

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b> 9
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI <p style="text-align: center;">Fred      L.</p> <hr style="border-top: 1px dashed black;"/> NICKNAME      LAST      SUFFIX <p style="text-align: center;">McGhee</p>	<div style="border: 2px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>OFFICE USE ONLY</b></p> <p style="font-size: small; margin: 5px 0;">Date Received</p> <p style="font-size: x-large; text-align: center; margin: 5px 0;">2014 JUL 15 PM 3 18</p> <p style="font-size: x-large; text-align: center; margin: 5px 0;">AUSTIN CITY CLERK RECEIVED</p> <p style="font-size: small; margin: 5px 0;">Date Hand-delivered/Postmarked</p> <p style="font-size: small; margin: 5px 0;">Receipt #      Amount</p> <p style="font-size: small; margin: 5px 0;">Date Processed</p> <p style="font-size: small; margin: 5px 0;">Date Imaged</p> </div>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE <p style="text-align: center;">2316 Thrasher Ln. Austin, TX 78741</p>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION ( 512 )      275-6027		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI <p style="text-align: center;">Israel</p> <hr style="border-top: 1px dashed black;"/> NICKNAME      LAST      SUFFIX <p style="text-align: center;">Lopez</p>		
<b>7 CAMPAIGN TREASURER ADDRESS (residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #:      CITY:      STATE:      ZIP CODE <p style="text-align: center;">6800 Villita Avenida Austin, TX 78741</p>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION ( 512 )      791-5427		
<b>9 REPORT TYPE</b>	<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)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year 5 / 8 / 2014      THROUGH      6 / 30 / 2014		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year 11 / 4 / 2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <p style="text-align: center;">N/A</p>	<b>13 OFFICE SOUGHT (if known)</b> <p style="text-align: center;">Austin City Council District 3</p>	

**GO TO PAGE 2**



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A: 3	
2 FILER NAME McGhee, Fred			3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/28/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Reginald	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 8619 Barronwood Circle East Houston, TX 77083		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) President		10 Employer (See Instructions) Texas Slave Descendants Society		
Date 5/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk, Sandra	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 2117 Clifton St. Austin, TX 78704		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) Retired		
Date 5/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinmeier, Oliver	Amount of contribution (\$) \$350	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 20 Creekside Ln. San Mateo, CA 94401		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Oracle Corporation		
Date 5/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washington, Gerard	Amount of contribution (\$) \$150	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 11500 Oak Trail Austin, TX 78753		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Accounts Examiner		Employer (See Instructions) Texas Comptroller		
Date 6/4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Jacob	Amount of contribution (\$) \$5	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 3329 East 12th St. Austin, TX 78721		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) SHI		

**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: 3	
2 FILER NAME McGhee, Fred		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/5/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slocum, Tyson 6 Contributor address; City; State; Zip Code 4600 Connecticut Ave. NW Apt. 309 Washington, DC 20008	7 Amount of contribution (\$) \$100  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Energy Policy Analyst		10 Employer (See Instructions) Public Citizen, Inc.	
Date 6/7/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDavid, Carol Contributor address; City; State; Zip Code 1638 Branard Rd. Houston, TX 77006	Amount of contribution (\$) \$100  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Community Archaeology Research Institute, Inc.	
Date 6/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shearer, Andrea Contributor address; City; State; Zip Code 272 Heatherwood Dr. Driftwood, TX 78619	Amount of contribution (\$) \$25  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Springs Enrichment Academy	
Date 6/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washington, Gerard Contributor address; City; State; Zip Code 11500 Oak Trail Austin, TX 78753	Amount of contribution (\$) \$200  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Accounts Examiner		Employer (See Instructions) Texas Comptroller	
Date 6/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tansey, Lisa Contributor address; City; State; Zip Code 2600 Barkwood Dr. Austin, TX 78748	Amount of contribution (\$) \$25  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Dental Hygienist		Employer (See Instructions) Self	

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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: 3	
2 FILER NAME McGhee, Fred		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/28/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGhee, Flyree 6 Contributor address; City; State; Zip Code 2600 Barkwood Dr. Austin, TX 78748	7 Amount of contribution (\$) \$25  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Administrative Assistant		10 Employer (See Instructions) Wells Fargo Private Bank	
Date 6/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jung, Richard Contributor address; City; State; Zip Code 2704 Woodland Hills Cove Austin, TX 78732	Amount of contribution (\$) \$100  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Jung Ko, PLLC	
Date 6/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meade, Nikelle Contributor address; City; State; Zip Code 5363 Austral Loop Austin, TX 78739	Amount of contribution (\$) \$25  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Husch Blackwell, LLP	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>McGhee, Fred</b>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$
5 Date of loan <b>6/30/14</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>McGhee, Fred</b>	9 Loan Amount (\$) <b>12,500</b>
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N	8 Lender address;    City;    State;    Zip Code <b>2316 Thrasher Ln. Austin, TX 78741</b>	10 Interest rate <b>0%</b>
		11 Maturity date <b>N/A</b>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
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	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution?  Y    N	Lender address;    City;    State;    Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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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	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.

<b>1</b> Total pages Schedule F: 2	<b>2</b> FILER NAME McGhee, Fred	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 5/19/14	<b>5</b> Payee name Checkmark Typesetting	
<b>6</b> Amount (\$) 340.11	<b>7</b> Payee address; City; State; Zip Code 3217 N. IH-35, Austin TX 78722	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Business Cards
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 5/14/14	Candidate / Officeholder name Texas Democratic Party	
Amount (\$) 125	Payee address; City; State; Zip Code 4818 East Ben White Blvd., Suite 104, Austin, TX 78741	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description (If travel outside of Texas, complete Schedule T) NGP/VAN Access
Candidate / Officeholder name Office sought Office held		
Date 5/19/14	Payee name Rally/Piryx	
Amount (\$) 25	Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description (If travel outside of Texas, complete Schedule T) Online Donation Portal
Candidate / Officeholder name Office sought Office held		
Date 6/29/14	Payee name Facebook	
Amount (\$) 97.02	Payee address; City; State; Zip Code 601 Willow Road, Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Social Media Advertising
Candidate / Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 2	<b>2</b> FILER NAME McGhee, Fred		<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 6/10/14	<b>5</b> Payee name Elizabeth Christensen		
<b>6</b> Amount (\$) 100	<b>7</b> Payee address; City; State; Zip Code P.O. Box 1792, Austin, TX 78767		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 6/8/14	Payee name Casey Chapman Ross Photography		
Amount (\$) 395	Payee address; City; State; Zip Code 1202 Folts Avenue, Austin TX 78704		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description (If travel outside of Texas, complete Schedule T) Photography	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 6/28/14	Payee name Elizabeth Christensen		
Amount (\$) 315	Payee address; City; State; Zip Code P.O. Box 1792, Austin, TX 78767		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Voter List Analysis	
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

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# 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: 1		2 FILER NAME McGhee, Fred		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/28/14		5 Payee name Winebelly Restaurant			
6 Amount (\$) 394.03 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 519 West Oltorf St., Austin TX 78704			
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) Campaign Kickoff	
Date 5/8/14		Payee name La Voz			
Amount (\$) 50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 19457, Austin, TX 78760			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T)	
Date 5-19-14		Payee name Capital Area Democratic Women			
Amount (\$) 125 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 12962, Austin, TX 78711			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contribution/Donation		Description (If travel outside of Texas, complete Schedule T) Event Sponsorship	
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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