Austin, Texas 78711-2070

(512)463-5800 TDD 1-800-735-2989

| | | OFFICEHOLDER | | FORN Cover Sh | A C/OH IEET PG 1 | |
|----|---|---|---|---------------------|---|--|
| Th | e C/OH Instruction Guid | e explains how to complete this form. | 1 ACCOUNT # (Ethics Commission filers) 00000012 | 2 PAGE # 1 of 16 | 2014 | |
| 3 | CANDIDATE / OFFICEHOLDER | MS/MRS/MR FIRST DeWayne | MI | OFFICE U | | |
| | NAME | NICKNAME LAST LOfton | SUFFIX | Date Received | RECEIVED | |
| 4 | CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; P.O. Box 14651 Austin, TX 78761 | CITY; STATE; ZIP CODE | Date Hand-delivered | i or Date P | |
| | Change of Address | | | Receipt # | Amount | |
| 5 | CAMPAIGN TREASURER | MS/MRS/MR FIRST | MI | Date Processed | · · · · · · · · · · · · · · · · · · · | |
| | NAME | Hoover | | Date Imaged | | |
| | | NICKNAME LAST Alexander | SUFFIX | <u></u> | | |
| 6 | CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE): APT // 2002 Manor Rd. Austin, TX 78722 | SUITE #: CITY; STATE; | ZIP CODE | | |
| 7 | CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (512) 474-5454 | EXTENSION | | | |
| 8 | REPORT TYPE | January 15 30th day before e | lection Runoff | 1 1 . | campaign treasurer fficeholder only) | |
| | | X July 15 8th day before ele | ection Exceeded \$500 limit | Final report (At | ttach C/OH - FR) | |
| 9 | PERIOD COVERED | Month Day Year | Month Day | Year | - | |
| | | тн 05/07/2014 | ROUGH 06/30/20 |)14 | | |
| 10 | DELECTION | ELECTION DATE ELECTION Month Day Year Prin 11/04/2014 | nary Runoff X | General | Special | |
| 1 | 1 OFFICE | OFFICE HELD (if any) | 12 OFFICE SOUGHT (if known Austin City Council | | | |
| | GO TO PAGE 2 | | | | | |

P.O. Box 12070 Austin, Texas 78711-2070

(512)463-5800 TDD 1-800-735-2989

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

| 13 C/OH NAME Lofto | n, DeWayne | | 14 ACCOUNT # 00000012 | (Ethics Commission filers) | | |
|--|--|---|---|--|--|--|
| 15 NOTICE FROM | have been made with | tice of political expenditures by political committees to support the ca nout the candidate's or officeholder's knowledge or consent. Candidat by receive notice of such expenditures | indidate / officeholder. ies and officeholders a | These expenditures may re required to report this | | |
| POLITICAL COMMITTEE(S) | COMMITTEE TYPE | | - | | | |
| | GENERAL | COMMITTEE ADDRESS | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | |
| 16 CONTRIBUTION TOTALS | 1. TOTAL P PLEDGE | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ | 1,235.00 | | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ · | 11,215.00 | | |
| EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED TOTALS | | D \$ | 38.12 | | | |
| | 4. TOTAL | L POLITICAL EXPENDITURES | | 1,050.60 | | |
| CONTRIBUTION BALANCE | | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE Y OF THE REPORTING PERIOD | \$ | 20,327.13 | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 10,100. | | | 10,100.00 | | |
| 17 AFFIDAVIT | | | <u></u> <u></u> | <u></u> | | |
| SUSAN C. HARRY Notary Public, State of Texas My Commission Expires May 16, 2015 I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. | | | | | | |
| AFFIX NOTARY S | STAMP / SEAL ABOV | E | | | | |
| Sworn to and subscrib | | ne said <u>DeWayne</u> Detto tify which, witness my hand and seal of office. | ✓, this the | 15 ¹⁵ day | | |
| Signature of officer administering oath Print name of officer administering oath Title of officer administering oath | | | | | | |

