		OFFICEHOLDER NANCE REPORT		FORM COVER SH	C/OH EET PG 1
Th	e C/OH Instruction Guid	explains how to complete this form.	ACCOUNT # (Ethics Commission filers)	2 PAGE# 1 of 4642	AUST
3	CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MS. Katrina NICKNAME LAST Daniel	MI	OFFICE U	N CITY CLERK
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P O Box 15082 Austin, TX 78761-5082	STATE; ZIP CODE		or Date Postmarked
_	CAMBAICN	MS / MRS / MR FIRST	MI	Receipt #	Amount
פ	CAMPAIGN TREASURER	Ms. Carol	MII	Date Processed Date Imaged	
	NAME	NICKNAME LAST Huntsberger	SUFFIX	Date imaged	
6	CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # 4506 Shoal Creek Austin, TX 78756	t, CITY; STATE;	ZIP CODE	
7	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 829-1205	EXTENSION		
8	REPORT TYPE	January 15 30th day before election X July 15 8th day before election	Runoff Exceeded \$500 limit	appointment (of	ampaign treasurer fficeholder only) ach C/OH - FR)
9	PERIOD COVERED	Month Day Year THROUG	Month Day H 06/30/20	Year	
10	ELECTION	Month Day Year ELECTION TYPE 11/04/2014 ELECTION TYPE Primary	Runoff X	General	Special
11	OFFICE	OFFICE HELD (if eny)	12 OFFICE SOUGHT (if known Austin City Council		
	GO TO PAGE 2				

SUPPORT &		OLDER REPORT:		ORM C/OH SHEET PG 2
13 C/OH NAME Dani	el, Katrina (Ms.)		14 ACCOUNT # (I	Ethics Commission file
I5 NOTICE FROM	have been made with	otice of political expenditures by political committees to support the ca- nout the candidate's or officeholder's knowledge or consent. Candidately receive notice of such expenditures		
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME Katina Daniel Campaign COMMITTEE ADDRESS	^	
additional pages	GENERAL SPECIFIC	P.U. BOX 15082, Anskn, COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 4506 Shoal Creek, Ansk		
• • • • • • • • • • • • • • • • • • • •	1. TOTAL	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN		
TOTALS		ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	PLEDGE 2. TOTAL	ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS		30,065.00
EXPENDITURE	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		30,065.00
TOTALS	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS I THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE		30,065.00



me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

AFFIX NOTART STAINIF / SEAL ABOV	-	
Sworn to and subscribed before me, by the	ne said <u>CANIN DATE</u> tify which, witness my hand and seal of office.	, this the5 TH day
, 20 1 7 , to cer	tily which, withess my hand and seal of office.	
Signature of officer administering oath	Gilly R GARR TI	NOTARY
Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath

OTHER THAN PLEDGES OR LOANS					
The Instruction Guide explains how to complete this form.	1 PAGE # Schedule: 1/30 Report: 3/40				
2 FILER NAME Daniel, Katrina (Ms.)	3 ACCOUNT # (Ethics Commission filers) 00000004				
4 Date 5 Full name of contributor □ out-of-state PAC (ID# Aghamalian, Jenny	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)				
06/25/2014 6 Contributor address; City; State; Zip Code 33 Cousteau Lane Austin, TX 78746	\$50.00 				
	(If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions) none	10 Employer (See Instructions) none				
Date Full name of contributor ☐ out-of-state PAC (ID# Alcedo, Marc	Amount of I In-kind contribution contribution (\$) description (if applicable)				
06/25/2014 Contributor address; City; State; Zip Code 1729 Canonero Dr. Austin, TX 78746	\$200.00				
Ausuit, 17/70/40					
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T)				
Government Affairs	Cigna				
Date Full name of contributor ☐ out-of-state PAC (ID# Anderson, David	Amount of In-kind contribution contribution (\$) description (if applicable)				
06/17/2014 Contributor address; City; State; Zip Code 3808 Hidden Holw Austin, TX 78731	\$350.00 				
	(If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions) Government Affairs Consultant	Employer (See Instructions) Hillco				
Date Full name of contributor ☐ out-of-state PAC (ID# Arnold, Jim	Amount of In-kind contribution contribution (\$) description (if applicable)				
06/28/2014 Contributor address; City; State; Zip Code 1609 B Hartford Rd Austin, TX 78703	\$150.00 				
	(If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions) Government Affairs Consultant	Employer (See Instructions) Arnold Public Affairs				
Date Full name of contributor ☐ out-of-state PAC (ID# Arnold, Laura	Amount of In-kind contribution contribution (\$) description (if applicable)				
06/28/2014 Contributor address; City; State; Zip Code 1609 B Hartford Rd Austin, TX 78703	\$150.00 				
	(If travel outside of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions) Government Affairs Consultant	Employer (See Instructions) Arnold Public Affairs				

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3	60 Report: 4/40	
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Averitt (Campaign), Kip)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	06/25/2014	6 Contributor address; City; State; Zip Code 1212 Guadalupe #301 Austin, TX 78701		\$350.00 		
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Government	ation / Job title (See Instructions) Affairs Consultant	10 Employer (See In Kip Averitt Cam			
	Date	Full name of contributor ut-of-state PAC (ID# Bacarisse, Louis)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/25/2014	Contributor address; City; State; Zip Code PO Box 633 Austin, TX 78767		\$350.00		
		Taban, 1777-01-07		(If travel outside of	Texas, complete Schedule T)	
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In: Self	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Bailes, Joseph (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/15/2014	Contributor address; City; State; Zip Code P.O.Box 5460 Austin, TX 78763		\$350.00		
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup MD	ation / Job title (See Instructions)	Employer (See In Self	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/25/2014	Contributor address; City; State; Zip Code 3106 Skylark Dr Austin, TX 78757		\$250.00	 	
				(if travel outside of	Texas, complete Schedule T)	
_	Principal occup CEO	ation / Job title (See Instructions)	Employer (See In Texas Academy	1		
_	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/30/2014	Contributor address; City; State; Zip Code 1000 Cedar Gun Austin, TX 78745		\$50.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		

	The Instruction	Guide explains how to complete this form.		1 PAGE# Schedule: 3/3	30 Report: 5/40	
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Beattie, Brenda Coleman)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	06/23/2014	6 Contributor address; City; State; Zip Code 8402 Burkwood Cove Austin, TX 78735		\$350.00	I I I · · · ·	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup COO	ation / Job title (See Instructions)	10 Employer (See In: Austin Travis Co	structions) ounty Integral Car	re	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/12/2014	Contributor address; City; State; Zip Code 2615 Kinney Oaks Ct Austin, TX 78704		\$100.00	 	
		, , , , , , , , , , , , , , , , , , , ,		/if traval autoido of	Texas, complete Schedule T)	
	Principal occur	eation / Job title (See Instructions)	Employer (See In:	,	Texas, complete schedule 1)	
	Administrator		Baylor Scott and			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/30/2014	Contributor address; City; State; Zip Code 17006 Majestic Ridge Rd Austin, TX 78738		\$100.00	1 	
					Texas, complete Schedule T)	
	Principal occup Consultant	ation / Job title (See Instructions)	Employer (See In MB Governmen	structions) it Relations		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/21/2014	Contributor address; City; State; Zip Code 1632 Resaca Blvd Austin, TX 78738		\$100.00	 	
					Texas, complete Schedule T)	
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/28/2014	Contributor address; City; State; Zip Code 902 North Bend Drive		\$250.00	 	
		Austin, TX 78758			Transport Cabadas To Ta	
	Principal occurs	ation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)	
	Owner	whom soon time fore instructions)	Bluemoon Glas	,		

	OTHER THAN PLEDGES OR LOANS					
	The Instruction	אס Guide explains how to com	plete this form.		1 PAGE # Schedule: 4/3	30 Report: 6/40
2	FILER NAME	Daniel, Katrina (Ms.)			3 ACCOUNT # 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor Blair, Dancy	out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/30/2014	6 Contributor address; 4933 Strass Drive Austin, TX 78731	City; State; Zip Code		\$100.00	I
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup Lawyer	ation / Job title (See Instruction	ns)	10 Employer (See In Buchanan DiMa	structions) asi Dancy & Grabo	puski
	Date	Full name of contributor Blair, Michael (Mr.)	☐ out-of-state PAC (ID#	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/09/2014	Contributor address; 7521 Meadowview Ln Austin, TX 78752	City; State; Zip Code		\$100.00	
					(if travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Sales Manager			Employer (See In Aspyr Media Ind			
	Date	Full name of contributor Bond, Tom (Mr.)	out-of-state PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/13/2014	Contributor address; 105 Spearpoint Cove Georgetown, TX 78628	City; State; Zip Code		\$350.00	
						Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instruction	าร)	Employer (See In Greenberg Trau		
	Date	Full name of contributor Brackin, Dewey & Melissa	□ out-of-state PAC (ID#	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/25/2014	Contributor address; 2501 Colby Cv. Austin, TX 78723	City; State; Zip Code		\$700.00	i
			,			Texas, complete Schedule T)
	Attorney	ation / Job title (See Instruction	ns)	Employer (See In Self	structions)	
	Date	Full name of contributor Brannan, Ryan	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; 12500 Memorial Park Austin, TX 78732	City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	\$20.00	
						Texas, complete Schedule T)
	Principal occup Policy	ation / Job title (See Instruction	าร)	Employer (See In State of Texas	structions)	

