

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) 20140704	2 PAGE # 1 of 20
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Majorie	MI
	NICKNAME Margie	LAST Burciaga	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	P.O. Box 28366 Austin, TX 78755		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mindy	MI
	NICKNAME	LAST Montfort	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
100 Guadalupe Austin, TX 78701			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(512) 651-6375			
8 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
9 PERIOD COVERED	Month Day Year		Month Day Year
	03/16/2014		THROUGH 06/30/2014
10 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 11/04/2014	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
GO TO PAGE 2			

OFFICE USE ONLY	
Date Received	AUSTIN CITY CLERK RECEIVED 2014 JUL 14 PM 12:27
Date Hand-delivered or Date Postmarked	
Receipt #	Amount
Date Processed	
Date Imaged	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

13 C/OH NAME Burciaga, Majorie (Ms.)

14 ACCOUNT # (Ethics Commission filers)
20140704

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,841.03
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
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4. TOTAL POLITICAL EXPENDITURES	\$ 6,065.16
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CONTRIBUTION BALANCE

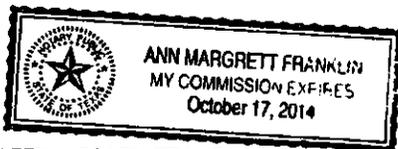
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
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17 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Margie Burciaga
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Margie Burciaga, this the 14th day of July, 2014, to certify which, witness my hand and seal of office.

