUDREY "TINA" CANNON

3 ACCOUNT # (Ethics 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)

6 Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

5/08

MURRAY CANNON
Contributor address; City; State; Zip Code

2620 VALPARAISO LAS VEGAS NV 89108

200

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

REFUSED

Employer (See Instructions)

Refused

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

5/09

RAFAEL CARVOZ
Contributor address; City; State; Zip Code

3301 CHERRY LANE AUSTIN TX 78703

350

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

TURSEY CARVOZ LLP

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

5/09

RAFAEL CARVOZ
Contributor address; City; State; Zip Code

3301 CHERRY LANE AUSTIN TX 78703

350

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney / ARTIST

Employer (See Instructions)

SELF

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

5/18

JAMES NIAS
Contributor address; City; State; Zip Code

1116 REGAL TERRACE AUSTIN TX
78724

\$ 250

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

JACKSON WALKER LLP

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

15

2 FILER NAME

AUDREY "TINA" CANAW

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/31

5 Full name of contributor out-of-state PAC (ID# _____)

DINK GOSDA

6 Contributor address; City; State; Zip Code

PO BOX 6 ASPEN, CO 81612-7407

7 Amount of contribution (\$)

\$350

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

PRESIDENT

10 Employer (See Instructions)

SUNRISE COMPANY

Date

5/30

Full name of contributor out-of-state PAC (ID# _____)

LAWRIG GOSDA

Contributor address; City; State; Zip Code

PO BOX 6 ASPEN, CO 81612-7407

Amount of contribution (\$)

\$350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

HOUSEWIFE

Employer (See Instructions)

SELF

Date

5/19

Full name of contributor out-of-state PAC (ID# _____)

TIM SONNELS

Contributor address; City; State; Zip Code

4707 OAK MEADOW AUSTIN TX 78731

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

TUGSEY CARRIAGE LLP

Date

5/13

Full name of contributor out-of-state PAC (ID# _____)

RUSSEY IRONS

Contributor address; City; State; Zip Code

2607 STARY LANE UNIT B
AUSTIN TX 78704

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

PROPERTY MGT

Employer (See Instructions)

SELF

Date

5/10

Full name of contributor out-of-state PAC (ID# _____)

SUNSHINE VANOVER

Contributor address; City; State; Zip Code

211 OLD HOLLOW #907
SPRING TX 77388

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RIGHT OF WAY MGR

Employer (See Instructions)

DR COLAN

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

15

2 FILER NAME

Audrey "Tina" Cannon

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/10

5 Full name of contributor out-of-state PAC (ID# _____)

STEPHANIE ERWIN

6 Contributor address; City; State; Zip Code

9201 BUDDIE # 1703
AUSTIN TX 78748

7 Amount of contribution (\$)

\$ 25

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

REVERSE MGR

10 Employer (See Instructions)

NCA CORP

Date

5/12

Full name of contributor out-of-state PAC (ID# _____)

KRISTEN CANNON

Contributor address; City; State; Zip Code

5014 BARTON
AUSTIN TX 78745

Amount of contribution (\$)

\$ 25

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

CO-FOUNDER

Employer (See Instructions)

CUBIT LLC

Date

5/12

Full name of contributor out-of-state PAC (ID# _____)

MARIA BELTRAN

Contributor address; City; State; Zip Code

8101 RESEARCH # 2203
THE WOODLANDS TX 77382

Amount of contribution (\$)

\$ 350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ADMIN

Employer (See Instructions)

DR COLAN

Date

5/12

Full name of contributor out-of-state PAC (ID# _____)

TIMOTHY TUGGLEY

Contributor address; City; State; Zip Code

1209 COMETA ST
AUSTIN TX 78721

Amount of contribution (\$)

\$ 350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

PARTNER

Employer (See Instructions)

TUGGLEY CALVOZ

Date

5/12

Full name of contributor out-of-state PAC (ID# _____)

ALLEN BLENKE

Contributor address; City; State; Zip Code

2807 TRAIL of MADRIDES
AUSTIN TX 78746

Amount of contribution (\$)

