

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: 1721 Ng
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Rebecca		A	
Becky Bray			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	6820 Via Coneto Austin, TX 78749		
<input type="checkbox"/> change of address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	762 5406	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Blanca			
Zamora Garcia			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	8412 Big Timber Austin, TX 78735		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	789 - 6716	
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
	5	/08	/2014
THROUGH		Month	Day
		6	/30
		/2014	
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11 / 04 / 2014		<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)
	N/A		City Council 8

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Rebecca Bray 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

\$ 0

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

\$ 8,270

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 3,817.⁶⁵

CONTRIBUTION BALANCE

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

\$ 58,270

OUTSTANDING LOAN TOTALS

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

\$ 50,000

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.

Rebecca Bray

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rebecca Bray, this the 13 day of June ~~July~~ 20 14, to certify which, witness my hand and seal of office.

Madison A. Gessner

Signature of officer administering oath

Madison A. Gessner

Printed name of officer administering oath

notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

8 (1 of 8)

2 FILER NAME

Rebecca Bray

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5.9.14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Carol T. Baker

6 Contributor address; City; State; Zip Code

1418 Lance way
Austin, TX 78758

7 Amount of
contribution (\$)

50.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6.26.14

Full name of contributor

☐ out-of-state PAC (ID#)

Mike Benton

Contributor address; City; State; Zip Code

5508 Hwy 290 West
Suite 201 Austin, TX 78735

Amount of
contribution (\$)

200.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6.16.14

Full name of contributor

☐ out-of-state PAC (ID#)

Charlie Betts

Contributor address; City; State; Zip Code

14741 Arrowhead
Volente, TX 78641

Amount of
contribution (\$)

350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

association

Downtown Austin Alliance

Date

6.19.14

Full name of contributor

☐ out-of-state PAC (ID#)

Kenneth T. Blaker

Contributor address; City; State; Zip Code

6820 Via Correto Dr.
Austin, TX 78749

Amount of
contribution (\$)

350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6.28.14

Full name of contributor

☐ out-of-state PAC (ID#)

Rebecca Bray

Contributor address; City; State; Zip Code

6820 Via Correto Dr.
Austin, TX 78749

Amount of
contribution (\$)

350.00

In-kind contribution
description (if applicable)

(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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: (2 of 8)	
2 FILER NAME Rebecca Bray		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6.3.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Judy + Terry Bray 6 Contributor address; City; State; Zip Code 401 Congress Ave. Suite 2200 Austin, TX 78701	7 Amount of contribution (\$) 700.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date 6.12.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Aan Coleman Contributor address; City; State; Zip Code 9890 Silver Mountain Dr. Austin, TX 78737	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 6.13.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rudy Colmenero Contributor address; City; State; Zip Code 43 Rainey Street No. 2601 Austin, TX 78701	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions) Mitchell + Colmenero, LLP			
Date 5.9.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cathy Coneway Contributor address; City; State; Zip Code 8701 Bluecreek Cv. Austin, TX 78735	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)	
Employer (See Instructions)			
Date 6.18.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John P. Cyrier Contributor address; City; State; Zip Code 1301 Westwood Rd. Lockhart, TX 78644	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: (3 of 8)	
2 FILER NAME Rebecca Bray		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6.1.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gerald Daugherty 6 Contributor address; City; State; Zip Code 1403 Club Ridge Cv Austin, TX 78735	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date 5.20.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Taryn R. Ficke Contributor address; City; State; Zip Code 8208 Washita Dr. Austin, TX 78749	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 5.11.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Eddie Fleming Contributor address; City; State; Zip Code PO BOX 303414 Austin, TX 78703	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)	
Employer (See Instructions)			
Date 6.13.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Thomas Glass (Kim) Contributor address; City; State; Zip Code 178 Lonely Pine Cv Driftwood, TX 78619	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) accountant		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions) Glass & Co, CPAs			
Date 6.2.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joyce W. Harmon Contributor address; City; State; Zip Code 125 Indian Hills Point Kyle, TX 78640	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			