TDD 1-800-735-2989

| | | CAL CONTRIBUTIONS THAN PLEDGES OR LOAN | IS | | SCHEDULE A |
|---|----------------------------|---|-----------------------------|---------------------------------------|---|
| | The Instructio | N GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 1/1 | 1 Report: 3/16 |
| 2 | FILER NAME | Lofton, DeWayne | | 3 ACCOUNT # 00000012 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor D out-of-state PAC (ID# Adams, Elisabeth |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 06/18/2014 | 6 Contributor address; City; State; Zip Code 1904 Wayward Sun Dr Austin, TX 78754-5401 | | \$100.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup | ation / Job title (See Instructions) | 10 Employer (See In: | structions) | |
| | Date | Full name of contributor Dout-of-state PAC (ID# Adamson, Reshana |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 05/24/2014 | Contributor address; City; State; Zip Code 2801 Beach Plum Cv Pflugerville, TX 78660-7769 | | \$150.00 | |
| | | | | (if travel outside of | Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) Err | | | Employer (See In | structions) | ······································ |
| | Date | Full name of contributor D out-of-state PAC (ID# Alexander, Hoover Jr. | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 06/30/2014 | Contributor address; City; State; Zip Code 1303 Comal St Austin, TX 78702-1109 | | \$200.00 | Texas, complete Schedule T) |
| | Principal occur | ation / Job title (See Instructions) | Employer (See In | <u> </u> | |
| | restaurant ow | mer | Hoovers Restau | urant | |
| | Date | Full name of contributor Dout-of-state PAC (ID# Arambula, Belinda |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 06/19/2014 | Contributor address; City; State; Zip Code 1810 Ridgemont Dr Austin, TX 78723-2638 | | \$100.00 | |
| | | | | · · · · · · · · · · · · · · · · · · · | Texas, complete Schedule T) |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | |
| | Date | Full name of contributor out-of-state PAC (ID# Armstrong-Ferguson, Parnela |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 05/09/2014 | Contributor address; City; State; Zip Code PO Box 188 Hubbard, TX 76648-0188 | | \$350.00 | |
| | | | | (if travel outside of | Texas, complete Schedule T) |
| • | Principal occup Retired | bation / Job title (See Instructions) | Employer (See In Retired | structions) | |

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| | CAL CONTRIBUTIONS THAN PLEDGES OR LOAN | IS | | SCHEDULE A |
|---------------------------------|---|--------------------------------------|----------------------------------|---|
| The Instruction | Guide explains how to complete this form. | | 1 PAGE # Schedule: 2/1 | 1 Report: 4/16 |
| 2 FILER NAME | Lofton, DeWayne | | 3 ACCOUNT # 00000012 | (Ethics Commission filers) |
| 4 Date | 5 Full name of contributor Dout-of-state PAC (ID# Arteaga, Annabelle |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 06/07/2014 | 6 Contributor address; City; State; Zip Code PO Box 684976 Austin, TX 78768-4976 | | \$250.00 | |
| | | | (If travel outside of | Texas, complete Schedule T) |
| 9 Principal occup Consultant | pation / Job title (See Instructions) | 10 Employer (See In A3 Consulting | structions) | |
| Date | Full name of contributor Dout-of-state PAC (ID# Arteaga, Annabelle |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 06/07/2014 | Contributor address; City; State; Zip Code PO Box 684976 Austin, TX 78768-4976 | ••••• | \$50.00 | |
| | | | (If travel outside of | Texas, complete Schedule T) |
| Principal occup Consultant | bation / Job title (See Instructions) | Employer (See In A3 Consulting | structions) | |
| Date | Full name of contributor D out-of-state PAC (ID# Brown, David |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 06/23/2014 | Contributor address; City; State; Zip Code 4601 Bundyhill Dr Austin, TX 78723-6111 | | \$200.00 | |
| | | | (if travel outside of | Texas, complete Schedule T) |
| Principal occup Retired | pation / Job title (See Instructions) | Employer (See In Retired | structions) | |
| Date | Full name of contributor Dout-of-state PAC (ID# Brown, Matthew |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 05/10/2014 | Contributor address; City; State; Zip Code 4902 Pecan Springs Rd Austin, TX 78723-6027 | | \$200.00 | 1 |
| | | (0, | | Texas, complete Schedule T) |
| Principal occup Sr HR Busine | pation / Job title (See Instructions) ess Partner | Employer (See In Emerson Proce | ess Management | <u> </u> |
| Date | Full name of contributor Dout-of-state PAC (ID# Channer, Delroy |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 06/12/2014 | Contributor address; City; State; Zip Code 1212 W Ben White Blvd Apt 516 Austin, TX 78704-7290 | | \$320.00 | |
| | | | · · | Texas, complete Schedule T) |
| Principal occu Porter | pation / Job title (See Instructions) | Employer (See Ir Enterprise Ren | | |

