(512) 463-5800 (TDD 1-800-735-2989) Austin, Texas 78711-2070 P.O. Box 12070 SPECIFIC-PURPOSE COMMITTEE FORM SPAC CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 ACCOUNT# 2 Total pages filed: (Ethics Commission Filers) The SPAC Instruction Guide explains how to complete this form. 3 COMMITTEE NAME OFFICE USE ONLY Our Rail Date Received ADDRESS / PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE 4 COMMITTEE ADDRESS PO Box 49166 Austin, TX 78765 change of address Date Hand-delivered or Postmarked Receipt# FIRST MS/MRS/MR Mi 5 CAMPAIGN Date Processed Scott TREASURER NAME NICKNAME LAST SUFFIX Date Imaged Morris STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY STATE: ZIP CODE 6 CAMPAIGN TREASURER'S 3705 Cedar St., Austin TX 78705 STREET ADDRESS (residence or business) ZIP CODE STREET OR PO BOX; APT / SUITE #; CITY: STATE: 7 CAMPAIGN TREASURER'S PO Box 49166, Austin, TX 78765 MAILING ADDRESS ___ change of address AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE (512)371-7961 9 REPORT TYPE 30th day before election Exceeded \$500 limit January 15 Dissolution (altach PAC-DR) X July 15 8th day before election 10th day after campaign treasurer termination Runoff 10 PERIOD Month Month Day COVERED 01 / 06 / 14 06 / 30 / 14 THROUGH 11 ELECTION ELECTION TYPE ELECTION DATE Day 11 / 04 / 14 Primary Runoff X General Special

GOTO PAGE 2

(512) 463-5800

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

Texas Ethics Commission

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Our Rail			ACCOUNT # (Ethics Commission Filers)			
13 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME				
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE					
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (or	fficeholder)			
X OPPOSE (Candidate or Measure)						
<u> </u>	X MEASURE	"Project Connect" ELECTION DATE Month Day Year Bond Referendum 11 04 14				
ASSIST (Officeholder)		A measure funding urban rail v approved by Austin City Counc				
14 CONTRIBUTION TOTALS		CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. OR GUARANTEES OF LOANS), UNLESS ITEM				
	2. TOTAL POLITIC (OTHER THAN PLE	\$ *				
EXPENDITURE TOTALS	3. TOTAL POLITICAL	remized \$ *				
	4. TOTAL POLITIC	AL EXPENDITURES	\$ *			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LA	ST DAY \$ *			
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS C REPORTING PERIOD	DF THE \$ *			
15 AFFIDAVIT		I swear, or affirm, under penalty of preport is true and correct and include reported by me under Title 15, Elec	es all information required to be			
* See follo	owing page					
		Signature of Camp	paign Treasurer			
AFFIX NOTARY STAMP / SE	AL ABOVE					
Sworn to and subscrib	ed before me, by the	said	this the			
day of	, 20	, to certify which, witness my	hand and seal of office.			
Signature of officer administe	ring oath Printed	name of officer administering oath	Title of officer administering oath			

SPECIFIC-PURPOSE COMMITTEE REPORT:

FORM SPAC COVER SHEET RG 2

2 COMMITTEE NAME			ACCOUNT # (Ethics Commission Filers)
Our Rail			
3 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME	
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE		
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (offi	iceholder)
X OPPOSE (Candidate or Measure)		BALLOT IDENTIFICATION / #	ELECTION DATE
_	IXT) MEASURE	"2014 Strategic Mobility Plan" Month Bond Referendum 11	04 14
ASSIST (Officeholder)		DESCRIPTION A ballot measure containing urb approved by City Council on 6/2	
4 CONTRIBUTION TOTALS		CONTRIBUTIONS OF \$50 OR LESS (OTHER THA , OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 693.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL	EXPENDITURES OF \$100 OR LESS, UNLESS ITE	* 45.79
	4. TOTAL POLITIC	AL EXPENDITURES	\$ 449.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTI	CONTRIBUTIONS MAINTAINED AS OF THE LAS	T DAY \$ 243.24
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF EREPORTING PERIOD	* -0-
	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	I swear, or affirm, under penalty of pereport is true and correct and include reported by me under Title 15, Election	s all information required to be
My Co	mm. Exp. 08-08-2917	Signature of Campa	nign Treasurer
AFFIX NOTARY STAMP / SEA		said Scott Morris	this the
11111	JULY , 20 1	•	