Ann Margrett Franklin Ann Margrett Franklin Notary
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/14 Report: 3/20	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 06/03/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adams, Maurice (Mrs.) 6 Contributor address; City; State; Zip Code 2516 Wooldridge Austin, TX 78731	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 06/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adrian, Jan (Mrs.) Contributor address; City; State; Zip Code 2801 Denton Tap Rd Lewisville, TX 75067	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 06/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allen, Lisa (Mrs.) Contributor address; City; State; Zip Code 1417 Bay Hill Austin, TX 78746	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amon, Harry and Penny (Mr.) Contributor address; City; State; Zip Code 6454 Hart Lane Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arnold, Russell (Mr.) Contributor address; City; State; Zip Code 3916 Arbor Glen Way Austin, TX 78731	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/14 Report: 4/20	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 06/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ashworth, Stephanie (Ms.) 6 Contributor address; City; State; Zip Code 3713 Eastledge Drive Austin, TX 78731	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Homemaker		10 Employer (See Instructions) N/A	
Date 06/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barr, Alan (Mr.) Contributor address; City; State; Zip Code 7706 Stoneywood Drive Austin, TX 78701	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baselice, Julie (Ms.) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beck, Frank (Mr.) Contributor address; City; State; Zip Code 8105 Ravello Ridge Cove Austin, TX 78735	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Portfolio Manager		Employer (See Instructions) Beck Capital Management	
Date 06/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blanton, Janis (Ms.) Contributor address; City; State; Zip Code 8002 Ceberry Drive Austin, TX 78759	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Property Management		Employer (See Instructions) Self Employed	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/14 Report: 5/20	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 05/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bowers, Corrine (Mrs.) 6 Contributor address; City; State; Zip Code 2620 Spring Lane Austin, TX 78703	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boyce, Jim (Mr.) Contributor address; City; State; Zip Code P.O. Box 341596 Austin, TX 78738	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Braecklein, Gayle (Ms.) Contributor address; City; State; Zip Code 1704 E. 5th Street Suite 100 Austin, TX 78702	Amount of contribution (\$) \$332.03	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Yellow Jacket Bar and Grill	
Date 06/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Braecklein, Gayle (Ms.) Contributor address; City; State; Zip Code 1704 E. 5th Street Suite 100 Austin, TX 78702	Amount of contribution (\$) \$18.00	In-kind contribution description (if applicable) Food (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Yellow Jacket Bar and Grill	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, Sheryl (Ms.) Contributor address; City; State; Zip Code 4748 Cat Mountain Drive Austin, TX 78731	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Objets Austin Lt.	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/14 Report: 6/20	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 06/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burciaga, Gibert (Mr.) 6 Contributor address; City; State; Zip Code 3734 Hunterwood Point Austin, TX 78746	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Oil and Gas		10 Employer (See Instructions) Accent Mgmt	
Date 06/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burciaga, Kevin (Mr.) Contributor address; City; State; Zip Code 29213 Harbour Vista Circle ST Augustine, FL 32080	Amount of contribution (\$) \$15.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burciaga, Rick (Mr.) Contributor address; City; State; Zip Code 1910 Clear Creek Weatherford, TX 78608	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Chase Bank	
Date 06/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burciaga, Virginia (Ms.) Contributor address; City; State; Zip Code 3734 Hunterwood Point Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) N/A	
Date 05/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cohick, Don and Lisa (Mr.) Contributor address; City; State; Zip Code 24 Eton Green Circle Austin, TX 78257	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/14 Report: 7/20	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 05/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cook, Tom (Mr.) 6 Contributor address; City; State; Zip Code 1515 Resaca Blvd #1 Austin, TX 78738	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Businessman		10 Employer (See Instructions) Retired	
Date 06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Covert, Melinda (Ms.) Contributor address; City; State; Zip Code 3204 Stratford Hills Lane Austin, TX 78746	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cowden, Coley (Mr.) Contributor address; City; State; Zip Code 3708 Bonnell Dr Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/09/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cowden, Jeanie (Mrs.) Contributor address; City; State; Zip Code 3708 Bonnell Dr Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crow, Shirley (Ms.) Contributor address; City; State; Zip Code 6310 Mercedes Avenue Dallas, TX 75214	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Trammell Crow	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/14 Report: 8/20	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 06/11/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crow, Stuart (Mr.) 6 Contributor address; City; State; Zip Code 6310 Mercedes Avenue Dallas, TX 75214	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Partner		10 Employer (See Instructions) Tammell Crow	
4 Date 06/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Danks, Kelly (Mr.) 6 Contributor address; City; State; Zip Code 3805 Green Trails N Austin, TX 78731	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Entrepreneur		10 Employer (See Instructions) Self Employed	
4 Date 06/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donovan, John (Mr.) 6 Contributor address; City; State; Zip Code 2511 Spring Lane Austin, TX 78703	7 Amount of contribution (\$) \$301.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Bowling Center Magazine		10 Employer (See Instructions) Family Sports Inc.	
4 Date 06/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duwe, GD (Mr.) 6 Contributor address; City; State; Zip Code 6802 Rockledge Cove Austin, TX 78731	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 06/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gomes, Bonnie (Mrs.) 6 Contributor address; City; State; Zip Code 2305 Barton Creek Blvd Unit 6 Austin, TX 78746	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) VP Business Development		10 Employer (See Instructions) Scarab Consulting	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/14 Report: 9/20	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 06/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gossard, Tracy (Ms.) 6 Contributor address; City; State; Zip Code 1603 W. 40th Street Austin, TX 78756	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 06/04/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hazelwood, Mark and Gloria (Mr.) 6 Contributor address; City; State; Zip Code 6500 Lost Horizon Drive Austin, TX 78759	7 Amount of contribution (\$) \$325.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Businessman		10 Employer (See Instructions) Retired	
4 Date 05/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howlett, Col Byron and Billie (Mr.) 6 Contributor address; City; State; Zip Code 10 Chester Downs San Antonio, TX 78257	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 05/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jenkins, Joe (Mr.) 6 Contributor address; City; State; Zip Code 4201 Zuni Drive Austin, TX 78759	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Engineer		10 Employer (See Instructions) CH2M Hill	
4 Date 06/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Ginny (Mrs.) 6 Contributor address; City; State; Zip Code 3211 Stratford Dr Austin, TX 78746	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Homemaker		10 Employer (See Instructions) N/A	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/14 Report: 10/20	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 06/03/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Judah, Diane (Ms.) 6 Contributor address; City; State; Zip Code 2917 Brittany Point Lane Austin, TX 78734	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 05/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laws, Robert and Bernice (Mr.) Contributor address; City; State; Zip Code 212 Far Vela Lane Austin, TX 78734	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 06/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Liljenwall, Becky (Ms.) Contributor address; City; State; Zip Code 4130 Spicewood Springs Rd. Austin, TX 78759	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 05/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Madry, Lisa (Ms.) Contributor address; City; State; Zip Code 2808 Nordham Dr. Austin, TX 78745-4740	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin, Jack and Liza (Mr.) Contributor address; City; State; Zip Code 401 Bulian Lane Austin, TX 78746	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions) Martin Frost and Hill			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/14 Report: 11/20	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 06/08/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin, Teri Dee (Ms.) 6 Contributor address; City; State; Zip Code 3401 Westside Dr Austin, TX 78731	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCabe, Tim (Mr.) Contributor address; City; State; Zip Code P.O. Box 5236 Austin, TX 78763	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) real estate developer