\$ 350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

TUGGLEY CALVOZ

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **15**

2 FILER NAME

AUSREY "TINA" CANNON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/12

5 Full name of contributor out-of-state PAC (ID#: _____)

AUCIA BARRON

6 Contributor address; City; State; Zip Code

**2714 BARTON # 1012
AUSTIN TX 78735**

7 Amount of contribution (\$)

\$25

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

VICE PRESIDENT

10 Employer (See Instructions)

CABOT

Date

5/13

Full name of contributor out-of-state PAC (ID#: _____)

LOW AGNESE

Contributor address; City; State; Zip Code

**1604 RANDOLF ROOFS TRAIL
AUSTIN TX 78746**

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

RETAIL ME NOT

Date

5/13

Full name of contributor out-of-state PAC (ID#: _____)

SYLVIA NEWMAN

Contributor address; City; State; Zip Code

**9405 LUTHERWOOD
AUSTIN TX 78748**

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

UNEMPLOYED

Employer (See Instructions)

Date

5/16

Full name of contributor out-of-state PAC (ID#: _____)

AGATITA WADE

Contributor address; City; State; Zip Code

**5343 FREDERICKS RD
SAN ANTONIO TX 78739**

Amount of contribution (\$)

\$350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

TUSSEY CARVOZ LLP

Date

5/17

Full name of contributor out-of-state PAC (ID#: _____)

CHARIE MATTEWS

Contributor address; City; State; Zip Code

**7529 HARLOW
AUSTIN TX 78739**

Amount of contribution (\$)

\$25

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

FOUNDER

Employer (See Instructions)

HEAL IN CONDUCT

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 15	
2 FILER NAME Audrey "Tina" Cannon		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAUL RODRIGUEZ	7 Amount of contribution (\$) \$350	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 101 W Eagle THE HILLS TX 78735		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)	
Date 5/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONICA REDA	Amount of contribution (\$) \$350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12812 APPALOOSA CHASE AUSTIN TX 78732		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) SENIOR MGR		Employer (See Instructions) NATIONAL INSTRUMENT	
Date 5/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IHAB REDA	Amount of contribution (\$) \$350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12812 APPALOOSA CHASE AUSTIN TX 78732		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) SELF-INVESTOR		Employer (See Instructions) SELF	
Date 5/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSS WILLIAM RUMFREY	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8714 TOWANA AUSTIN TX 78734		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ENVIRONMENT PROG. DIRECTOR		Employer (See Instructions) UNIVERSITY OF TEXAS	
Date 5/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVE GLOVEN	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 111 SANANA MURKIN AUSTIN TX 78736		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) REAL ESTATE BROKER		Employer (See Instructions) Alchamy	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **15**

2 FILER NAME **Audrey "Tina" Cannon**

3 ACCOUNT # (Ethics Commission Filers)

4 Date
5/21

5 Full name of contributor out-of-state PAC (ID#: _____)
SATISH KODUKURU
6 Contributor address; City; State; Zip Code
**16417 BROADBAY
AUSTIN TX 78717**

7 Amount of contribution (\$) **\$100**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
SOFTWARE CONSULTANT

10 Employer (See Instructions)
SELF

Date
5/22

Full name of contributor out-of-state PAC (ID#: _____)
SAMANTHA NEEDHAM
Contributor address; City; State; Zip Code
**2402 HAVERSIDEN DR.
AUSTIN TX 78704**

Amount of contribution (\$) **\$25**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
CONSULTANT

Employer (See Instructions)
SYNERGY SERVICES

Date
5/20

Full name of contributor out-of-state PAC (ID#: _____)
SUSAN ANGELIS
Contributor address; City; State; Zip Code
**4825 DAVIS LANE #1913
AUSTIN TX 78749**

Amount of contribution (\$) **\$50**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
ADMIN

Employer (See Instructions)
TUGGLEY CALVOZ LLP

Date
5/29

Full name of contributor out-of-state PAC (ID#: _____)
CHARLES JORDON
Contributor address; City; State; Zip Code
**1662 BALMOR
ROUND ROCK TX 78664**

Amount of contribution (\$) **\$25**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)
SELF

Date
5/29

Full name of contributor out-of-state PAC (ID#: _____)
MICHAEL WITBROCK
Contributor address; City; State; Zip Code
**3911 WALNUT
AUSTIN TX 78731**

Amount of contribution (\$) **\$25**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
COMPUTER SCIENTIST