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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: (4 of 8)	
2 FILER NAME Rebecca Bray		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5.9.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: R. Clarke Heidrick 6 Contributor address; City; State; Zip Code 3702 Eastedge Dr. Austin, TX 78731	7 Amount of contribution (\$) 350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date 6.30.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jeffrey S. Howard Contributor address; City; State; Zip Code 5436 Moon Shadow Austin, TX 78735	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) attorney		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions) McLean + Howard, LLP			
Date 6.4.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William J. Hudspeth Contributor address; City; State; Zip Code 7602 Rim Cove Austin, TX 78731	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 6.13.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Amy C. Juried Contributor address; City; State; Zip Code 4016 Dry Creek Dr Austin, TX 78731	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 6.13.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nicholas J. Juried Contributor address; City; State; Zip Code 6002 mesa Dr. Austin, TX 78731	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions) N/A			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: (5 of 8)	
2 FILER NAME Rebecca Bray		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5.22.14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Elizabeth B. Knight 6 Contributor address; City; State; Zip Code 5608 Jim Hogg Ave # B Austin, TX 78756	7 Amount of contribution (\$) 350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date 5.9.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Knight Contributor address; City; State; Zip Code 307 East 2nd Austin, TX 78701	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 5.9.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: F. Scott Lagrone Contributor address; City; State; Zip Code 13020 Hymecrow Circle Austin, TX 78729	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)	
Employer (See Instructions)			
Date 6.18.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Richard Mobley Contributor address; City; State; Zip Code 4323 Long Glen Dr. Houston, TX 77339	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) consulting planner		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions) RS + H			
Date 6.30.14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Melissa Neslund Contributor address; City; State; Zip Code 7901 Menier Dr. Austin, TX 78735	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) planner		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions) Bury			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: (6 of 8)	
2 FILER NAME Rebecca Bray		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6-30-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wesley Joe Peoples	7 Amount of contribution (\$) 350.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 7511 Fireoak Dr. Austin, TX 78759		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Builder		10 Employer (See Instructions) Wes Peoples Homes	
Date 6-17-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: George E Ramsey III	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 515 Congress Ave Suite 1900 Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-9-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ken Rigsbee	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 6406 Old Harbor Ln Austin, TX 78739		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-15-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Patrick M Rose	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 627 W. San Antonio St. San Marcos, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-9-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ruthann Rushing	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1702 Michael St. Austin, TX 78704		(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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

(7 of 8)

2 FILER NAME

Rebecca Bray

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5.9.14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Henry B. Smith

6 Contributor address; City; State; Zip Code

2801 Bear Springs Trail
Austin, TX 78748

7 Amount of
contribution (\$)

250.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5.25.14

Full name of contributor

☐ out-of-state PAC (ID#)

Lavada Jackson Steed

Contributor address; City; State; Zip Code

3201 Bridle Path
Austin, TX 78703

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6.28.14

Full name of contributor

☐ out-of-state PAC (ID#)

Steven Swanson

Contributor address; City; State; Zip Code

5000 Mission Oaks Blvd.
#9 Austin, TX 78735

Amount of
contribution (\$)

\$20.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

community advocate

Employer (See Instructions)

retired

Date

5.30.14

Full name of contributor

☐ out-of-state PAC (ID#)

Thomas Terkel

Contributor address; City; State; Zip Code

3105 Bowman
Austin, TX 78703

Amount of
contribution (\$)

350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5.9.14

Full name of contributor

☐ out-of-state PAC (ID#)

Bethany Weigl

Contributor address; City; State; Zip Code

1307 Deloney Street
Austin, TX 78721

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

(8 of 8)

2 FILER NAME

Rebecca Bray

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5.9.14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Blanca Zamora Garcia

6 Contributor address; City; State; Zip Code

1715 S. 1st Street
Austin, TX 78704

7 Amount of
contribution (\$)

200.00

8 In-kind contribution
description (if applicable)

(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#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

(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.

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <div style="text-align: center;">1</div>	
2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">Rebecca Bray</div>		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$	

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor 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.			
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LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1	
2 FILER NAME Rebecca Bray		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ 50,000.00	
5 Date of loan 6-27-14	7 Name of lender Wm. Terry Bray <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) 20,000.00	
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 401 Congress Ave. Suite 2200 Austin, TX 78767	10 Interest rate N/A	
		11 Maturity date N/A	
12 Principal occupation / Job title (See Instructions) attorney		13 Employer (See Instructions) Graves, Dougherty, Hearon + Moody	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan 6-28-14	Name of lender Rebecca A. Bray <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$) 30,000.00	
Is lender a financial institution? Y (N)	Lender address; City; State; Zip Code 6820 Via Correto Austin, TX 78749	Interest rate N/A	
		Maturity date N/A	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Brown + Gay Engineers Inc.	
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <u>1</u>		2 FILER NAME <u>Rebecca Bray</u>		3 ACCOUNT # (Ethics Commission Filers)
4 Date <u>6-30-14</u>		5 Payee name <u>Piryx</u>		
6 Amount (\$) <u>110.43</u>		7 Payee address; City; State; Zip Code <u>144 2nd St. 1st Floor</u> <u>San Francisco, CA 94105</u>		
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>fees</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>online donation fee</u>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held
Date <u>6-6-14</u>		Payee name <u>American Bank</u>		
Amount (\$) <u>4.75</u>		Payee address; City; State; Zip Code <u>3520 Bee Cave Rd.</u> <u>Westlake Hills, TX 78746</u>		
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>accounting/banking</u>		Description (If travel outside of Texas, complete Schedule T) <u>bank fees</u>
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: 2		2 FILER NAME Rebecca Bray		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6.6.14		5 Payee name USPS Westlake			
6 Amount (\$) 49.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: City: State: Zip Code 3201 Bee Caves Road Suite 120 Austin, TX 78746			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) printing expense		(b) Description (If travel outside of Texas, complete Schedule T) stamps	
Date 6.6.14		Payee name OFFICE DEPOT #477			
Amount (\$) 50.86 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code 5300 mopac Expy S #101 Austin, TX 78749			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing expense		Description (If travel outside of Texas, complete Schedule T) envelopes, printer ink	
Date 6.5.14		Payee name Minute Man Press Austin			
Amount (\$) 73.61 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code 1221 W. 6th Street Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) printing expense		Description (If travel outside of Texas, complete Schedule T) business cards	
Date 5.22.14		Payee name Bill Carson Design			
Amount (\$) 500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code 6500 champion Grandview 22312 Austin, TX 78750			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) consulting expense		Description (If travel outside of Texas, complete Schedule T) logo design	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2		2 FILER NAME Rebecca Bray		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5-21-14		5 Payee name Campaign Partner			
6 Amount (\$) 29.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: City: State: Zip Code 16 Dudley St. Fitchburg, MA 01420			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) advertising expense		(b) Description (If travel outside of Texas, complete Schedule T) website	
Date 6-2-14		Payee name CIS MYERS			
Amount (\$) 3,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code 809 canyon creek Drive Austin, TX 78746			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) consulting expense		Description (If travel outside of Texas, complete Schedule T) myers consulting	
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)	

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H:	2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">Rebecca Bray</div>	3 ACCOUNT # (Ethics Commission Filers)			
4 Date	5 Business name				
6 Amount (\$)	7 Business 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)			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Candidate / Officeholder name</td> <td style="width: 33%; text-align: center;">Office sought</td> <td style="width: 33%; text-align: center;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date	Business name				
Amount (\$)	Business 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 <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Candidate / Officeholder name</td> <td style="width: 33%; text-align: center;">Office sought</td> <td style="width: 33%; text-align: center;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date	Business name				
Amount (\$)	Business 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 <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Candidate / Officeholder name</td> <td style="width: 33%; text-align: center;">Office sought</td> <td style="width: 33%; text-align: center;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date	Business name				
Amount (\$)	Business 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 <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Candidate / Officeholder name</td> <td style="width: 33%; text-align: center;">Office sought</td> <td style="width: 33%; text-align: center;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date	Business name				
Amount (\$)	Business 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 <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Candidate / Officeholder name</td> <td style="width: 33%; text-align: center;">Office sought</td> <td style="width: 33%; text-align: center;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	2 FILER NAME Rebecca Bray		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	

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**INTEREST EARNED, OTHER CREDITS/GAINS/
REFUNDS, AND PURCHASE OF INVESTMENTS****SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

Rebecca Bray

3 ACCOUNT # (Ethics Commission Filers)**4** Date**5** Name of person from whom amount is received**8**Amount
(\$)**6** Address of person from whom amount is received; City; State; Zip Code**7** Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

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IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: _____	
2 FILER NAME Rebecca Bray		3 ACCOUNT # (Ethics Commission Filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>			
6 Dates of travel		7 Name of person(s) traveling	
		8 Departure city or name of departure location	
		9 Destination city or name of destination location	
10 Means of transportation		11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>			
Dates of travel		Name of person(s) traveling	
		Departure city or name of departure location	
		Destination city or name of destination location	
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>			
Dates of travel		Name of person(s) traveling	
		Departure city or name of departure location	
		Destination city or name of destination location	
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	
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PERSONAL FUNDS - LOANS AND EXPENDITURES

This report is for a candidate or officeholder who loans personal funds to his or her campaign or makes expenditures from personal funds in support of his or her campaign. The amounts loaned or expended shall be reported as follows.

Beginning on the date an individual becomes a candidate in a City election and continuing until midnight on the tenth day before a City election, a candidate shall report the new loans or expenditures cumulating to \$25,000 or more within seven business days after the total reaches \$25,000. Additional loans or expenditures cumulating \$25,000 or more shall be reported within seven business days each time the total reaches \$25,000. [City Code, Section 2-2-27(A)(1)]

If the loans or expenditures cumulating to \$25,000 or more occur during the period beginning on midnight on the 10th day before an election and ending at midnight on the day before the election, the report shall be filed with the City Clerk within twenty-four hours after the total reaches \$25,000. Additional loans or expenditures totaling \$25,000 or more shall be reported within twenty-four hours each time the total reaches \$25,000. [City Code, Section 2-2-27(A)(2)]

Name of candidate/officeholder: Rebecca Bray

Reporting Period:

- ☒ First day of candidacy – Midnight on the 10th day prior to City election
- ☐ Midnight on the 10th day before City election – Midnight on the day before election

Enter the following information concerning loans of personal funds to the campaign:

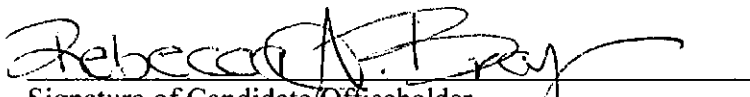
Amount of loan	Date of loan
\$30,000.00	6.30.14

Enter the following information concerning the person or persons to whom expenditures were made from personal funds and the total amount, purpose and date of each expenditure:

Name	Street Address	Amount	Purpose	Date

STATE OF TEXAS
VERIFICATION

I swear that the preceding disclosure of loans and expenditures from personal funds of a candidate or officeholder filed herewith is in all things true and correct and fully shows all information required to be reported by me pursuant to City Code, Section 2-2-27 for the reporting period indicated.


Signature of Candidate/Officeholder