(512) 463-5800

Austin, Texas 78711-2070 (TDD 1-800-735-2989) **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: 1 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Our Rail Date 5 Full name of contributor 7 Amount of In-kind contribution out-of-state PAC (ID#:___ contribution (\$) description (if applicable) Christopher Aniszczyk 100.00 2/5/14 6 Contributor address; City; State; Zip Code 115 Sandra Muraida Way, Austin TX 78703 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Amount of In-kind contribution Full name of contributor Date ut-of-state PAC (ID#: contribution (\$) description (if applicable) 100.00 5/7/14 Daniel Gustafson Contributor address; City; State; Zip Code 100 Congress Ave, Austin, TX 78701 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Date Amount of Full name of contributor out-of-state PAC (ID#: contribution (\$) description (if applicable) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Date Full name of contributor ut-of-state PAC (ID#) Amount of contribution (\$) description (if applicable) Contributor address: City; State; Zip Code (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Amount of In-kind contribution Date ut-of-state PAC (ID#) contribution (\$) description (if applicable) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE F

	EXPENDITURE	CATEGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Con Solicitation/Fundraisi Travel In District Travel Out Of District Office Overhead/Rei	ing Expense ct ntal Expense	Contributions/Dona Candidate/Office OTHER (enter a ca	ipment & Related Expense
	The Instruction Guide	e explains how to co	omplete this fo		E # (Cities Osserviceiro Filoso
Total pages Schedule F:	Our Rail			3 ACCOUN	F# (Ethics Commission Filers
Date 02/19/14	5 Payee name Scott Morris (reimburse	ement)			
19.00	7 Payee address; City; St PO Box 49166 Austin, TX	ate; Zip Code K 78765			
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the t Advertising Expense	ap of this schedule)		omain registr	as, complete Schedule T) ation
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder nam OH	е	Office soug		Office held
Date	Payee name		•		
02/19/14	Scott Morris (reimburse	ement)			
Amount (\$)	Payee address; City; 5	State; Zip Code			
25.68	PO Box 49166 Austin, T	X 78765			
PURPOSE OF EXPENDITURE	Category (See categories listed at the t Office Overhead/Rental		•	n (Iftravel outside of Tex servation of n	as, complete Schedule T) ame
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder nam OH	е	Office soug	ht	Office held
Date	Payee name				
02/19/14	Scott Morris (reimburse	ement)			
Amount (\$)		state; Zip Code			
16.00	PO Box 49166 Austin, T	X 78765			
PURPOSE OF EXPENDITURE	Category (See categories listed at the Office Overhead/Rental		•	n (If travel outside of Tex reservation o	ras, complete Schedule T) f name
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder nam OH	е	Office soug	ht	Office held
Date	Payee name				
02/28/14	Frost Bank				
Amount (\$)	<u> </u>	State; Zip Code			
5.00	1206 W. 38th Street, Sui	te 1101 Austin	, TX 78705		
PURPOSE OF EXPENDITURE	Category (See categories listed at the t Accounting/Banking	op of this schedule)	Description Bank fee	☐ (If travel outside of Tex	ras, complete Schedule T)
Complete ONLY if direct		e	Office soug	iht	Office held
expenditure to benefit C.	ЮП				