Employer (See Instructions)
CYCORP INC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 15	
2 FILER NAME AUDREY "TINA" CANNON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICK HOLMSEK	7 Amount of contribution (\$) \$150	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2402 GATESH AUSTIN TX 78745		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) IT		10 Employer (See Instructions) SOLAR WINDS	
Date 5/30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAUDE BAUDOIN	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7118 LAS VENTANAS AUSTIN TX 7873		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) CEBE IT	
Date 5/31	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIMBERLY NORTON	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 162 COYOTE LANE LAS VEGAS NV 89012		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) REPUBLIC SERVICES	
Date 6/2	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NANCY LUNSFOLD	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7503 MEX AUSTIN TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIREE		Employer (See Instructions)	
Date 6/2	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BALGOTTE DUNLAP	Amount of contribution (\$) \$350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 507 Colles #109 AUSTIN TX 78702		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) SMALL BIZ OWNER		Employer (See Instructions) DUNLAP ATX	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A: 5
---	------------------------------------

2 FILER NAME Audrey "Tina" Cannon	3 ACCOUNT # (Ethics Commission Filers)
---	--

4 Date 6/2	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AIDAN POVEDANO	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 1900 NEWTON ST # A AUSTIN TX 78704	(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) SELF - INVESTOR	10 Employer (See Instructions) SELF
---	---

Date 6/2	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOTTA SMAGULA	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 6203 LINDA LANE AUSTIN TX	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) MILITARY	Employer (See Instructions) TEXAS ARMY NATIONAL GUARD
--	---

Date 6/2	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAMILLE GAINES	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 8004 Long Cyn AUSTIN TX 78730	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) MARKETING	Employer (See Instructions) SELF
---	--

Date 6/2	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILIP WRIGHT	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 3715 S. 1ST #577 AUSTIN TX 78704	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) FINANCE	Employer (See Instructions) AMERICAN BANK
---	---

Date 6/3	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVEN SAUCEDO	Amount of contribution (\$) \$58	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 3711 William Penn SAN ANTONIO TX 78230	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Attorney	Employer (See Instructions) LGBS LLP
--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **15**

2 FILER NAME **AUSLEY "TINA" CANNON**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **6/4**
 5 Full name of contributor out-of-state PAC (ID#: _____)
HARVEY KING
 6 Contributor address; City; State; Zip Code
**66 PASCAL
 AUSTIN TX 78746**

7 Amount of contribution (\$) **\$350**
 8 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
INVESTOR

10 Employer (See Instructions)
SELF

Date **6/10**
 Full name of contributor out-of-state PAC (ID#: _____)
LESLIE SHOGA
 Contributor address; City; State; Zip Code
**208117 BELLEN
 Pflugerville TX 77660**

Amount of contribution (\$) **\$25**
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
CEO

Employer (See Instructions)
CITY BEBE

Date **6/11**
 Full name of contributor out-of-state PAC (ID#: _____)
RAYMOND RODRIGUEZ
 Contributor address; City; State; Zip Code
**221 LOUISIANA AVE
 COLPAS CHURCH TX 78404**

Amount of contribution (\$) **\$350**
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
INVESTMENT ADVISOR

Employer (See Instructions)
SELF

Date **6/11**
 Full name of contributor out-of-state PAC (ID#: _____)
JOA ABREGO
 Contributor address; City; State; Zip Code
**221 LOUISIANA AVE
 COLPAS CHURCH TX 78404**

Amount of contribution (\$) **\$350**
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
INVESTOR

Employer (See Instructions)
SELF

Date **6/11**
 Full name of contributor out-of-state PAC (ID#: _____)
MATT MCCORMACK
 Contributor address; City; State; Zip Code
**2104 ELTON LN
 AUSTIN TX 78703**

Amount of contribution (\$) **\$350**
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
VP DEVELOPMENT

