

FORM COR-PAC

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

2014 JUL 15 PM 1:14
 RECEIVED
 AUSTIN CITY CLERK

1 ACCOUNT # 00064953	2 PAGE # 1 of 12	
3 COMMITTEE NAME	Texans for Accountable Government	OFFICE USE ONLY
4 TREASURER NAME	FIRST MI LAST Reginelli, Trey (Mr.)	Date Received
5 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report <input type="checkbox"/> 8th day before election <input type="checkbox"/> Other (specify) _____	Date Hand-delivered or Date Postmarked
6 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year 01/01/2014 THROUGH 06/30/2014	Receipt # Amount Legal Totals Date Processed Date Imaged

7 EXPLANATION OF CORRECTION
 Corrected Committee Activity section to note support for Laura Pressley for Austin City Council, District 4.

8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semi-annual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports (excluding semiannual reports): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Trey Reginelli

 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by _____ this the ____ day of _____, 20 ____
 to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
 Needed To Report And Explain Corrections**

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00064953

2 PAGE #
2 of 12

3 COMMITTEE NAME
Texans for Accountable Government

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 COMMITTEE ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1306 Baronets Trl
Austin, TX 78753
 Change of Address

5 CAMPAIGN TREASURER NAME
MS / MRS / MR FIRST MI
Mr. Trey
NICKNAME LAST SUFFIX
Reginelli

6 CAMPAIGN TREASURER'S STREET ADDRESS
(Residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1306 Baronets Trl
Austin, TX 78753

7 CAMPAIGN TREASURER'S MAILING ADDRESS
STREET OR PO BOX; APT/SUITE#; CITY; STATE; ZIP CODE
1306 Baronets Trl
Austin, TX 78753
 Change of Address

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(832) 515-7550

9 REPORT TYPE
 January 15 30th day before election Dissolution (attach PAC-DR)
 July 15 8th day before election 10th day after campaign treasurer termination
 Runoff

10 PERIOD COVERED
Month Day Year THROUGH Month Day Year
01/01/2014 THROUGH 06/30/2014

11 ELECTION
ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME **Texans for Accountable Government** **ACCOUNT #**
00064953

13 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported Laura Pressley for Austin City Council Dist. 4
		B. Opposed
	2. Measures (describe by date and location of election and nature of issue)	A. Supported
		B. Opposed
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)	

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED (OR \$100 OR LESS IF QUALIFIED FOR HIGHER THRESHOLD) <input checked="" type="checkbox"/> Check here if this report qualifies for the higher itemization threshold.	\$	1,050.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,787.12
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	208.11
	4. TOTAL POLITICAL EXPENDITURES	\$	3,247.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	6,030.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

15 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.

Trey Reginelli

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed 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: 1/5 Report: 4/12	
2 FILER NAME Texans for Accountable Government		3 ACCOUNT # (Ethics Commission filers) 00064953	
4 Date 01/31/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arman, Justin (Mr.) 6 Contributor address; City; State; Zip Code 2052 Club Crossing New Braunfels, TX 78130	7 Amount of contribution (\$) \$10.00	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) Web Designer		10 Employer (See Instructions) Self	
Date 02/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arman, Justin (Mr.) Contributor address; City; State; Zip Code 2052 Club Crossing New Braunfels, TX 78130	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Web Designer		Employer (See Instructions) Self	
Date 03/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arman, Justin (Mr.) Contributor address; City; State; Zip Code 2052 Club Crossing New Braunfels, TX 78130	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Web Designer		Employer (See Instructions) Self	
Date 04/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arman, Justin (Mr.) Contributor address; City; State; Zip Code 2052 Club Crossing New Braunfels, TX 78130	Amount of contribution (\$) \$180.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Web Designer		Employer (See Instructions) Self	
Date 04/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arman, Justin (Mr.) Contributor address; City; State; Zip Code 2052 Club Crossing New Braunfels, TX 78130	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Web Designer		Employer (See Instructions) Self	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/5 Report: 5/12	
2 FILER NAME Texans for Accountable Government		3 ACCOUNT # (Ethics Commission filers) 00064953	
4 Date 05/31/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arman, Justin (Mr.) 6 Contributor address; City; State; Zip Code 2052 Club Crossing New Braunfels, TX 78130	7 Amount of contribution (\$) \$10.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Web Designer		10 Employer (See Instructions) Self	
Date 06/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arman, Justin (Mr.) Contributor address; City; State; Zip Code 2052 Club Crossing New Braunfels, TX 78130	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Web Designer		Employer (See Instructions) Self	
Date 01/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hauboldt, Christopher (Mr.) Contributor address; City; State; Zip Code 2715A Manor Rd Austin, TX 78722	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Lone Star Internet, Inc.	
Date 02/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hauboldt, Christopher (Mr.) Contributor address; City; State; Zip Code 2715A Manor Rd Austin, TX 78722	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Lone Star Internet, Inc.	
Date 03/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hauboldt, Christopher (Mr.) Contributor address; City; State; Zip Code 2715A Manor Rd Austin, TX 78722	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Lone Star Internet, Inc.	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/5 Report: 7/12	
2 FILER NAME Texans for Accountable Government		3 ACCOUNT # (Ethics Commission filers) 00064953	
4 Date 01/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vad, Vik (Mr.) 6 Contributor address; City; State; Zip Code 3806 Skipton Dr Austin, TX 78727	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Realtor		10 Employer (See Instructions) Better Homes & Gardens Real Estate	
Date 02/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ward, Jerri (Ms.) Contributor address; City; State; Zip Code 6002 Travis Woods Cv. Austin, TX 78734	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 03/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ward, Jerri (Ms.) Contributor address; City; State; Zip Code 6002 Travis Woods Cv. Austin, TX 78734	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 05/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ward, Jerri (Ms.) Contributor address; City; State; Zip Code 6002 Travis Woods Cv. Austin, TX 78734	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 06/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ward, Jerri (Ms.) Contributor address; City; State; Zip Code 6002 Travis Woods Cv. Austin, TX 78734	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/5 Report: 8/12	
2 FILER NAME Texans for Accountable Government		3 ACCOUNT # (Ethics Commission filers) 00064953	
4 Date 02/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zimmerman, Bo (Mr.) 6 Contributor address; City; State; Zip Code 1907 Cameo Dr. Round Rock, TX 78664	7 Amount of contribution (\$) \$25.00	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) Software Engineer		10 Employer (See Instructions) Bioware	
Date 03/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zimmerman, Bo (Mr.) Contributor address; City; State; Zip Code 1907 Cameo Dr. Round Rock, TX 78664	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Bioware	
Date 04/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zimmerman, Bo (Mr.) Contributor address; City; State; Zip Code 1907 Cameo Dr. Round Rock, TX 78664	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Bioware	
Date 05/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zimmerman, Bo (Mr.) Contributor address; City; State; Zip Code 1907 Cameo Dr. Round Rock, TX 78664	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Bioware	
Date 06/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zimmerman, Bo (Mr.) Contributor address; City; State; Zip Code 1907 Cameo Dr. Round Rock, TX 78664	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Bioware	

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)
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The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/4 Report: 9/12	2 FILER NAME Texans for Accountable Government	3 ACCOUNT # (TEC filers) 00064953
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4 Date 04/30/2014	5 Payee name Chuck's Graphics LLC
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6 Amount (\$) \$894.70 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address City; State; Zip Code 17821 Golden Valley Dr. Manor, TX 78653
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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) <input type="checkbox"/> T-Shirts
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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 01/22/2014	Payee name Constant Contact
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Amount (\$) \$37.31 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 122 Hudson Street New York, NY 10013
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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"/> Email List
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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 02/24/2014	Payee name Constant Contact
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Amount (\$) \$37.31 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 122 Hudson Street New York, NY 10013
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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"/> Email List
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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 03/24/2014	Payee name Constant Contact
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Amount (\$) \$37.31 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 122 Hudson Street New York, NY 10013
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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"/> Email List
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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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: 2/4 Report: 10/12	2 FILER NAME Texans for Accountable Government	3 ACCOUNT # (TEC filers) 00064953
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4 Date 04/22/2014	5 Payee name Constant Contact
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6 Amount (\$) \$37.31 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address City; State; Zip Code 122 Hudson Street New York, NY 10013
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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) <input type="checkbox"/> Email List
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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 05/22/2014	Payee name Constant Contact
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Amount (\$) \$37.31 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 122 Hudson Street New York, NY 10013
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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"/> Email List
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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 06/23/2014	Payee name Constant Contact
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Amount (\$) \$37.31 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 122 Hudson Street New York, NY 10013
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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"/> Email List
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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 01/15/2014	Payee name Fazio, Heather (Ms.)
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Amount (\$) \$369.83 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 500 Wilmes Dr. Austin, TX 78705
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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"/> 2013 Holiday Party Food
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES	SCHEDULE F
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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: 3/4 Report: 11/12	2 FILER NAME Texans for Accountable Government	3 ACCOUNT # (TEC filers) 00064953
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4 Date 02/12/2014	5 Payee name Fazio, Heather (Ms.)
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6 Amount (\$) \$150.65 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address City; State; Zip Code 500 Wilmes Dr. Austin, TX 78705
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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"/> Event Travel Expenses - Texas Drug Policy Conference
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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 01/16/2014	Payee name FOCUSOGRAPHY Media
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Amount (\$) \$150.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 2504 Huntwick #1210 Austin, TX 78741
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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"/> Holiday Party Photography
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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 01/13/2014	Payee name H.O.T. Goodwill
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Amount (\$) \$173.19 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 1700 S. New Road Waco, TX 76711
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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"/> Supplies for Texas Drug Policy Conference
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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 06/05/2014	Payee name Pressley, Laura (Ms.)
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Amount (\$) \$350.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code P.O. Box 82763 Austin, TX 78708
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contribution for Austin City Council Campaign
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Pressley, Laura (Ms.)	Office sought: Austin City Council District 4	Office held:
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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: 4/4 Report: 12/12	2 FILER NAME Texans for Accountable Government	3 ACCOUNT # (TEC filers) 00064953
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4 Date 03/05/2014	5 Payee name Salesforce.com, Inc.
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6 Amount (\$) \$303.81 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address City; State; Zip Code The Landmark @ One Market Suite 300 San Francisco, CA 94105
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CRM License
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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 06/05/2014	Payee name Salesforce.com, Inc.
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Amount (\$) \$303.81 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code The Landmark @ One Market Suite 300 San Francisco, CA 94105
---	---

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"/> CRM License
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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 02/26/2014	Payee name Windsor Hills Neighborhood Association
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Amount (\$) \$120.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 9510 Dallum Dr. Austin, TX 78753
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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"/> Newsletter Advertisement
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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(This area is intentionally left blank for additional entries.)