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Real Estate Development	
Date 06/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McGillicuddy, Kevin (Mr.) Contributor address; City; State; Zip Code 4020 Pinckney St Austin, TX 78723	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Staff		Employer (See Instructions) JT Parker and Associates, LLC	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Jill (Ms.) Contributor address; City; State; Zip Code 3928 Myrick Dr. Austin, TX 78731	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mullins, Robert (Mr.) Contributor address; City; State; Zip Code 706 Garraty Court Austin, TX 78209	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) Romoco Equipment Co
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Romoco Equipment Co.	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/14 Report: 12/20	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 06/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Murray, Matthew (Dr.) 6 Contributor address; City; State; Zip Code 303 Wallis Drive Austin, TX 78746	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Physician		10 Employer (See Instructions) Community Radiology Associates	
Date 05/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Norman, JS (Mr.) Contributor address; City; State; Zip Code 3917 Myrick Dr. Austin, TX 78731	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Retired	
Date 05/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Norman, LD (Mr.) Contributor address; City; State; Zip Code 3917 Myrick Dr. Austin, TX 78731	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Retired	
Date 05/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Parrs, Cheryl (Ms.) Contributor address; City; State; Zip Code 3725 Hunterwood Point Aystin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Dell	
Date 05/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Parrs, Rosendo (Ms.) Contributor address; City; State; Zip Code 3725 Hunterwood Point Aystin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Dell	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/14 Report: 13/20	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 06/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pasternak, Allison (Mrs.) 6 Contributor address; City; State; Zip Code 8309 Saber Creek Trail Austin, TX 78759	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Accountant		10 Employer (See Instructions) Comstock Resources	
Date 06/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Presley, Daniel (Mr.) Contributor address; City; State; Zip Code 8479 Fair Oaks Dr Frisco, TX 75033	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Author		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) Retired	
Date 06/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Simons, Larry and Debbie (Mr.) Contributor address; City; State; Zip Code 4633 Far West Blvd Austin, TX 78731	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Businessman		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Retired	
Date 06/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Bob and Kathy (Mr.) Contributor address; City; State; Zip Code 4005 Belmont Park Austin, TX 78746	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/14 Report: 14/20	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 06/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Snowden, Jo Carol (Ms.) 6 Contributor address; City; State; Zip Code 7511 Downridge Dr Austin, TX 78731	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 06/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spohr, Cindy and Wolfgang (Mr.) 6 Contributor address; City; State; Zip Code 108 Chippewa Way Gunnison, CO 81230	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 06/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stanford, Kim (Ms.) 6 Contributor address; City; State; Zip Code 3509 Bridle Path Austin, TX 78703	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 06/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thompson, John and Nina 6 Contributor address; City; State; Zip Code 3267 Bee Caves Rd #107 Austin, TX 78746	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 06/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wangler, Betty (Mrs.) 6 Contributor address; City; State; Zip Code 5903 Lonesome Valley Austin, TX 78731	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/14 Report: 15/20	
2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (Ethics Commission filers) 20140704	
4 Date 05/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wayne, Ralph (Mr.) 6 Contributor address; City; State; Zip Code 3902 Pebble Path Austin, TX 78731	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Businessman		10 Employer (See Instructions) Retired	
Date 05/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) White, Neel (Mrs.) Contributor address; City; State; Zip Code 4220 Garden River Trl Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) White Construction	
Date 05/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) White, Pam (Mrs.) Contributor address; City; State; Zip Code 4220 Garden River Trl Austin, TX 78746	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) White Construction	
Date 06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wood, Beth Ann (Ms.) Contributor address; City; State; Zip Code 8820 Silverarrow Circle Austin, TX 78759	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Worley, Edwin (Mr.) Contributor address; City; State; Zip Code 4007 Edgefield Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/3 Report: 18/20		2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (TEC filers) 20140704	
4 Date 06/26/2014	5 Payee name American Party Rental				
6 Amount (\$) \$80.00	7 Payee address City; State; Zip Code Austin, TX				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Helium for Balloons		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/10/2014	Payee name Bruce Elfant				
Amount (\$) \$74.40	Payee address City; State; Zip Code Austin, TX				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Data File		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 05/14/2014	Payee name Greystone Media				
Amount (\$) \$1,500.00	Payee address City; State; Zip Code Austin, TX 78703				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting for Campaign		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/06/2014	Payee name Greystone Media				
Amount (\$) \$2,944.18	Payee address City; State; Zip Code Austin, TX 78703				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Logo Design and Collateral Printing		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/3 Report: 19/20		2 FILER NAME Burciaga, Majorie (Ms.)		3 ACCOUNT # (TEC filers) 20140704	
4 Date 06/03/2014	5 Payee name Harland Clarke				
6 Amount (\$) \$34.95	7 Payee address City; State; Zip Code Austin, TX 78731				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Checks for Campaign		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 05/08/2014	Payee name HEB				
Amount (\$) \$28.96	Payee address City; State; Zip Code Austin, TX 78731				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Cake for Kickoff Event		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 05/08/2014	Payee name HEB				
Amount (\$) \$19.49	Payee address City; State; Zip Code Austin, TX 78731				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Balloons for Kickoff Event		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/30/2014	Payee name Raise the Money				
Amount (\$) \$192.00	Payee address City; State; Zip Code Little Rock, AR				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Vendor Fees		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/3 Report: 20/20	2 FILER NAME Burciaga, Majorie (Ms.)	3 ACCOUNT # (TEC filers) 20140704
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4 Date 06/05/2014	5 Payee name Wells Fargo
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6 Amount (\$) \$15.00	7 Payee address City; State; Zip Code Austin, TX 78731
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Wire Fee
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/02/2014	Payee name Worley, Kristen (Ms.)
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Amount (\$) \$108.00	Payee address City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Administrative support
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/07/2014	Payee name Worley Printing
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Amount (\$) \$47.09	Payee address City; State; Zip Code 3227 N IH 35 Austin, TX 78722
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/26/2014	Payee name Worley Printing
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Amount (\$) \$1,021.09	Payee address City; State; Zip Code 3227 N IH 35 Austin, TX 78722
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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