Employer (See Instructions)
ASH CREEK HOMES

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 15	
2 FILER NAME AUDREY "TINA" CANNON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DK PUNZI 6 Contributor address; City; State; Zip Code 2309 FALCON AUSTIN TX 78745	7 Amount of contribution (\$) \$50	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) ATTORNEY		10 Employer (See Instructions) TX COUNTY	
Date 6/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TEXAS DEMOCRATIC PARTY Contributor address; City; State; Zip Code 4818 E. BEN WHITE # 104 AUSTIN TX 787	Amount of contribution (\$) \$350	In-kind contribution description (if applicable) VAN ACCESS
Principal occupation / Job title (See Instructions)		Employer (See Instructions) VAN ACCESS	
Date 6/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NICK TERZO Contributor address; City; State; Zip Code SAN FRANCISCO CA 94102 277 GOLDEN GATE AVE #315	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF	
Date 6/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ANNAND ROSE Contributor address; City; State; Zip Code 6203 LINDA LANE AUSTIN TX	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) BUSINESS SYSTEMS Mgr		Employer (See Instructions) RENEWABLE Energy Systems	
Date 4/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PATTY LABLANE Contributor address; City; State; Zip Code 9415 MCNEIL #525 AUSTIN TX 78750	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) EVENT Coordinator		Employer (See Instructions) SELF	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 15	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICIA PARKITNEY 6 Contributor address; City; State; Zip Code 6201 SNEED COV #160 AUSTIN TX 78744	7 Amount of contribution (\$) \$25	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) PHYSICAL THERAPIST		10 Employer (See Instructions) SETCO	
Date 6/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANGELA BRINKLEY Contributor address; City; State; Zip Code 2100 MOUNTAIN RIDGE #209 AUSTIN TX 78759	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) SELF-OWNER		Employer (See Instructions) SOBER MONKEY INC	
Date 6/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHANNA WHITMAN Contributor address; City; State; Zip Code 6636 W. WILLIAM CANYON #1638 AUSTIN TX 78735	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) GRANT PLANNER		Employer (See Instructions) SELF	
Date 6/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY HASKETT Contributor address; City; State; Zip Code 56043 CREEK ST AUSTIN TX 78731	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) TACTICAL INFO SYSTEMS	
Date 6/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOUI CABRA Contributor address; City; State; Zip Code 1741 LAUREL DR CANYON LAKE TX 78733	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) TECHNICAL		Employer (See Instructions) SEVC ISA	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **15**

2 FILER NAME

ANDREY "TINA" CAMON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/23

5 Full name of contributor out-of-state PAC (ID#: _____)

FRED BRINKLEY

6 Contributor address; City; State; Zip Code

**4557 GOLF VISTA
AUSTIN TX 78730**

7 Amount of contribution (\$)

\$100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

RETIRED

10 Employer (See Instructions)

Date

6/23

Full name of contributor out-of-state PAC (ID#: _____)

DEBRA SMOGULLA

Contributor address; City; State; Zip Code

**6205 LINDA LN
AUSTIN TX 78723**

Amount of contribution (\$)

\$25

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

EVENT PLANNER

Employer (See Instructions)

EMERSON

Date

6/24

Full name of contributor out-of-state PAC (ID#: _____)

BRIAN ERICKSON

Contributor address; City; State; Zip Code

**811 W. SLAUGHTER #1103
AUSTIN TX 78748**

Amount of contribution (\$)

\$25

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

SELF / REARER

Employer (See Instructions)

SELF

Date

6/24

Full name of contributor out-of-state PAC (ID#: _____)

KEVIN KOYM

Contributor address; City; State; Zip Code

**911 JOLLYVILLE RD #100
AUSTIN TX 78759**

Amount of contribution (\$)

\$25

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

FOUNDER TECH COMPANY

Employer (See Instructions)

TECH RANCH AUSTIN

Date

6/24

Full name of contributor out-of-state PAC (ID#: _____)

LANNIE RADCIK

Contributor address; City; State; Zip Code

**6673 WIE MARSH VALLEY WALK
AUSTIN TX 78744**

Amount of contribution (\$)

\$300

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

MARKETING

Employer (See Instructions)

RADCIK MKTY

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

15

2 FILER NAME

Audrey "Tina" Cannon

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/25

5 Full name of contributor out-of-state PAC (ID#:

Kim Shipman

6 Contributor address; City; State; Zip Code

4606 VIA MEDIA
AUSTIN TX 78746

7 Amount of contribution (\$)

\$ 250

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

CFO

10 Employer (See Instructions)

ENS0 MGT

Date

6/25

Full name of contributor out-of-state PAC (ID#:

Barrett Shipman

Contributor address; City; State; Zip Code

4606 VIA MEDIA
AUSTIN TX 78746

Amount of contribution (\$)

\$ 250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

CONSULTANT

Employer (See Instructions)

PWC

Date

6/24

Full name of contributor out-of-state PAC (ID#:

MARCOS CANCHOLA

Contributor address; City; State; Zip Code

5300 MARSH
AUSTIN TX 78751

Amount of contribution (\$)

350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

SELF / SMALL BIZ OWNER

Employer (See Instructions)

SELF

Date

6/24

Full name of contributor out-of-state PAC (ID#:

TERESA CANCHOLA

Contributor address; City; State; Zip Code

5300 MARSH
AUSTIN TX 78751

Amount of contribution (\$)

150

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

SELF - WIFE

Employer (See Instructions)

SELF

Date

6/24

Full name of contributor out-of-state PAC (ID#:

STEPHANIE LAMBERT

Contributor address; City; State; Zip Code

109 RALEY
CEDAR PARK TX 78613

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

BUSINESS DEVELOPMENT

Employer (See Instructions)

BOOST

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **15**

2 FILER NAME **AUDREY "TINA" CANNON** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 6/27	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JORGE GUTIERREZ	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO Box 12492 Austin TX 78711		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) **ATTORNEY** 10 Employer (See Instructions)
SELF

Date 6/27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NICOLE ZINN	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1608 RIVERSIDE DR. (EAST) AUSTIN TX 78741		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **BUSINESS OWNER** Employer (See Instructions)
ROCKET ELECTRICS INC

Date 6/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CECILIA GRAYAS	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9912 MONGAN CREEK AUSTIN TX 78717		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **CONTRACTOR** Employer (See Instructions)
SELF

Date 6/29	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BRIAN ROGERS	Amount of contribution (\$) \$350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1112 W. 9th ST AUSTIN TX 78703		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **REAL ESTATE INVESTOR** Employer (See Instructions)
ROGERS & REICHEL, Inc

Date 6/30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DAWNA HUBERT	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1811 FRESNO PLANO TX 78054		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **VP** Employer (See Instructions)
INTERNATIONAL MED-CARE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 15	
2 FILER NAME AUDREY "TINA" CANNON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/30	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDGAR GIELBOINI	7 Amount of contribution (\$) \$14.66	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 467 W. 18th St #15 AUSTON TX 78701		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) DIRECTOR		10 Employer (See Instructions) CARE COMMUNITIES	
Date 6/30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATHY VALE	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2707 Dupont CV Austin TX 78748		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Area Quality Grant mgr		Employer (See Instructions) TCEQ	
Date 6/30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANGEL BURGESS	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 20905 Rondur trail Lago Vista TX 78645		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) SALES MGR		Employer (See Instructions) OFFICE DEPOT	
Date 6/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRAY CROSBY	Amount of contribution (\$) \$350	In-kind contribution description (if applicable) Home Party Supplies
Contributor address; City; State; Zip Code 6500 CHAMPION way AUSTIN TX 78750		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF	
Date 5/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JESSE LUNSFOLD	Amount of contribution (\$) \$350	In-kind contribution description (if applicable) Home Party Fees
Contributor address; City; State; Zip Code 2922 E. COBAN CHAPEL AUSTIN TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) REAL ESTATE INVESTOR/DEV		Employer (See Instructions) SELF	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials 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 Total pages Schedule F: 8		2 FILER NAME AUDREY "TINA" CAMMON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/13		5 Payee name Tom Guillian			
6 Amount (\$) 100		7 Payee address; City; State; Zip Code 2215 TOWN LAKE CIRCLE #201 AUSTIN TX 78741			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) SAL/WAGES/CONTRACT LABOR		(b) Description (If travel outside of Texas, complete Schedule T) FIELD DIRECTOR	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
Date 5/14		Payee name MINUTE MAN PRESS			
Amount (\$) \$167.24		Payee address; City; State; Zip Code 1221 WEST 6th Street AUSTIN TX 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING SERVICES		Description (If travel outside of Texas, complete Schedule T) HANDILLS	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
Date 5/14		Payee name Tom Guillian			
Amount (\$) \$800		Payee address; City; State; Zip Code 2215 TOWN LAKE CIRCLE #201 AUSTIN TX 78741			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) SAL/WAGE/ CONTRACT SERVICES		Description (If travel outside of Texas, complete Schedule T) FIELD DIRECTOR	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
Date 5/19		Payee name STAPLES			
Amount (\$) 32.23		Payee address; City; State; Zip Code 1701 BARBARA JONDER BLVD #700 AUSTIN TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) other - office supplies		Description (If travel outside of Texas, complete Schedule T) PENS/NOTEPAPERS	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials 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 Total pages Schedule F: 4	2 FILER NAME AUSLEY "TINA" CAMON	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/27	5 Payee name TEXAS DEMOCRATIC PARTY	
6 Amount (\$) 550	7 Payee address; City; State; Zip Code 4818 E. Ben White #104 Austin TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FUNDRAISING EXP	(b) Description (If travel outside of Texas, complete Schedule T) VOTEBUILDER (VAN) ACCESS
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 5/28	Payee name FANTAZIA UNION PRO	
Amount (\$) \$570	Payee address; City; State; Zip Code 1-B DUNSTON ROAD FITCHBURG MA 01420	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXP	Description (If travel outside of Texas, complete Schedule T) FLAMINGOS
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 5/28	Payee name USPS	
Amount (\$) \$220	Payee address; City; State; Zip Code 4514 Burleson Road Austin TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) other - ADVERTISING	Description (If travel outside of Texas, complete Schedule T) MAIL/POSTAGE
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 5/28	Payee name USPS	
Amount (\$) \$300	Payee address; City; State; Zip Code 4514 Burleson Road Austin TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) other	Description (If travel outside of Texas, complete Schedule T) MAIL/POSTAGE
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials 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 | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | 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: 9	2 FILER NAME AUDREY "TINA" CANNON	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	---	--