| | CAL CONTRIBUTIONS THAN PLEDGES OR LOAN | IS | | SCHEDULE A |
|-----------------------------------|---|-------------------------------------|----------------------------------|---|
| The Instructio | N GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 3/1 | 11 Report: 5/16 |
| 2 FILER NAME | Lofton, DeWayne | | 3 ACCOUNT # 00000012 | (Ethics Commission filers) |
| 4 Date | 5 Full name of contributor Dout-of-state PAC (ID# Cohen, Randy |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 06/21/2014 | 6 Contributor address; City; State; Zip Code 5912 Balcones Dr Austin, TX 78731-4310 | | \$200.00 | |
| 9 Principal occup broker | vation / Job title (See Instructions) | 10 Employer (See In TicketCity | ` | Texas, complete Schedule T) |
| Date | Full name of contributor Dout-of-state PAC (ID# Colmenero, Rudy |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 06/02/2014 | Contributor address; City; State; Zip Code 43 Rainey St No. 2601 Austin, TX 78701-4426 | | \$200.00 | |
| | | | (If travel outside of | Texas, complete Schedule T) |
| Principal occup Attorney at Li | ation / Job title (See Instructions) aw | Employer (See In Mitchell & Colm | | |
| Date | Full name of contributor Dout-of-state PAC (ID# Cowan, Claiborne |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 06/05/2014 | Contributor address; City; State; Zip Code 1403 W 6th St Austin, TX 78703-5105 | •••••• | \$100.00 | |
| | | | I | Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See In | istructions) | · · · · · · · · · · · · · · · · · · · |
| Date | Full name of contributor Dout-of-state PAC (ID# Dippel, Michelle | ŧ) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 06/24/2014 | Contributor address; City; State; Zip Code 10208 Sausalito Dr Austin, TX 78759-6111 | | \$100.00 | |
| | | | (If travel outside of | Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See In | structions) | |
| Date | Full name of contributor Dout-of-state PAC (ID# Easley, Alonzo Sr. | ¥) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 05/27/2014 | Contributor address; City; State; Zip Code 101 Ambrose Dr Clarksville, TN 37042-3325 | | \$350.00 | 1 1 |
| | | | (if travel outside of | Texas, complete Schedule T) |
| Principal occup Retired | pation / Job title (See Instructions) | Employer (See Ir Retired | | |

| | | CAL CONTRIBUTIONS THAN PLEDGES OR LOAN | IS | | SCHEDULE A |
|---|-----------------------------|--|-------------------------------------|--------------------------------|---|
| | The Instructio | N GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 4/1 | 11 Report: 6/16 |
| 2 | FILER NAME | Lofton, DeWayne | | 3 ACCOUNT # 00000012 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor Dout-of-state PAC (ID# Easley, Larry | | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 06/28/2014 | 6 Contributor address; City; State; Zip Code 9418 Stockton Drive College Station, TX 77845 | | \$100.00 | 1 |
| | Deie eie -1 | | 10 Employee (0 - 1 | | Texas, complete Schedule T) |
| 9 | Principal occup | ation / Job title (See Instructions) | 10 Employer (See In: | SIFUCTIONS) | |
| | Date | Full name of contributor D out-of-state PAC (ID# Eastey, Mark | ·) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 06/17/2014 | Contributor address; City; State; Zip Code 808 Evergreen Farm Dr Temple, TX 76502-5357 | | \$100.00 | |
| | | | : | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | L | |
| | Date | Full name of contributor Dout-of-state PAC (ID# Easley, Ruth Ann | !) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 06/11/2014 | Contributor address; City; State; Zip Code 6600 Ed Bluestein Blvd Apt 314 Austin, TX 78723-3973 | | \$225.00 | 1 1 1 |
| | | | | | f Texas, complete Schedule T) |
| | Principal occup Clerk | pation / Job title (See Instructions) | Employer (See In City of Austin | structions) | |
| | Date | Full name of contributor Dout-of-state PAC (ID# Ellis, Luke | ŧ) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 06/06/2014 | Contributor address; City; State; Zip Code 1303 Lorrain St Austin, TX 78703-4020 | | \$350.00 | |
| | | | | | f Texas, complete Schedule T) |
| | Principal occup Attorney | bation / Job title (See Instructions) | Employer (See In Johns Marrs Ell | | |
| | Date | Full name of contributor Dout-of-state PAC (ID# Ellis, Penni | ¥) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 06/06/2014 | Contributor address; City; State; Zip Code 1303 Lorrain St Austin, TX 78703-4020 | | \$350.00 | |
| | | | | (16 traval | |
| | | pation / Job title (See Instructions) | Employer (See In | A | f Texas, complete Schedule T) |
| | homemaker | | none | | |

TDD 1-800-735-2989

| Te | xas Ethics Con | nmission P.O.Box 12070 Austin, | Texas 78711-2070 | (512)463-5800 | TDD 1-800-735-2989 |
|----|---------------------------|--|--------------------------------|----------------------------------|---|
| | | CAL CONTRIBUTIONS | IS | | SCHEDULE A |
| | The Instruction | N GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 5/1 | 11 Report: 7/16 |
| 2 | FILER NAME | Lofton, DeWayne | | 3 ACCOUNT # 00000012 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor Dout-of-state PAC (ID# Escabano, Joe |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 06/21/2014 | 6 Contributor address; City; State; Zip Code 1509 Windsong Trl Round Rock, TX 78664-7045 | | \$100.00 | ! |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup | ation / Job title (See Instructions) | 10 Employer (See In | structions) | |
| | Date | Full name of contributor Dout-of-state PAC (ID# Govea, JoAnn |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 06/16/2014 | Contributor address; City; State; Zip Code 333 E Slaughter Ln 333 E. Slaughter Ln Austin, TX 78744-2200 | | \$150.00 | |
| | Principal occup | pation / Job title (See Instructions) | Employer (See In | | Texas, complete Schedule T) |
| | Date | Full name of contributor Dout-of-state PAC (ID# Hill, Joseph |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 06/21/2014 | Contributor address; City; State; Zip Code 1135 Gunter St Austin, TX 78702-3169 | | \$350.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup Driver | bation / Job title (See Instructions) | Employer (See In Austin Cab | structions) | |
| | Date | Full name of contributor Dout-of-state PAC (ID# Hill, Mary |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 06/28/2014 | Contributor address; City; State; Zip Code 2520 26th Ave North Birmingham, AL 35234-1219 | | \$100.00 | |
| | ··· _··· | | | • | Texas, complete Schedule T) |
| 1 | Principal occur | pation / Job title (See Instructions) | Employer (See In | structions) | |

Full name of contributor D out-of-state PAC (ID#

City; State; Zip Code

Date

06/28/2014

Hill, Moses

Principal occupation / Job title (See Instructions)

Contributor address;

2520 26th Ave North Birmingham, AL 35234-1219

In-kind contribution

description (if applicable)

Amount of

contribution (\$)

Employer (See Instructions)

\$100.00

I

(If travel outside of Texas, complete Schedule T)

| POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOAI | NS | | SCHEDULE A |
|---|---------------------------------------|----------------------------------|--|
| The INSTRUCTION GUIDE explains how to complete this form. | · · · · · · · · · · · · · · · · · · · | 1 PAGE # Schedule: 6/1 | 1 Report: 8/16 |
| 2 FILER NAME Lofton, DeWayne | ; | 3 ACCOUNT # 00000012 | (Ethics Commission filers) |
| 4 Date 5 Full name of contributor D out-of-state PAC (ID: Holcomb, Amy | ¥) * | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 06/23/2014 6 Contributor address; City; State; Zip Code 12005 Pecan Gate Way Manor, TX 78653-3976 | | \$100.00 | |
| | | • | Texas, complete Schedule T) |
| 9 Principal occupation / Job title (See Instructions) | 10 Employer (See Inst | ructions) | |
| Date Full name of contributor Dout-of-state PAC (ID) Jordan, Dirk | ¥) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 05/09/2014 Contributor address; City; State; Zip Code 1702 Hartford Rd Austin, TX 78703-3316 | | \$200.00 | |
| | <u></u> | | Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) Attorney | Employer (See Inst Jordan Law Firm | | |
| Date Full name of contributor Dout-of-state PAC (ID Karin B Photography | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) photography |
| 06/16/2014 Contributor address; City; State; Zip Code 7704 Huddleston Lane Austin, TX 78745 | | \$350.00 | 1 |
| | | | Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) | Employer (See Inst | | |
| Date Full name of contributor Dout-of-state PAC (ID Lee, Wan-Chien | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 06/02/2014 Contributor address; City; State; Zip Code 3202 Mossrock Dr Apt 102 Austin, TX 78757-6826 | | \$200.00 | 1 |
| | | • | Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) reporter/translator/writer | Employer (See Insl Epoch Times | tructions) | |
| Date Full name of contributor Dout-of-state PAC (ID Lewis, Willie | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 06/14/2014 Contributor address; City; State; Zip Code 5708 Springdale Rd Austin, TX 78723-3661 | | \$200.00 | 1 |
| | | • | Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) Former Council Memeber | Employer (See Insi City of Austin | tructions) | |

TDD 1-800-735-2989

| | | CAL CONTRIBUTIONS | NS | | SCHEDULE A |
|----|----------------------------------|--|--|----------------------------------|---|
| | The Instruction | ON GUIDE explains how to complete this form. | | 1 PAGE # | 11 Report: 9/16 |
| 2 | FILER NAME | Lofton, DeWayne | | 3 ACCOUNT # 00000012 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor Dout-of-state PAC (ID# Lofton, Daniel |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 06/01/2014 | 6 Contributor address; City; State; Zip Code 8007 Forbsdale Dr Austin, TX 78747-4014 | | \$350.00 | |
| 9 | Principal occup Project Coord | pation / Job title (See Instructions) Jinator | 10 Employer (See In COA | • | Texas, complete Schedule T) |
| | Date | Full name of contributor Dout-of-state PAC (ID# Lofton, Erica | <u>; </u> | Amount of contribution (\$) | l In-kind contribution description (if applicable) |
| | 06/02/2014 | Contributor address; City; State; Zip Code 8007 Forbsdale Dr Austin, TX 78747-4014 | | \$350.00 | |
| | | | | (if travel outside of | Texas, complete Schedule T) |
| | Principal occup Proposal Ma | bation / Job title (See Instructions) nager | Employer (See In FNC Research | structions) | |
| | Date | Full name of contributor D out-of-state PAC (ID | ¢) | Amount of | In-kind contribution |
| | | Lofton, Michael | | contribution (\$) | description (if applicable) |
| | 06/11/2014 | Contributor address; City; State; Zip Code 10119 Willfield Dr Austin, TX 78753-4043 | | \$100.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| ┢╴ | Principal occu | pation / Job title (See Instructions) | Employer (See Ir | structions) | |
| | | | | | |
| | Date | Full name of contributor D out-of-state PAC (ID) Lofton, Michael | ¥) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 06/30/2014 | Contributor address; City; State; Zip Code 10119 Willfield Dr Austin, TX 78753-4043 | | \$50.00 | |
| | | | | | |
| ┝ | Principal occu | pation / Job title (See Instructions) | Employer (See Ir | • | Texas, complete Schedule T) |
| | | | | | |
| | Date | Full name of contributor D out-of-state PAC (ID: Lucio, Tonia | ¥) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 06/20/2014 | Contributor address; City; State; Zip Code 1909 Canterbury St Austin, TX 78702-5506 | | \$100.00 | |
| | | | | (If travel outside of | f Texas, complete Schedule T) |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Ir | nstructions) | |

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| | | CAL CONTRIBUTIONS THAN PLEDGES OR LOAN | IS | | SCHEDULE A |
|---|----------------------------|---|------------------------------------|----------------------------------|---|
| | The Instruction | N GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 8/ | 11 Report: 10/16 |
| 2 | FILER NAME | Lofton, DeWayne | | 3 ACCOUNT # 00000012 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor Dout-of-state PAC (ID# Means, Ronald |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| I | 06/21/2014 | 6 Contributor address; City; State; Zip Code 1135 Gunter St Austin, TX 78702-3169 | ••••• | \$350.00 | 1 |
| | | | | (if travel outside of | Texas, complete Schedule T) |
| 9 | Principal occup Owner | ation / Job title (See Instructions) | 10 Employer (See In: Austin Cab | structions) | |
| | Date | Full name of contributor D out-of-state PAC (ID# Merica, Jo Ann |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 06/11/2014 | Contributor address; City; State; Zip Code 1103 Belmont Pkwy Austin, TX 78703-1412 | | \$100.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In: | structions) | |
| | Date | Full name of contributor Dout-of-state PAC (ID# Miles, Vedia |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 05/15/2014 | Contributor address; City; State; Zip Code 1209 Mason Bend Dr Pflugerville, TX 78660-4931 | | \$350.00 | |
| | | | | · · | Texas, complete Schedule T) |
| | Principal occup Teacher | pation / Job title (See Instructions) | Employer (See In AISD | structions) | |
| | Date | Full name of contributor D out-of-state PAC (ID# Miles, Willie |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 05/15/2014 | Contributor address; City; State; Zip Code 1209 Mason Bend Dr Pflugerville, TX 78660-4931 | | \$350.00 | |
| | | ation / lab title (Can Instructions) | Employer (De- 1- | • • • • • • • • • • • • • • • • | f Texas, complete Schedule T) |
| | Principal occup Retired | pation / Job title (See Instructions) | Employer (See In Retired | STRUCTIONS) | |
| | Date | Full name of contributor Dout-of-state PAC (ID# Moseley, William |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 06/25/2014 | Contributor address; City; State; Zip Code PO Box 6474 Austin, TX 78762-6474 | | \$125.00 | |
| | | | | | f Texas, complete Schedule T) |
| | Principal occup | bation / Job title (See Instructions) | Employer (See In | structions) | |
| | | | | | |

| | TICAL CONTRIBUTIONS ER THAN PLEDGES OR LOAN | IS | | SCHEDULE A |
|----------------------|--|--------------------------------|----------------------------------|---|
| The Inst | RUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 9/ | 11 Report: 11/16 |
| 2 FILER N/ | AME Lofton, DeWayne | | 3 ACCOUNT # 00000012 | (Ethics Commission filers) |
| 4 Date | 5 Full name of contributor Dout-of-state PAC (ID# Moseley, William |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 06/30/20 |)14 6 Contributor address; City; State; Zip Code PO Box 6474 Austin, TX 78762-6474 | | \$50.00 | |
| | | | | Texas, complete Schedule T) |
| 9 Principal | occupation / Job title (See Instructions) | 10 Employer (See In | structions) | |
| Date | Full name of contributor Dout-of-state PAC (ID# Orozco, Sylvia |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 06/18/20 |)14 Contributor address; City; State; Zip Code PO Box 2273 Austin, TX 78768-2273 | | \$100.00 | |
| | | | (If travel outside of | ' f Texas, complete Schedule T) |
| Principal | occupation / Job title (See Instructions) | Employer (See In | • | ,, |
| Date | Full name of contributor Dout-of-state PAC (ID# Owens, Ronald |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 06/12/20 |)14 Contributor address; City; State; Zip Code 3401 Norwood Hill Rd Austin, TX 78723-5433 | | \$300.00 | 1 1 |
| | | | | f Texas, complete Schedule T) |
| Principal Adjuste | occupation / Job title (See Instructions) | Employer (See In State Farm | istructions) | |
| Date | Full name of contributor Dout-of-state PAC (ID# Perrault, Bryan | t) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 06/15/2 | 014 Contributor address; City; State; Zip Code 507 Sabine St Apt 806 Austin, TX 78701-4185 | | \$75.00 | |
| | | | (If travel outside of | f Texas, complete Schedule T) |
| Principal | occupation / Job title (See Instructions) | Employer (See In | nstructions) | |
| Date | Full name of contributor D out-of-state PAC (ID# Pleasant, Rae Lynn | ŧ) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 06/10/2 | 014 Contributor address; City; State; Zip Code 8532 N Lamar Blvd Apt 5138 Austin, TX 78753-5551 | | \$150.00 | 1 1 |
| | | · | | f Texas, complete Schedule T) |
| Principal | occupation / Job title (See Instructions) | Employer (See Ir | nstructions) | |

| | | CAL CONTRIBUTIONS THAN PLEDGES OR LOAN | IS | | SCHEDULE A |
|---|--------------------------------|---|------------------------------------|----------------------------------|---|
| | The Instructio | N GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 10 | /11 Report: 12/16 |
| 2 | FILER NAME | Lofton, DeWayne | | 3 ACCOUNT # 00000012 | (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor Dout-of-state PAC (ID# Robinson, Brian Jr. |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 05/20/2014 | 6 Contributor address; City; State; Zip Code 1620 Pavelich Pass Austin, TX 78748-3055 | | \$100.00 | l 1 1 |
| | | · · · · · · · · · · · · · · · · · · · | | · | Texas, complete Schedule T) |
| 9 | Principal occup | ation / Job title (See Instructions) | 10 Employer (See In | structions) | |
| | Date | Full name of contributor D out-of-state PAC (ID# Robinson, Brian Jr. |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 06/28/2014 | Contributor address; City; State; Zip Code 1620 Pavelich Pass Austin, TX 78748-3055 | | \$25.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | structions) | |
| | Date | Full name of contributor Dout-of-state PAC (ID# Roth, Stephen |) | Amount of contribution (\$) | ln-kind contribution description (if applicable) |
| | 06/25/2014 | Contributor address; City; State; Zip Code 4111 Tablerock Dr Austin, TX 78731-1339 | | \$100.00 | |
| | | | | (If travel outside of | Texas, complete Schedule T) |
| | Principal occup | ation / Job title (See Instructions) | Employer (See In | istructions) | |
| | Date | Full name of contributor Dout-of-state PAC (ID# Sampson, Arthur | ·) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| · | 06/17/2014 | Contributor address; City; State; Zip Code 5710 Sandhurst Cir Austin, TX 78723-3532 | | \$300.00 | |
| | | | | 1 | Texas, complete Schedule T) |
| | Principal occup Inspector | ation / Job title (See Instructions) | Employer (See Ir City of Austin | nstructions) | |
| | Date | Full name of contributor Dout-of-state PAC (ID# Sweet, Christopher | ŧ) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 06/12/2014 | Contributor address; City; State; Zip Code 1310 Karen Ave Austin, TX 78757-3018 | | \$200.00 | |
| | | | | | f Texas, complete Schedule T) |
| | Principal occup Real Estate | pation / Job title (See Instructions) | Employer (See Ir Oxford Comme | | |

TDD 1-800-735-2989

SCHEDULE A

| POLITIC | | NTRIBUTI | ONS | |
|--------------|--------|----------|-------|------|
| OTHER | THAN F | PLEDGES | OR LO | DANS |

| | | | | | | |
|---|---------------------------------|---|-------------------------------------|---|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | | | 1 PAGE # Schedule: 11/11 Report: 13/16 | | |
| 2 | FILER NAME | Lofton, DeWayne | | 3 ACCOUNT # 00000012 | (Ethics Commission filers) | |
| 4 | Date | 5 Full name of contributor Dout-of-state PAC (ID# Williams, Charles | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | | |
| | 06/28/2014 | 6 Contributor address; City; State; Zip Code 8700 Brodie Ln | \$60.00 | | | |
| | | Apt 727 Austin, TX 78745-7934 | | | Texas, complete Schedule T) | |
| 9 | Principal occup | pation / Job title (See Instructions) | 10 Employer (See In | structions) | | |
| | Date | Full name of contributor D out-of-state PAC (ID# Wilson, Mike | ·) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 06/30/2014 | Contributor address; City; State; Zip Code 10810 Spicewood Pkwy Austin, TX 78750-3310 | | \$350.00 | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| | Principal occup Land Planner | aation / Job title (See Instructions) | Employer (See In Garrett-Ihnen C | structions) Divil Engineers | | |
| | Date | Full name of contributor D out-of-state PAC (ID# Yarbrough, Monroe Jr. | #) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| | 06/30/2014 | Contributor address; City; State; Zip Code 1156 Nickols Ave Austin, TX 78721-2051 | | \$100.00 | | |
| | | | | (If travel outside of | Texas, complete Schedule T) | |
| - | Principal occup | pation / Job title (See Instructions) | Employer (See Ir | Literation and the second second | ······································ | |
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| Texas Ethics Commission | P.O.Box 12070 |
|-------------------------|---------------|
| | |

Austin, Texas 78711-2070

(512)463-5800

| LOANS | | | | SCHEDULE E |
|---|--|---|--|---------------------------------|
| | | | 1 PAGE # | |
| The Instruction Guide | explains how to complete this form. | | Schedule: 1/1 | Report: 14/16 |
| 2 FILER NAME Lofto | on, DeWayne | | 3 ACCOUNT # (Ethics Commission filers) 00000012 | |
| 4 TOTAL OF UNIT | EMIZED LOANS: | ⇔⇔ ⇒⇔⇔ | | \$ |
| 5 Date of loan 05/27/2014 | 7 Name of lender Lofton, DeWayne | of-state PAC (ID# | | 9 Loan Amount (\$) \$100.00 |
| 6 Is lender a financial Institution? | Lender address; City; State; PO Box 14651 Austin, TX 78761 | Zip Code | ••• | 10 Interest rate |
| No | | | | 11 Maturity date 11/04/2014 |
| 12 Principal occupation / | Job title (See Instructions) | 13 Employer (See Instruc | tions) | 1 |
| 14 Description of Collater | al | 15 Check if personal fund | s were deposited inl | to political account |
| X none | | | | |
| 16 GUARANTOR INFORMATION | 17 Name of guarantor | | | 19 Amount Guaranteed (\$) |
| X not applicable | 18 Guarantor address; City; State; | Zip Code | • • • | |
| 20 Principal Occupation | | 21 Employer | | 1 |
| Date of loan 06/30/2014 | Name of lender Dout- | of-state PAC (ID# |) | Loan Amount (\$) \$10,000.00 |
| is lender a Lender address; City; State; financial Institution? PO Box 14651 | | Zip Code | | Interest rate |
| No | Austin, TX 78761 | | | Maturity date 11/04/2014 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | | |
| Description of Collateral | | Check if personal funds were deposited into political account | | |
| X none | | 1X | | |
| GUARANTOR INFORMATION | Name of guarantor | ••••• | | Amount Guaranteed (\$) |
| X not applicable | Guarantor address; City; State; | Zip Code | | |
| Principal Occupation | | Employer | ** | L |
| | | - | | |

(512)463-5800 TDD 1-800-735-2989

POLITICAL EXPENDITURES

SCHEDULE F

| Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees | ing Legal Se nse Food/Be Polling 8 | vards/Memorial Expense ervices sverage Expense Expense Expense Expense | NDITURE CATEGO Salaries/Wages/Cor Solicitation/Fundrais Travel In District Travel Out Of Distri Office Overhead/Re Guide explains how f | ntract Labor sing Expe∩se ct ental Expense | Transportation Contributions/E Candidate/C OTHER (enter | nt/Reimbursement Equipment & Related Jonations Made By Ifficeholder/Political Ci a category not listed a | ommittee |
|--|--|---|---|---|--|--|--------------|
| 1 PAGE # Schedule: 1/1 Re | | 2 FILER NAME Lofton, DeWayne | | | | 3 ACCOUNT # 00000012 | (TEC filers) |
| 4 Date 06/25/2014 | 5 Payee name YStrategy, Ir | <u> </u> | | | | | |
| 6 Amount (\$) | 7 Payee addres | | ; Zip Code | <u> </u> | | | |
| \$700.00 | 603 W 13th Austin, TX 7 | Street Sute 2G 78701 | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (Se Consulting E | e Categories listed at the top Expense |) of this schedule) | (b) Description Website and | (If travel outside graphic desig | of Texas, complete Si gn services | xhedule T) 📘 |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / O | fficeholder name | | Office sou | ght: | Office held: | |
| | | | | | | | |

P.O.Box 12070

_Austin, Texas 78711-2070

(512)463-5800

TDD 1-800-735-2989

| | AL EXPENDITURES ROM PERSONAL FUNDS | SCHEDULE G | | | | |
|---|--|--|--|--|--|--|
| | | | | | | |
| Advertising Expe Accounting/Bank Consulting Expen Event Expense Fees | ng Legal Services Solicitation/Funde | Contract Labor Iraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Strict Candidate/Officeholder/Political Committee /Rental Expense OTHER (enter a category not listed above) | | | | |
| 1 PAGE # | 2 FILER NAME | 3 ACCOUNT # (TEC filers) | | | | |
| Schedule: 1/1 Re | port: 16/16 Lofton, DeWayne 5 Payee name | 00000012 | | | | |
| 06/24/2014 | FedEx Office | | | | | |
| 6 Amount (\$) | 7 Payee address City; State; Zip Code | · · · · · · · · · · · · · · · · · · · | | | | |
| \$192.41 Reimbursement from political contributions intended | 327 Congress Ave. Austin, TX 78701 | | | | | |
| 8 OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description (If travel outside of Texas, complete Schedule T) printing | | | | |
| Date | Payee name | | | | | |
| 06/30/2014 | MiJo's Tex-Mex & Cantina | | | | | |
| Amount (\$) \$94.00 Reimbursement from political contributions intended | Payee address City; State; Zip Code 1000 East 11th St. Austin, TX 78702 | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description (If travel outside of Texas, complete Schedule T) Food for event | | | | |
| Date | Payee name | | | | | |
| 06/21/2014 | Postmaster | | | | | |
| Amount (\$) \$15.28 Reimbursement from political contributions intended | Payee address City; State; Zip Code 8225 Cross Park Dr. Austin, TX 78710 | | | | | |
| contributions intended | | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description (If travel outside of Texas, complete Schedule T) postage | | | | |
| Date 06/05/2014 | Payee name Walmart | | | | | |
| Amount (\$) \$10.79 Reimbursement from political contributions intended | Payee address City; State; Zip Code 1030 Norwood Park Blvd. Austin, TX 78753 | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description (If travel outside of Texas, complete Schedule T) | | | | |

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