	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 5/3	30 Report: 7/40	
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Britton, Chris)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	06/30/2014	6 Contributor address; City; State; Zip Code 1001 Congress, Ste 350 Austin, TX 78701		\$350.00	 	
					Texas, complete Schedule T)	
9	Principal occup Consulting	ation / Job title (See Instructions)	10 Employer (See In Caddo Associat			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/30/2014	Contributor address; City; State; Zip Code 6204 Diamond Head Circle Austin, TX 78746		\$50.00	 	
				<u> </u>	Texas, complete Schedule T)	
	Principal occup President and	ation / Job title (See Instructions)	Employer (See In Central Health	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Browning, Linda	1)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/30/2014	Contributor address; City; State; Zip Code 147 Oakhurst Place San Antonio, TX 78209	•••••	\$25.00	 	
		Sall Altiono, TX 75259		(if travel outside of	Texas, complete Schedule T)	
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In Kammer Brown			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/12/2014	Contributor address; City; State; Zip Code 4010 Shoal Creek Blvd, Unit B Austin, TX 78756		\$350.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In Self	<u> </u>		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/05/2014	Contributor address; City; State; Zip Code PO Box 29825 Auctin TX 78755		\$100.00	 	
•		Austin, TX 78755		(If travel outside of	Texas, complete Schedule T)	
	Principal occup retired	ation / Job title (See Instructions)	Employer (See In retired	structions)	<u> </u>	

<u> </u>					
	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 6/3	30 Report: 8/40
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Burgess, Linda (Ms.)	-	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/13/2014	6 Contributor address; City; State; Zip Code 4401 Shoal Creed Blvd Austin, TX 78756		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Attorney	aation / Job title (See Instructions)	10 Employer (See In Winstead PC	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Cannon, Thure	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/25/2014	Contributor address; City; State; Zip Code 7711 Ponoma Trl Austin, TX 78749		\$200.00	
				'	Texas, complete Schedule T)
	Principal occup President	vation / Job title (See Instructions)	Employer (See In Texas Pipeline		
	Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 401 W 15th St, Ste 870 Austin, TX 78701		\$350.00	I I I
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In Capelo Law Fir		
	Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/16/2014	Contributor address; City, State; Zip Code 3426 Shady Valley Drive Austin, TX 78748		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
_	Principal occup	Dation / Job title (See Instructions)	Employer (See Ir	nstructions)	
	Executive Dir	rector	Texas Assoc. o	of Life and Health	Insurers
	Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/25/2014	Contributor address; City; State; Zip Code 3425 Shady Valley Dr Austin, TX 78748	,	\$150.00	I de la companya de l
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	<u> </u>	

	OTHER THAN PLEDGES OR LUANS					
	The Instruction	GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/3	30 Report: 9/40	
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT# 00000004	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Cawley, Richard)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	06/25/2014	6 Contributor address; City; State; Zip Code 3426 Shady Valley Drive Austin, TX 78748		\$150.00		
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Executive Dir	ation / Job title (See Instructions) ector	10 Employer (See In: Texas Assoc. of	structions) f Life and Health I	nsurers	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/29/2014	Contributor address; City; State; Zip Code 4545 Golf Vista Drive Austin, TX 78730		\$50.00	 	
				(if travel outside of	Texas, complete Schedule T)	
		ation / Job title (See Instructions) d Communications Consultant	Employer (See In: Chatelle and As			
	Date	Full name of contributor ut-of-state PAC (ID# Chick, Craig)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/30/2014	Contributor address; City; State; Zip Code 823 Congress Avenue Suite 1005 Austin, TX 78701		\$25.00	 	
				*	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/30/2014	Contributor address; City; State; Zip Code 300 S Lamar Blvd Apt 205 Austin, TX 78704		\$150.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/10/2014	Contributor address; City; State; Zip Code 2017 Tillotson Ave. Austin, TX 78702		\$350.00	I 1 I	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Lobbyist	ation / Job title (See Instructions)	Employer (See In Self	structions)		

	The Instruction	אס Guide explains how to complete this form.		1 PAGE#		
				Schedule: 8/3	30 Report: 10/40	
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Coopwood, Tom and Paula (Mr.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	05/12/2014	6 Contributor address; City; State; Zip Code 6717 Valburn Dr. Austin, TX 78731		\$150.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup retired	ation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/25/2014	Contributor address; City; State; Zip Code 1036 Liberty Park Drive Apt. 29 Austin, TX 78746		\$200.00	[
				(If travel outside of	Texas, complete Schedule T)	
Т	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
Ī						
	Date	Full name of contributor	t)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/21/2014	Contributor address; City; State; Zip Code 9415 McNeil Dr #1224 Austin, TX 78750		\$75.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Media Relatio	ation / Job title (See Instructions) ons	Employer (See In Tx Dept Family	structions) Protective Service	es	
	Date	Full name of contributor ut-of-state PAC (ID#	()	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/03/2014	Contributor address; City; State; Zip Code 13 Bud Cove West Lake Hills, TX 78746		\$350.00	 	
				(if travel outside of	Texas, complete Schedule T)	
	Principal occup Administration	ation / Job title (See Instructions) n	Employer (See In Austin Cyber Kı			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable) Hosted a neighborhood	
	06/28/2014	Contributor address; City; State; Zip Code 607 Hammack Drive Austin, TX 78752		\$100.00	meeting so others could get to know Katrina Daniel as a candidate	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	istructions)		
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	OTHER	THAN PLEDGES OR LOAD			
	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 9/3	0 Report: 11/40
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Czekitz, Jill (Ms.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/14/2014	6 Contributor address; City; State; Zip Code 607 Hammack Drive Austin, TX 78752		\$50.00 	
			·	•	Texas, complete Schedule T)
9	Principal occup Aquatic Scien	pation / Job title (See Instructions) htist	10 Employer (See Ins Texas Commisi	structions) ion on Environme	ntal Quality
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/15/2014	Contributor address; City; State; Zip Code 705 21st Street		\$350.00	
		Beaumont, TX 77706		(If Amount and all a	Tours complete Cabastida Ti
	Principal occur	pation / Job title (See Instructions)	Employer (See Ins	,	Texas, complete Schedule T)
	Homemaker	Autori / Goo mondonono)	Self		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 600 Wilmes Dr Austin, TX 78752		\$350.00	
				L.,,	Texas, complete Schedule T)
	Principal occup Retired	pation / Job title (See Instructions)	Employer (See In: Retired	structions)	
	Date	Full name of contributor	t)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/14/2014	Contributor address; City; State; Zip Code 8814 Young Lane Austin, TX 78737		\$350.00	
		Ausun, 1A/0/3/		(if travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	pation / Job title (See Instructions)	Employer (See In: Mitchell William	structions)	Tonday complete scribband ()
	Date	Full name of contributor	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 1704 Windsor Rd Austin, TX 78703		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Consultant	pation / Job title (See Instructions)	Employer (See In Delisi Communi		

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 10	/30 Report: 12/40		
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT# 00000004	(Ethics Commission filers)		
4	Date	5 Full name of contributor ut-of-state PAC (ID#	:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	05/13/2014	6 Contributor address; City; State; Zip Code 5803 Valley Circle Austin, TX 78731		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Government	ation / Job title (See Instructions) Affairs	10 Employer (See In WellPoint	structions)			
	Date	Full name of contributor out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/12/2014	Contributor address; City; State; Zip Code 908 Blanco Street Austin, TX 78703		\$350.00	 		
		Austin, 12 ro703		(If travel outside of	Texas, complete Schedule T)		
	Principal occup homemaker	ation / Job title (See Instructions)	. Employer (See In self	structions)			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/30/2014	Contributor address; City; State; Zip Code 815 Brazos St STE 701 Austin, TX 78703	• • • • • • • • • • • • • • • • • • • •	\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup consultant	ation / Job title (See Instructions)	Employer (See In Congress Ventu				
	Date	Full name of contributor ut-of-state PAC (ID# Doughty, Ronald (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/25/2014	Contributor address; City; State; Zip Code 13210 Mansfield Rd Austin, TX 78732		\$250.00	 		
				(if travel outside of	Texas, complete Schedule T)		
		ation / Job title (See Instructions) nt, Government Affairs	Employer (See In Prudential Fina		4.		
-	Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/25/2014	Contributor address; City; State; Zip Code		\$25.00	!		
		Bastrop, TX 78602					
	Dringing!	otion / Joh title (Con last action)	Familian 10		Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	ISTRUCTIONS)			