4 Date 5/30	5 Payee name MINUTEMAN PRESS
-----------------------	--

6 Amount (\$) 167.24	7 Payee address; City; State; Zip Code 1221 W. 6th St AUSTIN TX 78703
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING SERVICES	(b) Description (If travel outside of Texas, complete Schedule T) HANDBILLS
--------------------------	--	---

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

Date 5/30	Payee name BUILD-A-Sign
---------------------	-----------------------------------

Amount (\$) 293.88	Payee address; City; State; Zip Code 11525A StoneHollow Dr AUSTIN TX 78758
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING SERVICES	Description (If travel outside of Texas, complete Schedule T) YARD SIGNS
------------------------	--	--

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

Date 6/5	Payee name Event Bntr / CAPITAL FACTORY
--------------------	---

Amount (\$) \$22.09	Payee address; City; State; Zip Code 701 BIAZOS AUSTIN TX 78701
-------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEV	Description (If travel outside of Texas, complete Schedule T) WOMEN'S TECH MEETING
------------------------	---	--

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

Date 6/5	Payee name CITY OF AUSTIN
--------------------	-------------------------------------

Amount (\$) 35	Payee address; City; State; Zip Code 309 W. 2nd St AUSTIN TX 78701
--------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEV	Description (If travel outside of Texas, complete Schedule T) WOMEN'S ANNUAL LUNCHEON
------------------------	---	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials 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 Total pages Schedule F: 9	2 FILER NAME AUDREY "TINA" CANNON	3 ACCOUNT # (Ethics Commission Filers)
4 Date 6/4	5 Payee name Austin Dan Association	
6 Amount (\$) \$ 15	7 Payee address; City; State; Zip Code 516 Congress #700 AUSTIN TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD/BEV	(b) Description (If travel outside of Texas, complete Schedule T) lunch
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/9	Payee name El Mercado South	
Amount (\$) 12.74	Payee address; City; State; Zip Code 1302 South 117 AUSTIN TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEV	Description (If travel outside of Texas, complete Schedule T) Environmental Demos Mtg
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/10	Payee name FACEBOOK	
Amount (\$) \$ 10	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK CA 94025	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) online ADS
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/12	Payee name HOME DEPOT	
Amount (\$) 33.47	Payee address; City; State; Zip Code 1095 N. MOPAR AUSTIN TX 78759	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER - ADVERTISING	Description (If travel outside of Texas, complete Schedule T) SIG SUPPLIERS
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials 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 Total pages Schedule F: 8	2 FILER NAME ANDREW "TINA" CANNON	3 ACCOUNT # (Ethics Commission Filers)
--------------------------------	--------------------------------------	--