Austin, Texas 78711-2070

SCHEDULE F

			FOR POWER		
		E CATEGORIES) B (B - :	
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/C Solicitation/Fundra		Loan Repayment/Reimbursement Transportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense	Travel In District	- '	Contributions/Donations	•
Event Expense	Polling Expense	Travel Out Of Dis			der/Political Committee
Fees	Printing Expense	Office Overhead/	Rental Expense	OTHER (enter a catego	ry not listed above)
	The Instruction Guid	le explains how to	complete this for	m.	
Total pages Schedule F: 5	2 FILER NAME Our Rail			3 ACCOUNT # (Ethics Commission File
Date 03/31/14	5 Payee name Frost Bank				
Amount (\$)	7 Payee address; City; S	tate; Zip Code			
5.00	1206 W. 38th Street, Su		in, TX 78705		
PURPOSE	(a) Category (See categories listed at the	top of this schedule)		(If travel outside of Texas, co	omplete Schedule T)
OF EXPENDITURE	Accounting/Banking		Bank fee		
Complete ONLY if direct expenditure to benefit Co		ne	Office sough	nt	Office held
Date	Payee name				
04/30/14	Frost Bank				
Amount (\$)	Payee address; City;	State; Zip Code			
5.00	1206 W. 38th Street, Su	ite 1101 Aust	in, TX 78705		
PURPOSE	Category (See categories listed at the	top of this schedule}		(If travel outside of Texas, co	omplete Schedule T)
OF EXPENDITURE	Accounting/Banking		Bank fee		
Complete ONLY if direct expenditure to benefit Co		ne 	Office sough	at	Office held
		ne	Office sough	et .	Office held
expenditure to benefit Ca	Payee name	<u> </u>	Office sough	st -	Office held
expenditure to benefit Condition Date 05/19/14	Payee name Scott Morris (reimburs	ement)	Office sough	st -	Office held
Date 05/19/14 Amount (\$)	Payee name Scott Morris (reimburs Payee address; City;	ement) State; Zip Code	Office sough	st .	Office held
expenditure to benefit Condition Date 05/19/14	Payee name Scott Morris (reimburs	ement) State; Zip Code	Office sough	st .	Office held
Date 05/19/14 Amount (\$)	Payee name Scott Morris (reimburs Payee address; City;	ement) State; Zip Code IX 78765		(If travel outside of Texas, co	
Date 05/19/14 Amount (\$)	Payee name Scott Morris (reimburs Payee address; City; PO Box 49166 Austin, T	ement) State; Zip Code X 78765	Description		omplete Schedule T}
Date 05/19/14 Amount (\$) 13.50	Payee name Scott Morris (reimburs Payee address; City; PO Box 49166 Austin, T Category (See categories listed at the Office Overhead/Rental	ement) State; Zip Code IX 78765 top of this schedule) Expense	Description	(If travel outside of Texas. co	omplete Schedule T}
expenditure to benefit Complete ONLY if direct	Payee name Scott Morris (reimburs Payee address; City; PO Box 49166 Austin, T Category (See categories listed at the Office Overhead/Rental	ement) State; Zip Code IX 78765 top of this schedule) Expense	Description USPS PO Bo	(If travel outside of Texas. co	omplete Schedule T) prorated
expenditure to benefit Complete ONLY if direct expendit Complete ONLY if direct expenditure to benefit Complete ONLY if	Payee name Scott Morris (reimburs Payee address; City; PO Box 49166 Austin, T Category (See categories listed at the Office Overhead/Rental Candidate / Officeholder name	ement) State; Zip Code IX 78765 top of this schedule) Expense	Description USPS PO Bo	(If travel outside of Texas. co	omplete Schedule T) prorated
expenditure to benefit Compare 05/19/14 Amount (\$) 13.50 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit Compare 05/19/14	Payee name Scott Morris (reimburs Payee address; City; PO Box 49166 Austin, T Category (See categories listed at the Office Overhead/Rental Candidate / Officeholder nam /OH Payee name Scott Morris (reimburs	ement) State; Zip Code IX 78765 top of this schedule) Expense ne	Description USPS PO Bo	(If travel outside of Texas. co	omplete Schedule T) prorated
expenditure to benefit Complete O5/19/14 Amount (\$) 13.50 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit Complete O5/19/14 Amount (\$)	Payee name Scott Morris (reimburs Payee address; City; PO Box 49166 Austin, T Category (See categories listed at the Office Overhead/Rental Candidate/Officeholder nam /OH Payee name Scott Morris (reimburs Payee address; City;	ement) State; Zip Code IX 78765 top of this schedule) Expense ne ement) State; Zip Code	Description USPS PO Bo	(If travel outside of Texas. co	omplete Schedule T) prorated
Date 05/19/14 Amount (\$) 13.50 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C. Date 05/19/14	Payee name Scott Morris (reimburs Payee address; City; PO Box 49166 Austin, T Category (See categories listed at the Office Overhead/Rental Candidate / Officeholder nam /OH Payee name Scott Morris (reimburs	ement) State; Zip Code IX 78765 top of this schedule) Expense ne ement) State; Zip Code	Description USPS PO Bo	(If travel outside of Texas. co	omplete Schedule T) prorated
expenditure to benefit Control	Payee name Scott Morris (reimburs Payee address; City; PO Box 49166 Austin, T Category (See categories listed at the Office Overhead/Rental Candidate/Officeholder nam /OH Payee name Scott Morris (reimburs Payee address; City;	ement) State; Zip Code IX 78765 top of this schedule) Expense ne ement) State; Zip Code IX 78765	Description USPS PO Bo	(If travel outside of Texas. co	omplete Schedule T; prorated Office held
Date 05/19/14 Amount (\$) 13.50 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C. Date 05/19/14 Amount (\$) 54.00	Payee name Scott Morris (reimburs Payee address; City; PO Box 49166 Austin, T Category (See categories listed at the Office Overhead/Rental Candidate/Officeholder nam /OH Payee name Scott Morris (reimburs Payee address; City; PO Box 49166 Austin, T	ement) State; Zip Code (X 78765 top of this schedule) Expense ne ement) State; Zip Code (X 78765	Description USPS PO Bo Office sough	(If travel outside of Texas. co ox fee Nov-May	omplete Schedule T; prorated Office held

Austin, Texas 78711-2070

SCHEDULE F

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/I Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead	Contract Labor raising Expense strict	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 003	The Instruction Guide explains how to	•	
Total pages Schedule F:	2 FILER NAME Our Rail		3 ACCOUNT # (Ethics Commission Filen
Date 05/19/14	5 Payee name Scott Morris (reimbursement)		
Amount (\$) 2.48	7 Payee address; City; State; Zip Code PO Box 49166 Austin, TX 78765		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Pair web h	(If travel outside of Texas, complete Schedule T) OSTING
Complete ONLY if direct expenditure to benefit C		Office sough	office held
Date	Payee name		
05/19/14	Scott Morris (reimbursement)		
Amount (\$)	Payee address; City; State; Zip Code		
14.33	PO Box 49166 Austin, TX 78765		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Pair web h	(If travel outside of Yexas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C		Office sough	nt Office held
Complete ONLY if direct	•	Office sough	ot Office held
Complete ONLY if direct expenditure to benefit C	/ОН	Office sough	nt Office held
Complete ONLY if direct expenditure to benefit C	Payee name	Office sough	nt Office held
Complete ONLY if direct expenditure to benefit Control Date 05/19/14	Payee name Scott Morris (reimbursement)	Office sough	nt Office held
Complete ONLY if direct expenditure to benefit Complete O5/19/14 Amount (\$)	Payee name Scott Morris (reimbursement) Payee address; City; State; Zip Code	Description	Office held (If travel outside of Texas, complete Schedule T) omain registration
Complete ONLY if direct expenditure to benefit C Date 05/19/14 Amount (\$) 19.00 PURPOSE OF	Payee name Scott Morris (reimbursement) Payee address; City; State; Zip Code PO Box 49166 Austin, TX 78765 Category (See categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name	Description	(If travel outside of Texes, complete Schedule T) Dmain registration
Complete ONLY if direct expenditure to benefit Complete 05/19/14 Amount (\$) 19.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Scott Morris (reimbursement) Payee address; City; State; Zip Code PO Box 49166 Austin, TX 78765 Category (See categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name	Description Pair NIC do	(If travel outside of Texes, complete Schedule T) Dmain registration
Complete ONLY if direct expenditure to benefit C Date 05/19/14 Amount (\$) 19.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C	Payee name Scott Morris (reimbursement) Payee address; City; State; Zip Code PO Box 49166 Austin, TX 78765 Category (See categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name	Description Pair NIC do	(If travel outside of Texes, complete Schedule T) Dmain registration
Complete ONLY if direct expenditure to benefit C Date 05/19/14 Amount (\$) 19.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C	Payee name Scott Morris (reimbursement) Payee address; City; State; Zip Code PO Box 49166 Austin, TX 78765 Category (See categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name //OH Payee name	Description Pair NIC do	(If travel outside of Texes, complete Schedule T) Dmain registration
Complete ONLY if direct expenditure to benefit C Date 05/19/14 Amount (\$) 19.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C Date 05/19/14	Payee name Scott Morris (reimbursement) Payee address; City; State; Zip Code PO Box 49166 Austin, TX 78765 Category (See categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name //OH Payee name Scott Morris (reimbursement)	Description Pair NIC do	(If travel outside of Texes, complete Schedule T) Dmain registration
Complete ONLY if direct expenditure to benefit Complete 05/19/14 Amount (\$) 19.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit Complete 05/19/14 Amount (\$)	Payee name Scott Morris (reimbursement) Payee address; City; State; Zip Code PO Box 49166 Austin, TX 78765 Category (See categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name //OH Payee name Scott Morris (reimbursement) Payee address; City; State; Zip Code	Description Pair NIC do Office sough	(If travel outside of Texes, complete Schedule T) Dmain registration

(512) 463-5800

POLITICAL EXPENDITURES

SCHEDULE F

·					-
	EXPENDITURE CA	TEGORIES F	OR BOX 8(a)	·	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Soli Food/Beverage Expense Tra Polling Expense Tra	aries/Wages/Con icitation/Fundrais vel In District vel Out Of District ce Overhead/Re	ing Expense ct ntal Expense	Loan Repayment/Reimbursement Transportation Equipment & Related E Contributions/Donations Made By Candidate/Officeholder/Political Co OTHER (enter a category not listed a	ommillee
Total pages Schedule F:	2 FILER NAME	iallis now to co	omplete this for	3 ACCOUNT # (Ethics Commis	sion Filers
5	Our Rail				
Date 05/31/14	5 Payee name Frost Bank				
5.00	7 Payee address; City; State; 1206 W. 38th Street, Suite 1	•	, TX 78705		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of the Accounting/Banking	nis schedule)	(b) Description Bank fee	(If travel outside of Texas, complete Schedule	+ T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	ht Office held	1
Date	Payee name		<u> </u>		
06/21/14	Fedex Office				
Amount (\$)	Payee address; City; State;	Zip Code			
58.90	2711 Guadalupe St, Austin,	TX 78705			
PURPOSE	Category (See categories listed at the top of the	is schedule)	•	(If travel outside of Texas, complete Schedule	rT)
OF EXPENDITURE	Printing Expense	}	Flyers		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	nt Office held	I
Date	Payee name		···-		
06/22/14	Fedex Office				
Amount (\$)	Payee address; City; State;	Zip Code			
21.11	2711 Guadalupe St, Austin,	TX 78705			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the Printing Expense	uis schedule)	Description Flyers	(If travel outside of Texas, complete Schedule	• T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	ht Office held	i
Date	Payee name				
06/23/14	Fedex Office				
Amount (\$)	Payee address; City; State;	Zip Code			
41.72	2711 Guadalupe St, Austin,	TX 78705			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the Printing Expense	is schedule)	Description Flyers	(If travel outside of Texas, complete Schedule	• T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH		Office sough	ht Office held	1
	ATTACH ADDITIONAL COP	IES OF THIS S	CHEDULE AS	NEEDED	

P.O. Box 12070

SCHEDULE ${f F}$

Advertising Expense		ATEGORIES FOR BOX 8(a	a)	
Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Si Food/Beverage Expense Tr Polling Expense Tr	alaries/Wages/Contract Labor olicitation/Fundraising Expense ravet In District ravet Out Of District ffice Overhead/Rental Expense	Contributions/Donal Candidate/Office	pment & Related Expense
	The Instruction Guide ex	plains how to complete this t	form.	
Total pages Schedule F:	2 FILER NAME Our Rail		3 ACCOUNT	# (Ethics Commission Filers
Date 06/30/14	5 Payee name Scott Morris (reimburseme	ent)	-	
Amount (\$) 0.72	7 Payee address; City; State; PO Box 49166 Austin, TX 7	·		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of Office Overhead/Rental Ex		on (If travel outside of Tex fice copies	as, complete Schedule T)
Complete ONLY if direct expenditure to benefit Co		Office sou	ught	Office held
Date	Payee name			
06/30/14	Scott Morris (reimburseme	ent)		
Amount (\$)	Payee address; City; State	e; Zip Code		
29.40	PO Box 49166 Austin, TX 7	8765		· .
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Solicitation/Fundraising Ex		on (If travel outside of Text tage for fundra	
Complete ONLY if direct expenditure to benefit Co		Office sou	ught	Office held
Date	Payee name			
06/30/14	Scott Morris (reimbursem	ent)		
Amount (\$)	· · · · · · · · · · · · · · · · · · ·	e; Zip Code		
49.14	PO Box 49166 Austin, TX 7	8765		
	Category (See categories listed at the top of Solicitation/Fundraising Ex		on (If travel outsida of Text IX Printing for f	
PURPOSE OF EXPENDITURE	Soficiation, Landraising D.			
OF	Candidate / Officeholder name	Office sou	ught	Office held
OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name	Office sou	ught	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name /OH	Office sou	ught	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name /OH Payee name Frost Bank	Office sou	ught	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit Conditions of the con	Candidate / Officeholder name /OH Payee name Frost Bank	e; Zip Code		Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit Complete O6/30/14 Amount (\$)	Candidate / Officeholder name /OH Payee name Frost Bank Payee address: City; State	e; Zip Code 1101 Austin, TX 7870		