POLITICAL CONTRIBUTIONS THAN DI EDGES OF LOANS

	OTHER	THAN PLEDGES ON LOAD			
	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 11	/30 Report: 13/40
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Erben, Randall)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/28/2014	6 Contributor address; City; State; Zip Code 3310 River Rd Austin, TX 78703		\$100.00 	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Este, Stephen (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/13/2014	Contributor address; City; State; Zip Code 4800 Clarkson Avenue Austin, TX 78751		\$350.00	}
				<u> </u>	Texas, complete Schedule T)
	Principal occup Foreign Servi	pation / Job title (See Instructions) ice Officer	Employer (See In U.S. Departmer		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/15/2014	Contributor address; City; State; Zip Code 1015 Highland St. Houston, TX 77009		\$100.00	
L				<u> </u>	Texas, complete Schedule T)
	Principal occur Executive	pation / Job title (See Instructions)	Employer (See In EDP Renewabl	structions) es North America	LLC
	Date	Full name of contributor ut-of-state PAC (ID# Fisher, Nancy)	Amount of cantribution (\$)	In-kind contribution description (if applicable)
	06/27/2014	Contributor address; City; State; Zip Code 4214 Sinclair Ave Austin, TX 78756		\$200.00	!
L	Di-i-i-i	All of Lab Aids (Conditions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
	Texas Strate	pation / Job title (See Instructions) gy Group	Government Af		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 601 Wilmes Drive Austin, TX 78752		\$50.00	!
				(If travel outside of	f Texas, complete Schedule T)
H	Principal occur	Dation / Job title (See Instructions)	Employer (See In	<u> </u>	
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1	he Instruction	on Guide explains how to comp	plete this form.		1 PAGE# Schedule: 12	/30 Report: 14/40	
2 F	ILER NAME	Daniel, Katrina (Ms.)			3 ACCOUNT# 00000004	(Ethics Commission filers)	
4	Date	5 Full name of contributor Garza, Eduardo	☐ out-of-state PAC (ID#	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
06	6/30/2014	6 Contributor address; 601 Wilmes Drive Austin, TX 78752	City; State; Zip Code		\$50.00	 	
1					(If travel outside of	Texas, complete Schedule T)	
9 F	rincipal occup	pation / Job title (See Instructions	s)	10 Employer (See In	structions)		
	Date	Full name of contributor Gierisch, Diane & Bobby	ut-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
00	6/21/2014	Contributor address; 4012 Camacho St. Austin, TX 78723	City; State; Zip Code		\$50.00	 	
		,			(If travel outside of	Texas, complete Schedule T)	
<u> </u>	Principal occur	pation / Job title (See Instruction	9)	Employer (See In	<u> </u>	Texas, complete scriedule 1)	
		Allow to the feet mendens.	~ /		· · · · · · · · · · · · · · · · · · ·		
	Date	Full name of contributor Gonzalez, David	☐ out-of-state PAC (ID#	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
0	6/25/2014	Contributor address; 384 Colorado Dr Cedar Creek, TX 78612	City; State; Zip Code		\$150.00	 	
					(If travel outside of	Texas, complete Schedule T)	
F	Principal occup	I pation / Job title (See Instruction	s)	Employer (See In	,		
	Date	Full name of contributor Graeber, Jan	ut-of-state PAC (ID:	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
0	6/21/2014	Contributor address; 6511 Torrey Pines Cove Austin, TX 78746	City; State; Zip Code		\$50.00	[] [] [] [] [] [] [] [] [] []	
					(if travel outside o	f Texas, complete Schedule T)	
	Principal occup Actuary	pation / Job title (See Instruction	s)	Employer (See In Texas Departm	structions) ent of Insurance		
·	Date	Full name of contributor Gupta, Samir	out-of-state PAC (ID:	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
0	6/30/2014	Contributor address; 15803 Windermere Dr, Suite i Pflugerville, TX 78660	City; State; Zip Code #400		\$25.00	1 	
					(If travel outside o	f Texas, complete Schedule T)	
	Principal occur Dentist	Dation / Job title (See Instruction	s)	Employer (See In Pflugerville Der			

	OTHER THAN PLEDGES ON LOANS					
	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 13	/30 Report: 15/40	
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Haggerty, Patrick)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	06/30/2014	6 Contributor address; City; State; Zip Code 3313 Poquita Ct El Paso, TX 79904		\$50.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/25/2014	Contributor address; City; State; Zip Code 2720 Kinney Oaks Ct. Austin, TX 78704		\$100.00	I 	
				<u> L`</u>	Texas, complete Schedule T)	
	Principal occup Attorney	pation / Job title (See Instructions)	Employer (See In National Insura			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/28/2014	Contributor address; City; State; Zip Code 919 West Lynn Street Austin, TX 78703		\$200.00	 ⁽⁷⁾	
				(If travel outside of	Texas, complete Schedule T)	
		pation / Job title (See Instructions) velopment and Management Consultant	Employer (See In RAH Consulting			
	Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/04/2014	Contributor address; City; State; Zip Code 3702 Eastledge Austin, TX 78731		\$350.00	I I I ,	
				(If travel outside of	Texas, complete Schedule T)	
_	Principal occup Lawyer	pation / Job title (See Instructions)	Employer (See Ir Graves, Dough	nstructions) iterty, Hearon, Mo	ody	
	Date	Full name of contributor	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/21/2014	Contributor address; City; State; Zip Code 601 Irma Dr Austin, TX 78752	• • • • • • • • • • • • • • • • • • • •	\$50.00	 	
				// / / / / / / / / / / / / / / / / / /	Towns somethin Coberdate Ti	
L	Deign-land and	Option / Job title (See Instructions)	Employer (Carl	<u> </u>	f Texas, complete Schedule T)	
	Principal occul	pation / Job title (See Instructions)	Employer (See Ir	isirucuons)		

	O MER MART ELBOLO OR LOANO					
The Instruction Guide explains how to complete this form.	1 PAGE# Schedule: 14/30 Rep	ort: 16/40				
2 FILER NAME Daniel, Katrina (Ms.)	3 ACCOUNT # (Ethics C 00000004	Commission filers)				
4 Date 5 Full name of contributor ☐ out-of-state PAC (ID Hield, Melissa (Ms.)	7 Amount of 8 Incontribution (\$) desc	-kind contribution ription (if applicable)				
06/07/2014 6 Contributor address; City; State; Zip Code 7521 Northcrest Blvd Austin, TX 78752	\$50.00 					
	(If travel outside of Texas, cor	mplete Schedule T)				
9 Principal occupation / Job title (See Instructions) Executive	10 Employer (See Instructions) Texas Department of Insurance					
Date Full name of contributor out-of-state PAC (ID Hooser, Greg		-kind contribution ription (if applicable)				
06/26/2014 Contributor address; City; State; Zip Code 4501 Westlake Drive #14 Austin, TX 78746	\$350.00					
	(If travel outside of Texas, co	mplete Schedule T)				
Principal occupation / Job title (See Instructions) Consultant	Employer (See Instructions) Greg D Hooser Consulting, LLC					
Date Full name of contributor ☐ out-of-state PAC (ID Howard, Jay (Mr.)		-kind contribution ription (if applicable)				
06/17/2014 Contributor address; City; State; Zip Code 823 Congress Ave Ste 900 Austin, TX 78701	\$350.00 					
	(If travel outside of Texas, co	mplete Schedule T)				
Principal occupation / Job title (See Instructions) Government Affairs Consultant	Employer (See Instructions) Hillco					
Date Full name of contributor ut-of-state PAC (ID Howze, Darnon		rkind contribution cription (if applicable)				
06/21/2014 Contributor address; City; State; Zip Code 503 Swanee Drive Apt. 20 Austin, TX 78752	\$200.00 					
	(If travel outside of Texas, co	mplete Schedule T)				
Principal occupation / Job title (See Instructions) Cosmetologist	Employer (See Instructions) Self Employed					
Date Full name of contributor out-of-state PAC (ID Hubbard, David	#) Amount of Incontribution (\$) description	n-kind contribution cription (if applicable)				
O6/26/2014 Contributor address; City; State; Zip Code 926 E. 54th St. Unit A Austin, TX 78751	\$100.00 					
	(If travel outside of Texas, co	mplete Schedule T)				
Principal occupation / Job title (See Instructions) Lobbyist	Employer (See Instructions) Premier Legislative Consulting					

	The Instruction	א Guide explains how to complete this form.		1 PAGE# Schedule: 15	/30 Report: 17/40		
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID Huddleston, Cheri	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	06/30/2014	6 Contributor address; City; State; Zip Code 101 Quarry Park Cove Liberty Hill, TX 78642		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Legislative Co	ation / Job title (See Instructions) onsultant	10 Employer (See In Hance Scarbor				
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/27/2014	Contributor address; City; State; Zip Code 2403 Wildgrove Austin, TX 78704		\$150.00	 		
				1 '	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See Ir	nstructions)			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/21/2014	Contributor address; City; State; Zip Code 4506 Shoal Creek Blvd Austin, TX 78756	••••••••••	\$350.00	 		
				,	Texas, complete Schedule T)		
	Principal occup Owner	ation / Job title (See Instructions)	Employer (See Ir Quality Seafoo				
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/30/2014	Contributor address; City; State; Zip Code 2607 Tri of the Madrones Austin, TX 78746		\$100.00	1 		
				(if travel outside of	Texas, complete Schedule T)		
		ation / Job title (See Instructions) Affairs Consultant	Employer (See In Jackson Waller	nstructions)	<u> </u>		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/26/2014	Contributor address; City; State; Zip Code 4004 Hartwood Fort Worth, TX 76109		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
\vdash	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>			
	Vice Preside		UNTHSC	•			

	OTHER	THAN PLEDGES OR LOAN	IS 		
	The Instruction	Guide explains how to complete this form.		1 PAGE # Schedule: 16/	/30 Report: 18/40
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT# 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Johns, Johnny & Dorothy)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/21/2014	6 Contributor address; City; State; Zip Code 7701 Creston Ln Austin, TX 78752		\$200.00 	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In- retired	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Johnson, Julie)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/29/2014	Contributor address; City; State Zip Code 7107 Red Maple Cove Austin, TX 78759		\$250.00	
					Texas, complete Schedule T)
	Principal occup Project Mana	eation / Job title (See Instructions) ger	Employer (See In: Chisholm Trail (structions) Communities Four	ndation
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/12/2014	Contributor address; City; State; Zip Code 200 Congress Ave 18F Austin, TX 78701		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Government	ation / Job title (See Instructions) Affairs Consultant	Employer (See In Hillco Partners	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/27/2014	Contributor address; City; State; Zip Code 823 Congress Ave Ste 900 Austin, TX 78701		\$350.00	! ! !
				(If travel outside of	Texas, complete Schedule T)
		ation / Job title (See Instructions) Affairs Consultant	Employer (See In Hillco	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/15/2014	Contributor address; City; State; Zip Code 1508 Raleigh Avenue Austin, TX 78703		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Director	ation / Job title (See Instructions)	Employer (See In Pfizer	structions)	

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	The Instruction	on Guide explains how to complete this form.		1 PAGE # Schedule: 17	/30 Report: 19/40	
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Keel, Lara	1)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	06/30/2014	6 Contributor address; City; State; Zip Code 2113 West 11th Street Austin, TX 78703		\$350.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9		ation / Job title (See Instructions) ernment Relations Advisor	10 Employer (See In Texas Lobby G			
	Date	Full name of contributor	±)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/25/2014	Contributor address; City; State; Zip Code 2100 Exposition Blvd Austin, TX 78703		\$100.00	[
		, , , , , , , , , , , , , , , , , , , ,		(if travel outside of	Texas, complete Schedule T)	
┝	Principal occup	pation / Job title (See Instructions)	Employer (See In	1_`		
		,		,	·	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/26/2014	Contributor address; City; State; Zip Code 3008 Crosscreek Drive Austin, TX 78757	•••••	\$150.00	 	
				(if travel outside of	Texas, complete Schedule T)	
	Principal occup Legislative Co	ation / Job title (See Instructions) onsultant	Employer (See Ir Deanna L. Kuy			
F	Date	Full name of contributor ut-of-state PAC (ID#	‡)	Amount of	In-kind contribution	
		Lavigne, Mike		contribution (\$)	description (if applicable)	
	06/30/2014	Contributor address; City; State; Zip Code 1514 Richcreek Road		\$50.00	 	
		Austin, TX 78757		[1	
				1	Texas, complete Schedule T)	
	Principal occur PR	pation / Job title (See Instructions)	Employer (See Ir Mike Lavigne P			
	Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/14/2014	Contributor address; City; State; Zip Code 1622 Scenic Shore Dr Kingwood, TX 77325		\$50.00	 	
				(If travel outside of	f Texas, complete Schedule T)	
	Principal occup Consulting A	pation / Job title (See Instructions) ctuary	Employer (See Ir Milliman, Inc		· · · · · · · · · · · · · · · · · · ·	
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	The INSTRUCTION	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 18	/30 Report: 20/40
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Lieberknecht, Chloe (Ms.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/15/2014	6 Contributor address; City; State; Zip Code 1912 Collier St. Austin, TX 78704		\$350.00	
				(if travel outside of	Texas, complete Schedule T)
9	Principal occup Executive	ation / Job title (See Instructions)	10 Employer (See In The Nature Cor		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/23/2014	Contributor address; City; State; Zip Code 520 Academy Austin, TX 78704		\$100.00	i
				//E4	Tarras a comunidada Cabarduria TV 🔲
L	Debainel	otion (Joh Sitle (Con Instructions)	Employer (See In	1 '	Texas, complete Schedule T)
	Executive Dir	ector	Texas Applesed		
	Date	Full name of contributor ☐ out-of-state PAC (ID≴ Limon, Jacob	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 1802 Ann Arbor Austin, TX 78704		\$350.00	
				· ·	Texas, complete Schedule T)
	Principal occup Chief of Staff	pation / Job title (See Instructions)	Employer (See In Texas of Repre		
	Date	Full name of contributor ☐ out-of-state PAC (ID# Little, Lew	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/23/2014	Contributor address; City; State; Zip Code 2806 Stratford Drive Austin, TX 78746	· · · · · · · · · · · · · · · · · · ·	\$350.00	
	*			(if travel outside of	Texas, complete Schedule T)
	Principal occur Investor	Dation / Job title (See Instructions)	Employer (See In None	<u> L'</u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/25/2014	Contributor address; City; State; Zip Code PO Box 160642 Austin, TX 78716		\$100.00	1
				(If travel outside of	Texas, complete Schedule T)
\vdash	Principal occur	Leation / Job title (See Instructions)	Employer (See Ir	<u>l'</u>	
	EVP	, , , , , , , , , , , , , , , , , , , ,	TAHP	,	

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 19	/30 Report: 21/40		
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)		
4	Date	5 Full name of contributor ut-of-state PAC (ID# McBride, Richard)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	06/30/2014	6 Contributor address; City; State; Zip Code 823 Congress Ave Suite 1030 Austin, TX 78701		\$350.00	 		
				(if travel outside of	Texas, complete Schedule T)		
9	Principal occup Government	ation / Job title (See Instructions) Affairs Consultant	10 Employer (See In Self	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/26/2014	Contributor address; City; State; Zip Code 909 Live Oak Ridge Rd Austin, TX 78746		\$100.00	 		
		Ausun, 12 10/40		(If travel outside of	Texas, complete Schedule T)		
-	Principal occur	pation / Job title (See Instructions)	Employer (See In	,			
	r inicipal occup	Zuom dos une (oce mandenono)					
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/25/2014	Contributor address; City; State; Zip Code 909 Live Oak Ridge Rd Austin, TX 78746		\$250.00	 		
		Adding TXTOTTO		(If travel outside of	Texas, complete Schedule T)		
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In Blue Cross Blue				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/17/2014	Contributor address; City; State; Zip Code 1712 W 29th St Austin, TX 78703		\$350.00	[
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Homemaker	pation / Job title (See Instructions)	Employer (See In Homemaker	istructions)			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/30/2014	Contributor address; City; State; Zip Code 906 Crystal Creek Drive Austin, TX 78746		\$350.00] 		
				(If travel outside of	f Texas, complete Schedule T)		
⊢	Principal occur	pation / Job title (See Instructions)	Employer (See Ir	<u></u>	-,		
	Real Estate	Sanotti son tille (See Ilisiiuttiolis)	Austin Fairchild				

	OTHER	THAN PLEDGES OR LOAD	15		
	The instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 20/	30 Report: 22/40
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT# 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# McElvaney, Sarah)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/26/2014	6 Contributor address; City; State; Zip Code 7633 Rockpoint Dr Austin, TX 78731		\$350.00 	
				(If travel outside of 1	Texas, complete Schedule T)
9	Principal occup Attorney	ation / Job title (See Instructions)	10 Employer (See In Deltek	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 602 Wilmes Drive		\$350.00	
		Austin, TX 78752		'	_
L.					Texas, complete Schedule T)
	Principal occup retired	ation / Job title (See Instructions)	Employer (See In self	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/09/2014	Contributor address; City; State; Zip Code 602 Wilmes Drive Austin, TX 78752		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Stain Glass A	ation / Job title (See Instructions) artist	Employer (See Instructions) Blue Moon Glassworks, 108 W. 43rd St, Austin, Texas		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/13/2014	Contributor address; City; State; Zip Code 631 Amesbury Lane Austin, TX 78752		\$100.00	_
				1	Texas, complete Schedule T)
	Principal occup Librarian	ation / Job title (See Instructions)	Employer (See In Austin Commur		
	Date	Full name of contributor ☐ out-of-state PAC (ID# Mendoza, Rosa		Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/27/2014	Contributor address; City; State; Zip Code 3412 Green Emerald Terrace Austin, TX 78739		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
		ation / Job title (See Instructions) lic Accountant	Employer (See In R. Mendoza & (·

Texas Ethics Commission

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 21	/30 Report: 23/40
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Mikhail, Osama	·)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/27/2014	6 Contributor address; City; State; Zip Code 8922 Sterling Gate Circle Spring, TX 77379		\$250.00	! !
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Professor	ation / Job title (See Instructions)	10 Employer (See In University of Te		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/12/2014	Contributor address; City; State; Zip Code 2905 Gilbert St Austin, TX 78703		\$350.00	
		Tudani, 1270100		(If travel outside of	Texas, complete Schedule T)
┝	Principal occur	pation / Job title (See Instructions)	Employer (See In	structions)	
		Affairs Consultant	Hillco		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/26/2014	Contributor address; City; State; Zip Code 501 Hammack Austin, TX 78752		\$150.00	 -
		Austin, 17 70732		(If travel outside of	Texas, complete Schedule T)
\vdash		Deation / Job title (See Instructions)	Employer (See In	·	
	Program Mar	nager	City of Austin		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 4300 Rosedal Ave		\$25.00	
		Austin, TX 78756			_
L	D-iiI	dise (let 40 / Dec lecterations)	Employee/Cook	l '	Texas, complete Schedule T)
	Executive Dir	pation / Job title (See Instructions) rector	Employer (See in Texas Impact	istructions)	
	Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/18/2014	Contributor address; City; State; Zip Code 4720 54th Ave. S. Seattle, WA 98118		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
\vdash	Principal occur	pation / Job title (See Instructions)	Employer (See In	nstructions)	
	Food System		Urban Food Lir		

The Instruction Guide explains how to complete this form.				1 PAGE # Schedule: 22	/30 Report: 24/40	
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Moran, Ashley)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	06/19/2014	6 Contributor address; City; State; Zip Code 45 Pillow Road Sunset Valley, TX 78745		\$200.00	! ! !	
				'	Texas, complete Schedule T)	
9	Principal occup Associate Dire	ation / Job title (See Instructions) ector	10 Employer (See In: University of Te	structions) xas at Austin		
	Date	Full name of contributor uut-of-state PAC (ID# Mueller, Dan & Lauren)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/21/2014	Contributor address; City; State; Zip Code 1405 Delaney St. Austin, TX 78721		\$25.00] 	
				(if travel outside of	Texas, complete Schedule T)	
	Principal occup retired	ation / Job title (See Instructions)	Employer (See In- self employed	structions)		
	Date	Full name of contributor out-of-state PAC (ID# Munin, Holly	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/25/2014	Contributor address; City; State; Zip Code 5702 Shoal Creek Blvd Austin, TX 78757		\$250.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Chief Perform	ation / Job title (See Instructions) nance Officer	Employer (See In Superior Health			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/28/2014	Contributor address; City; State; Zip Code 2905 Scenic Drive Austin, TX 78703		\$50.00] 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Behavioralsci	ation / Job title (See Instructions) entist	Employer (See In Independent He			
	Date	Full name of contributor	()	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/21/2014	Contributor address; City; State; Zip Code 2233 Antone St Austin, TX 78723		\$100.00	! 	
				(If traval outside =	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In		TOXOS, COMPLETE SCHOOLING 1)	
		· · · · · · · · · · · · · · · · · · ·				

The Instruction Guide ex	plains how to com	plete this form.		1 PAGE # Schedule: 23	3/30 Report: 25/40
2 FILER NAME Daniel, I	Katrina (Ms.)			3 ACCOUNT # 00000004	(Ethics Commission filers)
	ame of contributor illiou, Karmyn	□ out-of-state PAC (ID#	±	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
06/29/2014 6 Contri 405 Wilmin Austin, T.		City; State; Zip Code		\$350.00	
					Texas, complete Schedule T)
9 Principal occupation / Job Designer	title (See Instruction	ns)	10 Employer (See In Rachel Mast De		
Date Full na Patterson		out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/30/2014 Contri 8909 El R Austin, T.	butor address; ley Blvd X 78737	City; State; Zip Code		\$40.00	
				<u>l. `</u>	Texas, complete Schedule T)
Principal occupation / Job Consultant	title (See Instruction	ns)	Employer (See In Self	structions)	
Date Full na Pearce, a		out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/30/2014 Contri 201 Lavad Austin, T.		City; State; Zip Code		\$50.00	
				464	· (Tamas assembles Catachula T)
Principal occupation / Job	title (See Instruction	ne)	Employer (See In	<u> </u>	Texas, complete Schedule T)
Government Relations			Pfizer	stroctions)	
	ame of contributor , Dan & Sheri	□ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/12/2014 Contri 9300 Ash Austin, T.		City; State; Zip Code		\$350.00	! ! !
				(if travel outside of	Texas, complete Schedule T)
Principal occupation / Job Government Affairs Co		ns)	Employer (See In Hillco	structions)	
Date Full na Pewitt, B	ame of contributor	out-of-state PAC (ID#	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/30/2014 Contri 1015 Gas Austin, T		City; State; Zip Code		\$350.00	
				(If travel outside of	f Texas, complete Schedule T)
Principal occupation / Job Government Affairs Col	•	ns)	Employer (See In Self	<u> </u>	, <u> </u>

Texas Ethics Commission

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 24	/30 Report: 26/40
2 FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT# 00000004	(Ethics Commission filers)
4 Date	5 Full name of contributor	<u>;</u>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
06/25/2014	6 Contributor address; City; State; Zip Code PO Box 50272 Austin, TX 78763		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occur Attorney	pation / Job title (See Instructions)	10 Employer (See In Self	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/30/2014	Contributor address; City; State; Zip Code 100 Wood Trail Austin, TX 78746		\$200.00	[[[
				Texas, complete Schedule T)
Principal occup Consultant	pation / Job title (See Instructions)	Employer (See In The Graydon G		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable) Photography - Thumb
06/03/2014	Contributor address; City; State; Zip Code 811 W. St. John's Ave. #2302 Austin, TX 78751		\$350.00	drive digital image
			(If travel outside of	Texas, complete Schedule T)
Principal occup Owner/Photo	pation / Job title (See Instructions) grapher	Employer (See In Sandra Ramos	structions) Photography, LL0	2
Date	Full name of contributor	*************************************	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/19/2014	Contributor address; City; State; Zip Code 1309 Concho St. Austin, TX 78702		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur Lobbyist	pation / Job title (See Instructions)	Employer (See In Premier Legisla		
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/30/2014	Contributor address; City; State; Zip Code 10605 Signal Hill Rd. Austin, TX 78737		\$700.00	
		· · · · · · · · · · · · · · · · · · ·		Texas, complete Schedule T)
Principal occup Program Spe	pation / Job title (See Instructions) ecialist IV	Employer (See In State of Texas	estructions)	

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 25	/30 Report: 27/40	
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Rodriguez, Frank)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	06/30/2014	6 Contributor address; City; State; Zip Code PO Box 1271 Austin, TX 78767		\$350.00	! ! !	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Consultant	ation / Job title (See Instructions)	10 Employer (See In Self Employed	structions)		
	Date	Full name of contributor ☐ out-of-state PAC (ID# Russell, Randy		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/30/2014	Contributor address; City; State; Zip Code 6516 Twin Creek Holw Austin, TX 78750		\$50.00	! ! !	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>		
	· ·	`				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/25/2014	Contributor address; City; State; Zip Code 6711 Telluride Trl Austin, TX 78749	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$75.00	 	
	<u>-</u>				Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Samuels, Marc)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/30/2014	Contributor address; City; State; Zip Code 823 Congress Ave STE 900 Austin, TX 78701		\$350.00	 	
				(if travel outside of	Texas, complete Schedule T)	
	Principal occup Founder and	pation / Job title (See Instructions) CEO	Employer (See In ADVI	structions)	··-	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/25/2014	Contributor address; City; State; Zip Code 710 Colorado St Unit 4G Austin, TX 78701		\$200.00	 	
				(If travel outside of	Texas, complete Schedule T)	
Г		pation / Job title (See Instructions)	Employer (See In			
	Director of Af	fairs	United Health C	Group	•	

	OTHER THAN PLEDGES OR LOANS				
	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 26	/30 Report: 28/40
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Shade, Randi (Ms.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/03/2014	6 Contributor address; City; State; Zip Code 1822 W. 10th St. Austin, TX 78703		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup homemaker	ation / Job title (See Instructions)	10 Employer (See In: hornemaker	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/12/2014	Contributor address; City; State; Zip Code 5904 Marilyn Dr Austin, TX 78757		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Program Dev	ation / Job title (See Instructions) elopment	Employer (See In Texas	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/25/2014	Contributor address; City; State; Zip Code 1822 W. 10th St. Austin, TX 78703		\$350.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	eation / Job title (See Instructions)	Employer (See In Dell	structions)	
	Date	Full name of contributor uut-of-state PAC (ID# Smolen, Paul (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/12/2014	Contributor address; City; State; Zip Code 3812 Cherrywood Road Austin, TX 78722		\$50.00	1 1 1.
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Consultant	pation / Job title (See Instructions)	Employer (See In Fox, Smolen &		-
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/20/2014	Contributor address; City; State; Zip Code 1450 Hargis Creek Trl Austin, TX 78717		\$75.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See in	structions)	

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 27	/30 Report: 29/40	
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT# 00000004	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Stekler, Paul (Mr.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	05/13/2014	6 Contributor address; City; State; Zip Code 1903 Brackenridge Street Austin, TX 78704		\$100.00	l l l	
				(if travel outside of	Texas, complete Schedule T)	
9	Principal occup Teacher	ation / Job title (See Instructions)	10 Employer (See In UT	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/25/2014	Contributor address; City; State; Zip Code 2716 Barton Creek Blvd. #424 Austin, TX 78735		\$100.00	 	
	·			<u> </u>	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor	<u>')</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/30/2014	Contributor address; City; State; Zip Code 1800 West 29th St Austin, TX 78703		\$350.00	 	
				(if travel outside of	Texas, complete Schedule T)	
		ation / Job title (See Instructions) Affairs Consultant	Employer (See In Self	structions)	· · · · · · · · · · · · · · · · · · ·	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/30/2014	Contributor address; City; State; Zip Code 1902 Stamford Lane Austin, TX 78703		\$250.00	 	
				(If travel outside of	Texas, complete Schedule T)	
-	Principal occup Attorney	nation / Job title (See Instructions)	Employer (See In Jackson Walke	structions)		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/20/2014	Contributor address; City; State; Zip Code 3105 Boweman Ave. Austin, TX 78703		\$350.00	 	
				(if travel outside of	Texas, complete Schedule T)	
\vdash	Principal occur	pation / Job title (See Instructions)	Employer (See In			
	Real Estate D		FourT Realty	,		

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800

POLITICAL CONTRIBUTIONS

	OTHER	THAN PLEDGES OR LOAD	N2		
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 28/	/30 Report: 30/40
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT# 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Thompson, Jay)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/25/2014	6 Contributor address; City; State; Zip Code 6803 Winterberry Dr Austin, TX 78750		\$150.00	
				(If travel outside of	Taxas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/18/2014	Contributor address; City; State; Zip Code 823 Congress Ave, Suite 1505 Austin, TX 78701		\$100.00	i
		Adding (X7070)		(If travel outside of	Texas, complete Schedule T)
	Principal occup County Comr	pation / Job title (See Instructions) missioner	Employer (See In Travis County (structions) Commissioner, Pre	ecinct 2
	Date	Full name of contributor ut-of-state PAC (ID# Traylor, Kitty (Ms.)	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/05/2014	Contributor address; City; State; Zip Code 100 W. O'Dell St Austin, TX 78752		\$200.00	i I
				(If travel outside of	Texas, complete Schedule T)
	Principal occup retired	ation / Job title (See Instructions)	Employer (See In retired	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/24/2014	Contributor address; City; State; Zip Code 3603 Bonnie Rd. Austin, TX 78703		\$200.00	l . [
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Business Cor	pation / Job title (See Instructions) nsultant	Employer (See In Self	istructions)	
	Date	Full name of contributor	(Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/28/2014	Contributor address; City; State; Zip Code 6809 Via Correto Austin, TX 78749	•••••••••••••••••••••••••••••••••••••••	\$100.00	
		_		(If travel outside of	Texas, complete Schedule T)
	Principal occup	Dation / Job title (See Instructions)	Employer (See In	`	
	Lawyer	·	Gardere		

	OTHER THAN PLEDGES OR LOANS				
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 29	/30 Report: 31/40
2	FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Vasek, Heather		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/30/2014	6 Contributor address; City; State; Zip Code 2102 Cypress Pt E Austin, TX 78746		\$75.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Lobbyist	ation / Job title (See Instructions)	10 Employer (See In Delisi Commun		
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/22/2014	Contributor address; City; State; Zip Code 6001 Bullard Dr Austin, TX 78757		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	pation / Job title (See Instructions)	Employer (See In State	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Warner, David & Phyllis	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/21/2014	Contributor address; City; State; Zip Code 5701 Trailridge Dr Austin, TX 78731		\$100.00	
_				<u></u>	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	estructions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/27/2014	Contributor address; City; State; Zip Code 4214 Sinclair Ave Austin, TX 78756		\$200.00	1
				(if travel outside of	Texas, complete Schedule T)
	Principal occup Architect	pation / Job title (See Instructions)	Employer (See In Self	nstructions)	as_assass
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/08/2014	Contributor address; City; State; Zip Code 4001 LOB Cove Austin, TX 78730		\$350.00	1 ·
				(If travel outside of	Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See In		<u> </u>
	Lawyer	•	Self-Law Office	•	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 30	/30 Report: 32/40
FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT # 00000004	(Ethics Commission filers)
Date	5 Full name of contributor ☐ out-of-state PAC (ID# Wilson, Stacy		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
06/21/2014	6 Contributor address; City; State; Zip Code 114 Valley Cir San Marcos, TX 78666		\$100.00	I I
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Wyatt, Robert	:)	Amount of contribution (\$)	In-kind contribution description (if applicable
06/30/2014	Contributor address; City; State; Zip Code PO Box 7711 Austin, TX 78713		\$5.00	1 1 1
			·	Texas, complete Schedule T)
	pation / Job title (See Instructions) ation Administration	Employer (See In The University of	structions) of Texas at Austin	•
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable
06/30/2014	Contributor address; City; State; Zip Code 5903 Saratoga Cv Austin, TX 78746		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur Attorney	pation / Job title (See Instructions)	Employer (See In Self	structions)	

Texas Ethics Commission

PLEDG	SCHEDULE B			
The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1	Report: 33/40
2 FILER NAME	Daniel, Katrina (Ms.)		3 ACCOUNT# 00000004	(Ethics Commission filers)
4 TOTAL (OF UNITEMIZED PLEDGES:	\$ \$\$	ជ	\$
5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID# Berlanga, Hugo	#)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
06/30/2014	7 Pledgor address; City; State; Zip Code PO Box 6546 Austin, TX		\$350.00	
			`	Texas, complete Schedule T)
	pation / Job title (See Instructions) Affairs Consultant	11 Employer (See Ir Self	nstructions)	
Date	Full name of pledgor ut-of-state PAC (ID# Frazier, J. Kyle	<u> </u>	Amount of pledge (\$)	In-kind description (if applicable)
06/30/2014	Pledgor address; City; State; Zip Code	• · · • · · · · · · · · · · · · · · · ·	\$350.00	
			(If travel outside of	Texas, complete Schedule T)
	oation / Job title (See Instructions) Affairs Consultant	Employer (See Ir Self	nstructions)	
Date	Full name of pledgor	#)	Amount of pledge (\$)	In-kind description (if applicable)
06/30/2014	Pledgor address; City; State; Zip Code 300 W. 6th Street Suite 2050		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions)	Employer (See li	nstructions)	
Date	Full name of pledgor	#)	Amount of pledge (\$)	In-kind description (if applicable)
06/30/2014	Pledgor address; City; State; Zip Code 105 Timber Ridge Cv		\$200.00	
	Austin, TX 78733		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See II	nstructions)	
				•

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Evant Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District

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

Event Expense	Polling Expense Travel Out Of Dis	trict Candidate	/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/I The Instruction Guide explains hov		er a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 1/5 Re	Daniel Matrice (Max.)		00000004
4 Date	5 Payee name		
06/19/2014	American Printing and Mailing		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$378.88	1606 Headway Circle		·
	Austin, TX 78754		
•	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside	le of Texas, complete Schedule T)
8 PURPOSE	Printing Expense	Stationery Letterhead #1	
OF EXPENDITURE			•
2/1 2/10// 01/2			
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
Date	Payee name		
05/25/2014	Azul Strategies		
Amount (\$)	Payee address City; State; Zip Code		
\$270.00	1802 Ann Arbor		
	Austin, TX 78704		
	Colombia (Co. Colombia Habada Abada as as Abia as a salaha	Description (If travel extend	to of Tayes, especiate Schoolule T\
PURPOSE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside Video and Meeting Cons	de of Texas, complete Schedule T)
OF EXPENDITURE	Consulting Expense	Video and Mideling Cons	Johns
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure	Candidate / Officeholder name Рауве лате	Office sought:	Office held:
direct expenditure to benefit C/OH		Office sought:	Office held:
direct expenditure to benefit C/OH Date	Рауве пате	Office sought:	Office held:
direct expenditure to benefit C/OH Date 05/25/2014	Payee name Brass, Chelsea (Ms.) Payee address City; State; Zip Code 8205 Brettonwoods Lane	Office sought:	Office held:
direct expenditure to benefit C/OH Date 05/25/2014 Amount (\$)	Payee name Brass, Chelsea (Ms.) Payee address City; State; Zip Code	Office sought:	Office held:
direct expenditure to benefit C/OH Date 05/25/2014 Amount (\$)	Payee name Brass, Chelsea (Ms.) Payee address City; State; Zip Code 8205 Brettonwoods Lane Austin, TX 78753		
direct expenditure to benefit C/OH Date 05/25/2014 Amount (\$)	Payee name Brass, Chelsea (Ms.) Payee address City; State; Zip Code 8205 Brettonwoods Lane Austin, TX 78753 Category (See Categories listed at the top of this schedule)	Description (If travel outsid	te of Texas, complete Schedule T)
direct expenditure to benefit C/OH Date 05/25/2014 Amount (\$) \$1,000.00 PURPOSE OF	Payee name Brass, Chelsea (Ms.) Payee address City; State; Zip Code 8205 Brettonwoods Lane Austin, TX 78753		te of Texas, complete Schedule T)
direct expenditure to benefit C/OH Date 05/25/2014 Amount (\$) \$1,000.00	Payee name Brass, Chelsea (Ms.) Payee address City; State; Zip Code 8205 Brettonwoods Lane Austin, TX 78753 Category (See Categories listed at the top of this schedule)	Description (If travel outsid	te of Texas, complete Schedule T)
direct expenditure to benefit C/OH Date 05/25/2014 Amount (\$) \$1,000.00 PURPOSE OF EXPENDITURE Complete ONLY if	Payee name Brass, Chelsea (Ms.) Payee address City; State; Zip Code 8205 Brettonwoods Lane Austin, TX 78753 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outsid	te of Texas, complete Schedule T)
direct expenditure to benefit C/OH Date 05/25/2014 Amount (\$) \$1,000.00 PURPOSE OF EXPENDITURE	Payee name Brass, Chelsea (Ms.) Payee address City; State; Zip Code 8205 Brettonwoods Lane Austin, TX 78753 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outsic Payroll for weeks of 5/1	te of Texas, complete Schedule T) [
direct expenditure to benefit C/OH Date 05/25/2014 Amount (\$) \$1,000.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Payee name Brass, Chelsea (Ms.) Payee address City; State; Zip Code 8205 Brettonwoods Lane Austin, TX 78753 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name	Description (If travel outsic Payroll for weeks of 5/1	te of Texas, complete Schedule T) [
direct expenditure to benefit C/OH Date 05/25/2014 Amount (\$) \$1,000.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure	Payee name Brass, Chelsea (Ms.) Payee address City; State; Zip Code 8205 Brettonwoods Lane Austin, TX 78753 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outsic Payroll for weeks of 5/1	te of Texas, complete Schedule T) [
direct expenditure to benefit C/OH Date 05/25/2014 Amount (\$) \$1,000.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Payee name Brass, Chelsea (Ms.) Payee address City; State; Zip Code 8205 Brettonwoods Lane Austin, TX 78753 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name	Description (If travel outsic Payroll for weeks of 5/1	te of Texas, complete Schedule T) [
direct expenditure to benefit C/OH Date 05/25/2014 Amount (\$) \$1,000.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 06/01/2014	Payee name Brass, Chelsea (Ms.) Payee address City; State; Zip Code 8205 Brettonwoods Lane Austin, TX 78753 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name Payee name Brass, Chelsea (Ms.) Payee address City; State; Zip Code 8205 Brettonwoods Lane	Description (If travel outsic Payroll for weeks of 5/1	te of Texas, complete Schedule T) [
direct expenditure to benefit C/OH Date 05/25/2014 Amount (\$) \$1,000.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 06/01/2014 Amount (\$)	Payee name Brass, Chelsea (Ms.) Payee address City; State; Zip Code 8205 Brettonwoods Lane Austin, TX 78753 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name Payee name Brass, Chelsea (Ms.) Payee address City; State; Zip Code	Description (If travel outsic Payroll for weeks of 5/1	te of Texas, complete Schedule T) [
direct expenditure to benefit C/OH Date 05/25/2014 Amount (\$) \$1,000.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 06/01/2014 Amount (\$)	Payee name Brass, Chelsea (Ms.) Payee address City; State; Zip Code 8205 Brettonwoods Lane Austin, TX 78753 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name Payee name Brass, Chelsea (Ms.) Payee address City; State; Zip Code 8205 Brettonwoods Lane Austin, TX 78753	Description (If travel outsice Payroll for weeks of 5/1* Office sought:	te of Texas, complete Schedule T) //2014 - 5/24/2014 Office held:
direct expenditure to benefit C/OH Date 05/25/2014 Amount (\$) \$1,000.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 06/01/2014 Amount (\$)	Payee name Brass, Chelsea (Ms.) Payee address City; State; Zip Code 8205 Brettonwoods Lane Austin, TX 78753 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name Payee name Brass, Chelsea (Ms.) Payee address City; State; Zip Code 8205 Brettonwoods Lane Austin, TX 78753 Category (See Categories listed at the top of this schedule)	Description (If travel outsice Payroll for weeks of 5/1 office sought:	de of Texas, complete Schedule T)
direct expenditure to benefit C/OH Date 05/25/2014 Amount (\$) \$1,000.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 06/01/2014 Amount (\$) \$500.00 PURPOSE OF	Payee name Brass, Chelsea (Ms.) Payee address City; State; Zip Code 8205 Brettonwoods Lane Austin, TX 78753 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name Payee name Brass, Chelsea (Ms.) Payee address City; State; Zip Code 8205 Brettonwoods Lane Austin, TX 78753	Description (If travel outsice Payroll for weeks of 5/1* Office sought:	de of Texas, complete Schedule T)
direct expenditure to benefit C/OH Date 05/25/2014 Amount (\$) \$1,000.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 06/01/2014 Amount (\$) \$500.00	Payee name Brass, Chelsea (Ms.) Payee address City; State; Zip Code 8205 Brettonwoods Lane Austin, TX 78753 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name Payee name Brass, Chelsea (Ms.) Payee address City; State; Zip Code 8205 Brettonwoods Lane Austin, TX 78753 Category (See Categories listed at the top of this schedule)	Description (If travel outsice Payroll for weeks of 5/1 office sought:	de of Texas, complete Schedule T)
direct expenditure to benefit C/OH Date 05/25/2014 Amount (\$) \$1,000.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 06/01/2014 Amount (\$) \$500.00 PURPOSE OF	Payee name Brass, Chelsea (Ms.) Payee address City; State; Zip Code 8205 Brettonwoods Lane Austin, TX 78753 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate / Officeholder name Payee name Brass, Chelsea (Ms.) Payee address City; State; Zip Code 8205 Brettonwoods Lane Austin, TX 78753 Category (See Categories listed at the top of this schedule)	Description (If travel outsice Payroll for weeks of 5/1 office sought:	de of Texas, complete Schedule T)

EXPENDITURE CATEGORIES

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage 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

Polling Expense Printing Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form. 1 PAGE# 3 ACCOUNT # (TEC filers) FILER NAME Daniel, Katrina (Ms.) 00000004 Schedule: 2/5 Report: 36/40 5 Payee name 4 Date 06/15/2014 Brass, Chelsea (Ms.) 6 Amount (\$) Payee address City; State; Zip Code 8205 Brettonwoods Lane \$1,000.00 Austin, TX 78753 (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Payroll for wks 6/1/2014-6/15/2014 Salaries/Wages/Contract Labor EXPENDITURE Office held: 9 Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name 06/30/2014 Brass, Chelsea (Ms.) Zip Code Payee address City; State; Amount (\$) 8205 Brettonwoods Lane \$34.04 Austin, TX 78753 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Depot, 7-Eleven, HEB **Event Expense** OF **EXPENDITURE** Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH Date Payee name Brass, Chelsea (Ms.) 06/30/2014 Amount (\$) Payee address City; State; Zip Code 8205 Brettonwoods Lane \$1,000.00 Austin, TX 78753 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Payroll for wks 6/16/2014 - 6/30/2014 OF EXPENDITURE Office sought: Complete ONLY if Candidate / Officeholder name Office held: direct expenditure to benefit C/OH Date Payee name **Net Victories** 06/19/2014 Payee address City; State; Zip Code Amount (\$) 1545 NW Market Street \$1,697.39 Seattle, WA 98107 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Website Design and Development, Branding, Advertising Expense OF Website Hosting, Domain Names EXPENDITURE Office held: Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

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

P.O.Box 12070

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Capdids/Officholds/Political Committee

Event Expense Fees	Polling Expense Travel Out Of Dis Printing Expense Office Overhead/ The Instruction Guide explains how	Rental Expense OTHER (ente	officeholder/Political Committee ir a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 3/5 Re	eport: 37/40 Daniel, Katrina (Ms.)		0000004
4 Date 06/07/2014	5 Payee name Office Depot		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$35.72	816 Tirado Street Austin, TX 78752		1000
8	(a) Category (See Categories listed at the top of this schedule)	1, ,	e of Texas, complete Schedule T)
PURPOSE OF	Printing Expense	Printing handouts for an	event
EXPENDITURE			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
06/23/2014	Opinion Analysts, Inc.		
Amount (\$)	Payee address City; State; Zip Code		
\$72.72	906 Rio Grande St Austin, TX 78701		
	Cotogony (Con Cotogories listed at the top of this askedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	Category (See Categories listed at the top of this schedule) OTHER - Voter File - likely voter file	Likely voter file	a or rexas, complete scrieddia 1)
OF EXPENDITURE	STREET TOOLTHO IIIIGIY FOLGE IIII		
EXPENDITORE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
05/18/2014	Stoneking, Taryn (Ms.)		·
Amount (\$)	Payee address City; State; Zip Code		
\$240.00	2208 Pearl St. #307 Austin, TX 78705		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Payroll for week 5/111/2	014 - 5/17/2014
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		· · · · · · · · · · · · · · · · · · ·
05/25/2014	Stoneking, Taryn (Ms.)		
Amount (\$)	Payee address City; State; Zip Code		
\$240.00	2208 Pearl St. #307 Austin, TX 78705		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outsic Payroll for week 5/18/20	le of Texas, complete Schedule T) 14 - 5/24/2104
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

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

EXPENDITURE CATEGORIES

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (centers are larged)

Fees	Printing Expense Office Overhead/ The Instruction Guide explains how	•	r a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 4/5 Re	17 - 1111111111111111111111111111111111		00000004
4 Date	5 Payee name		
06/01/2014	Stoneking, Taryn (Ms.)		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$240.00	·		
Ψ270.00	Austin, TX 78705		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	Salary for week 5/25/201	4 - 5/31/2014
EXPENDITURE			
			O#i bald.
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
06/08/2014	Stoneking, Taryn (Ms.)		
Amount (\$)	Payee address City; State; Zip Code		
\$240.00	2208 Pearl St. #307		
,	Austin, TX 78705		
DUDBOCE	Category (See Categories listed at the top of this schedule)	· ·	e of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Payroll for week 6/1/2014	l - 6/7/2014
EXPENDITURE			
Consoliste ONLY if	Candidate / Officeholder name	Office sought:	Office held:
Complete ONLY if direct expenditure	Candidate / Officeriology flame	Office sought.	Office field.
to benefit C/OH			
Date	Payee name	· · · ·	
06/15/2014	Stoneking, Taryn (Ms.)		
Amount (\$)	Payee address City; State; Zip Code		
\$240.00	2208 Pearl St. #307		
	Austin, TX 78705		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside payroll wk 6/82014-6.18.2	e of Texas, complete Schedule T)
OF	Salaries/Wages/Contract Labor	payroll WK 0/02014-0.16.2	2014
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure			
to benefit C/OH			·
Date	Payee name		
06/20/2014	Stoneking, Taryn (Ms.)		
Amount (\$)	Payee address City; State; Zip Code		
\$25.00	2208 Pearl St. #307 Austin, TX 78705		
	Adeilli, 17 (0)00		
···	Category (See Categories listed at the top of this schedule)	Description (If traval autoid	e of Texas, complete Schedule T)
PURPOSE	OTHER - Campaign Training	Description (If travel outside Pd \$25 at the door for ca	
OF EXPENDITURE	O THERE - Outhpaigh Training	1 3 \$20 at the 3001 101 0a	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH		-	

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

Texas Ethics Commission

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Austin, Texas 78711-2070

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Fees	Printing Expense Office Overhead/I The Instruction Guide explains hov	v to complete this form.	er a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 5/5 Re	port: 39/40 Daniel, Katrina (Ms.)		00000004
4 Date 06/22/2014	5 Payee name Stoneking, Taryn (Ms.)		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$240.00	2208 Pearl St. #307 Austin, TX 78705		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outsic Payroll wk 6/16/2014-6/2	le of Texas, complete Schedule T) 22/2014
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
06/29/2014	Stoneking, Taryn (Ms.)		
Amount (\$)	Payee address City; State; Zip Code		
\$240.00	2208 Pearl St. #307 Austin, TX 78705		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside	le of Texas, complete Schedule T) - 6/29/2014
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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# 2 FILER NAME 3 ACCOUNT # (TEC filers) Daniel, Katrina (Ms.) 00000004 Schedule: 1/5 Report: 40/40 4 Date 5 Payee name 06/30/2014 Рігух City; State; 6 Amount (\$) Payee address Zip Code \$819.90 TX (b) Description (See instructions regarding type of information required.) (a) Category (See Categories listed at the top of this schedule) PURPOSE Piryx charges a 6% fee for handling the donations Fees OF EXPENDITURE coming into their site

BUNDLING REPORT

Name of candidate/officeholder:		Katrina	Danie	(
_	,				

1. For each person/bundler who has solicited and obtained campaign contributions on your behalf of \$200 or more per person from five (5) or more individuals during the reporting period, provide the following information. (This requirement does not apply to an individual who raises funds in total amount of \$5,000 or less for a candidate through a fundraising event held at the individual's residence.)

Name of Individual/Bundler	Address	Occupation	Employer	Total Amount Bundled
MARSHA M JONES	AUSTIN, TR 78701 200 CONGRESS AVETSF	CONS PEPAIRS	HILLCO	3225.00
	,			

2. For each person identified above, enter the name and address of each individual contributor whose contribution was bundled by that individual. Attach additional sheets if necessary.

Name of	Address	Occupation	Employer	Contribution	Bundler
Contributor				Amount	1
William J	2905 GILBERT ST	GOUT APPRICE	11.,	_	
Miller	AUSTINITY 78703	CONSULTANT	HILLCO	350.00	MARSHA M JONES
JOSEPH 5	PO BOX 5460	6			_
BAILES	AUSTIN, TR 78763	DOCTOR	Secr	350.00	MARSHA M JONES
ROBERT W	1508 RALEIGHAU	2 0		_	
JONES	AUSTINI, TR. 78763 1508 RALEIGH AU AUSTINI, TX. 78703	DIRECTOR	PFIZER	350.00	MARSHA M JONES
DAN	4300 ASHTON RIDGE	COUN AFFAIR	5 . 1		
PEARSON	9300 ASHTON RIDGE PUSTIN, TX 78750	CONS	HILLCO	350.00	MARSHA M JONES
MARIMA J	1712 W29455T				
McCaRTT	AUSTIN, TX 18703	Homemaker	Homenaker	350.00	MARSHA M JONES
JAY	823 CONGRESS AVE DUSTIN, TR 7870	0 0	U		
HOWARD	AUSTIN TX 7870	LOUI MAPAIRS	HILLCO	350.00	MARSHA M JONES
Neal T BUDDY				74- 10	
JONES	AUSTINIX 18701	CONS	Hruco	350.00	MARSHA M. JONES
DAVID D.	3808 HIDDEN HOL	WGOUN AGARD	<i>5</i> ,1	_	
ANDERSON	AUSTAN, TX 18731	CONS	Hiuco	350.00	MARSHA M JONES
JUSUS E SOUS	1450 HARGISCROOK	R.		75 00	MARSHA M JONES
	AUSTIN, TX 78717	1		73.00	1,1,00

SCHEDULE ATX. 5 - attach to form C/OH (C & E
Reference § 2-2-22, Austin City Code

	one (1222, rushin city code
	Identify each person registered or required to be register under City Code, Chapter 4-8 (Regulation of Lobby
Note solic	: It is important to remember that contributions to you are from the <u>actual donor, not</u> from the individual who ited the donations on your behalf. Therefore, on form C/OH you must identify the actual donor as the contributor.
	ATE OF TEXAS RIFICATION
prin Cod	rtify that the total amount bundled on my behalf in the campaign period by all partners, shareholders cipals, employees, and persons who conduct business through a business association that is subject to City e, Section 2-2-22(E), when added together, does not exceed ten (10) times the contribution limit set by City rter, Article III, Section 8(A)(1) for the entire business association.
Sign	rature of Affiant