4 Date 5/30/14	5 Payee name Tom Guillian
-------------------	------------------------------

6 Amount (\$) \$900	7 Payee address; City; State; Zip Code 2215 TOWN LAKE CIRCLE #201 AUSTIN TX 78721
------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) SAL/WAGE/CONTRACT	(b) Description (If travel outside of Texas, complete Schedule T) FIELD DIRECTOR
--------------------------	---	---

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

Date 4/30/14	Payee name KELLEY GRAPHICS
-----------------	-------------------------------

Amount (\$) \$246.58	Payee address; City; State; Zip Code 1409 QUAKER RIDGE AUSTIN TX 78746
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) LABEL STICKERS
------------------------	--	---

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

Date 4/13	Payee name FANTASIA UNION PRO
--------------	----------------------------------

Amount (\$) \$570	Payee address; City; State; Zip Code 7-13 PRINCETON RD FITCHBURG MA 01420
----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXP	Description (If travel outside of Texas, complete Schedule T) FLAMINGOS
------------------------	---	--

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

Date 4/22	Payee name THE HOME DEPOT
--------------	------------------------------

Amount (\$) \$246.81	Payee address; City; State; Zip Code 10515 N. MOORE AUSTIN TX 78759
-------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) WOOD YARD STAKES
------------------------	---	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials 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 Total pages Schedule F: 8	2 FILER NAME ANDREY "TINA" CANNON	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	---	---

4 Date 6/13	5 Payee name Tom Guilliam
-----------------------	-------------------------------------

6 Amount (\$) 900	7 Payee address; City; State; Zip Code 2215 Town Lake Cir # 201 AUSTIN TX 78741
-----------------------------	--

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) FIELD STAFF
---------------------------------	--	---

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

Date 6/09	Payee name FACEBOOK
--------------	------------------------

Amount (\$) \$25.01	Payee address; City; State; Zip Code 1 HADLER WAY MENLO PARK CA 94025
------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXP	Description (If travel outside of Texas, complete Schedule T) ONLINE ADS
-------------------------------	---	---

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

Date 6/8/14	Payee name Joan Brock Photography
----------------	--------------------------------------

Amount (\$) \$200	Payee address; City; State; Zip Code 5103 LEA CORN AUSTIN TX 78731
----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Services	Description (If travel outside of Texas, complete Schedule T) Event photography
-------------------------------	---	--

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

Date 6/11	Payee name Democracy Enginee . com
--------------	---------------------------------------

Amount (\$) 233.55	Payee address; City; State; Zip Code 850 QUINCY ST, NW #402 WASHINGTON, DC 20011
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising Exp	Description (If travel outside of Texas, complete Schedule T) ONLINE MERCH FEES
-------------------------------	---	--

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials 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 Total pages Schedule F: 8	2 FILER NAME AUDLEY "TINA" Cannon	3 ACCOUNT # (Ethics Commission Filers)
--------------------------------	--------------------------------------	--

4 Date 6/15	5 Payee name JUAN A MILLON
----------------	-------------------------------

6 Amount (\$) \$6.97	7 Payee address; City; State; Zip Code 2300 E. CESAR CHAVEZ AUSTIN TX 78702
-------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD/BEV	(b) Description (If travel outside of Texas, complete Schedule T) H.A.B.L.A. MEETINGS
--------------------------	--	--

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

Date 6/19	Payee name MINUTEMAN PRESS
--------------	-------------------------------

Amount (\$) 167.24	Payee address; City; State; Zip Code 1221 W. CH AUSTIN TX 78702
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXP	Description (If travel outside of Texas, complete Schedule T) HANDBILLS
------------------------	---	--

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

Date 6/25	Payee name TEXAS DEMOCRATIC PARTY
--------------	--------------------------------------

Amount (\$) 40	Payee address; City; State; Zip Code 4818 EAST BEN WHITE, SUITE 104 AUSTIN TX 78741
-------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXP	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN NETWORKING EVENT
------------------------	---	--

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

Date 6/30	Payee name MARLIS GRAS SUPPLIES
--------------	------------------------------------

Amount (\$) 34.11	Payee address; City; State; Zip Code 2001 EAST PASS ROAD GULFBOLT MS 39507
----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) BEADS FOR 4th July Parade
------------------------	---	--

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials 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 Total pages Schedule F: 8	2 FILER NAME AUDREY "TINA" CANNON	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	---	--

4 Date 4/30	5 Payee name Tom Guillian
-----------------------	-------------------------------------

6 Amount (\$) 900	7 Payee address; City; State; Zip Code 2215 Town Lake #201 Austin TX 78724
-----------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Field Staff
--------------------------	---	---

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

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials 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 Total pages Schedule G: 4	2 FILER NAME Audrey "Tina" Cannon	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	---	--

4 Date	5 Payee name
--------	--------------

6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	--	---

Date 5/2/14	Payee name El Mercado - South
-----------------------	---

Amount (\$) 13.34 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1302 South 1st Street Austin TX
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/BEV	Description (If travel outside of Texas, complete Schedule T) ENVIA DEMS Mtg
------------------------	---	--

Date 5/5/14	Payee name JES CARRAZIL
-----------------------	-----------------------------------

Amount (\$) 27.62 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 600 East Riverside Austin TX 78704
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/BEV	Description (If travel outside of Texas, complete Schedule T) Lis Austin Dems Mtg
------------------------	---	---

Date 5/08/14	Payee name SATAY Restaurant
------------------------	---------------------------------------

Amount (\$) 914.45 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3202 West Anderson Lane Austin TX 78757
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/BEV	Description (If travel outside of Texas, complete Schedule T) CAAAD Mtg
------------------------	---	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials 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 Total pages Schedule G: 4		2 FILER NAME AUDREY "TINA" CANNON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/22		5 Payee name IREM AUSTIN			
6 Amount (\$) \$45.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code Po Box 91028 AUSTIN TX 78709-1028			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food/Bel		(b) Description (If travel outside of Texas, complete Schedule T) meeting / CODENEXT	
Date 5/14		Payee name POST NET			
Amount (\$) \$79.89 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3571 FAR WEST AUSTIN TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING Exp		Description (If travel outside of Texas, complete Schedule T) signs	
Date 5/10/14		Payee name Constant Contact			
Amount (\$) 86 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1601 TRAPAO Rd WALTHAM MA 02451			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fundraising		Description (If travel outside of Texas, complete Schedule T) EMAIL PROVIDER	
Date 6/10/14		Payee name Constant Contact			
Amount (\$) 86 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1601 TRAPAO Rd WALTHAM MA 02451			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fundraising		Description (If travel outside of Texas, complete Schedule T) email provider	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials 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 Total pages Schedule G: 4	2 FILER NAME AUDREY "TINA" Cannon	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	---	--

4 Date 5/05/14	5 Payee name NATION BUILDER
--------------------------	---------------------------------------

6 Amount (\$) 19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 448 Hill St #200 Los Angeles CA. 90013
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T) Website Host
--------------------------	--	--

Date 4/1/14	Payee name NATION BUILDER
-----------------------	-------------------------------------

Amount (\$) 19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 448 Hill St #200 L.A. CA. 90013
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) WEBSITE Host
------------------------	--	--

Date 4/07	Payee name HULA HUT
---------------------	-------------------------------

Amount (\$) 81.23 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3825 LAKE AUSTIN AUSTIN TX 78703
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Bev	Description (If travel outside of Texas, complete Schedule T) Kickoff Party Apps
------------------------	---	--

Date 4/02	Payee name POSENET
---------------------	------------------------------

Amount (\$) 79.89 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3571 FAN WEST Austin TX
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Party Exp	Description (If travel outside of Texas, complete Schedule T) SNACK
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials 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 Total pages Schedule G: 4	2 FILER NAME AUDREY "TINA" CANNON	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	---	--

4 Date 5/08	5 Payee name TINA CANNON CAMPAIGN
-----------------------	---

6 Amount (\$) 25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 7100 Mountain Ridge Austin TX 78759
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accty/Banking	(b) Description (If travel outside of Texas, complete Schedule T) TESTING ONLINE PAYMENT SYSTEM
--------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED