FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT#		2 Total pages filed:	26	OFFIC	E USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME		Boyt Jefferson	MI	Dato Received	7014
4 ORIGINAL REPORT TYPE	July 15 E	xceeded \$500 limit Sth day after treasurer appointment (officeholder only) inal report	or (specify)	Date Hand-delivered	Amount Po
5 ORIGINAL PERIOD COVERED	Month Day Year 03 20 2014 T	Month HROUGH 06 / 30	Day Year	Date Imaged	09

We inadvertently left off of Page 2 the total amount of outstanding loans as reported on Schedule E. This has now been corrected. Also, the first name of Mark Boyt has been corrected and amount of his donation corrected to \$350.

7 AFFIDAVIT

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

Check ONLY if applicable:

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



Other reports (excluding semiannual reports due on or after. September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

vitness my hand and seal of office.

Signature of officer administering path

Printed name of officer administering oath

e or Officeholder

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

L								
TH	The C/OH INSTRUCTION GUIDE explains how to complete this form.). (I	ACCOUNT # Ethics Commissio	n filers)	2 PAGE# 1 of 25	
3	CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME Jeb	Jefferson LAST Boyt	E.		MI SUFFIX	OFFICE I	JSE ONLY
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: 5423 Shoalwood Austin, TX 78756	APT / SUITE #:	CITY;	STATE;	ZIP CODE	Date Hand-delivere	d or Date Postmarked Amount
<u>_</u>	CAMPAIGN	MS/MRS/MR	FIRST			MI	<u> </u>	Amount
"	TREASURER	WIS TWINS FRIN	Sherri G.			MII	Date Processed	
	NAME	NICKNAME	Powell			SUFFIX	Date Imaged	
6	CAMPAIGN TREASURER ADDRESS (Residence or business)	street address (no po 1517 Pasadena Austin, TX 78757		APT / SUITE #;	GITY;	STATE;	ZIP CODE	
7	CAMPAIGN TREASURER PHONE	AREA CODE (512) 656-1461	PHONE NUMBER		EXTENSIC	N		
8	REPORT TYPE	January 15		efore election	Runoff	ed \$500 limit	appointment (c	campaign treasurer officeholder only) ttach C/OH - FR)
9	PERIOD COVERED	Month Day 03/20/2014	Year	THROUGH	Mon	06/30/20	Year	
10	ELECTION	ELECTION DATE Month Day 11/04/2014	Year	ECTION TYPE Primary	Runoff	X	General	Special
11	OFFICE	OFFICE HELD (if any)				sought (if known) uncil Place 7		
	GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Boyt,	Jefferson E.		14 ACCOUNT # (00000007	Ethics Commission filers)
15 NOTICE FROM	have been made with	tice of political expenditures by political committees to support the cout the candidate's or officeholder's knowledge or consent. Candidaty receive notice of such expenditures		
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	-	***
	GENERAL	COMMITTEE ADDRESS		
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				·
additional pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS	JTION 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	19,988.99
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	\$	68.89
	4. TOTAL F	POLITICAL EXPENDITURES	\$	5,330.47
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LY OF THE REPORTING PERIOD	\$	20,399.59
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 5,025.00			
17 AFFIDAVIT				
P		I swear, or affirm, under penalty is true and correct and includes me under Title 15, Election Cod	all information require	



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said , to certify which, witness my hand and seal of office.

Print name of officer administering oath

Title of officer administering oath

of Candidate of Officeholder

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1	8 Report: 3/25
2 FILER NAME	Boyt, Jefferson E.		3 ACCOUNT# 00000007	(Ethics Commission filers)
4 Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
06/19/2014	6 Contributor address; City; State; Zip Code 1607 Kerr Ave Austin, TX 78704-1424		\$350.00 	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occur Owner	pation / Job title (See Instructions)	10 Employer (See In Bicycle Sports S		
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/25/2014	Contributor address; City; State; Zip Code 515 Congress Ave Ste 1600 Austin, TX 78701-3505		\$100.00 	
	The same to the sa		(If travel outside of	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# Ahmadi, Sean)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/20/2014	Contributor address; City; State; Zip Code 7200 Moon Rock Rd Austin, TX 78739-2232		\$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)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/29/2014	Contributor address; City; State; Zip Code 2503 Flora Cv Austin, TX 78746-6902		\$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	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/27/2014	Contributor address; City; State; Zip Code 7140 Chimney Cors Austin, TX 78731-2100		\$100.00	
			(If traval autoide of	Texas, complete Schedule T)
Principal occup	 pation / Job title (See Instructions)	Employer (See In	<u> </u>	10x00, complete officuate 1/

				<u> </u>		
	The Instruction	N GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 2/	18 Report: 4/25
2	FILER NAME	Boyt, Jefferson E.			3 ACCOUNT # 00000007	(Ethics Commission filers)
4	Date	5 Full name of contributor Betts, Charles	☐ out-of-state PAC (ID#	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/20/2014	6 Contributor address; 14741 Arrowhead Dr Volente, TX 78641-9122	City; State; Zip Code		\$250.00	
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup Executive Dire	ation / Job title (See Instruction ector	s)	10 Employer (See In: Downtown Aust		
	Date	Full name of contributor Betts, Sylvia	☐ out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; 14741 Arrowhead Dr Volente, TX 78641-9122	City; State; Zip Code		\$200.00	
					(if travel outside of	Texas, complete Schedule T)
	Principal occup retired	ation / Job title (See Instruction	s)	Employer (See In none	structions)	
	Date	Full name of contributor Blankenship, Ginger	☐ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/18/2014	Contributor address; 5209 Rambling Range Austin, TX 78727-6641	City; State; Zip Code		\$100.00	I I I
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	s>	Employer (See In:	structions)	
	Date	Full name of contributor Blizzard, Mike	☐ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/20/2014	Contributor address; 2100 Southern Oaks Dr Austin, TX 78745-2729	City; State: Zip Code		\$100.00	
		,			<u>.</u> .	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	s)	Employer (See In:	structions)	
	Date	Full name of contributor Boyt, Elizabeth	☐ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/20/2014	Contributor address; 7606 Grove Crest Cir Austin, TX 78736-1902	City; State; Zip Code		\$350.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup retired	ation / Job tille (See Instruction	s)	Employer (See In none	structions)	

_			<u> </u>		
	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 3/	18 Report: 5/25
2	FILER NAME	Boyt, Jefferson E.		3 ACCOUNT# 00000007	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (1D# Boyt, Lila	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/09/2014	6 Contributor address; City; State; Zip Code PO Box 90127 Austin, TX 78759		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup homemaker	ation / Job title (See Instructions)	10 Employer (See In none	structions)	
	Date	Full name of contributor □ out-of-state PAC (ID# Boyt, Mark	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/09/2014	Contributor address; City; State; Zip Code PO Box 90127 Austin, TX 78709-0127		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See In		
	Petroleum La	ndman	BBX Operating,	, LLC	
	Date	Full name of contributor	£)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/29/2014	Contributor address; City; State; Zip Code 7606 Grove Crest Cir		\$350.00	
		Austin, TX 78736-1902		1 .	Texas, complete Schedule T)
	Principal occup investment m	pation / Job title (See Instructions) anagement	Employer (See In self	structions)	
	Date	Full name of contributor out-of-state PAC (ID# Bradford, Christopher	<u>(</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/29/2014	Contributor address; City; State; Zip Code 2620 Kinney Oaks Ct Austin, TX 78704-4974		\$350.00	; [[
				(If travel outside of	Texas, complete Schedule T)
		ation / Job title (See Instructions) I affairs consultant	Employer (See In Coats Rose	structions)	
P	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/20/2014	Contributor address; City; State; Zip Code 12504 Belcara PI Austin, TX 78732-2363		\$100.00	
		- Adding 17 70702 2000		(liferance) anniated 2	Tayon complete Sabadata Ti
\vdash	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
	, morpar occup	indication and food instructions)	Employer (Gee III	on actions)	

The Instruction Guide explains how to complete this form.	1 PAGE # Schedule: 4/18 Report: 6/25
2 FILER NAME Boyt, Jefferson E.	3 ACCOUNT # (Ethics Commission filers) 00000007
4 Date 5 Full name of contributor □ out-of-state P Brunner, Barbary	PAC (ID#) 7 Amount of 8 In-kind contribution description (if applicable)
05/16/2014 6 Contributor address; City; State; Zip 4511 Murietta Ave Unit 8	Code \$350.00
Sherman Oaks, CA 91423-2993	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) technology business consultant	10 Employer (See Instructions) self
Date Full name of contributor 🔲 out-of-state P Brunner, Bill	PAC (ID#) Amount of In-kind contribution contribution (\$) description (if applicable)
05/03/2014 Contributor address; City; State; Zip	\$350.00 Sode
#802 Portland, OR 97201-6302	(If travel outside of Texas, complete Schedule T)
Deinging Loop yearing / Joh title (See Jest esting)	
Principal occupation / Job title (See Instructions) attorney	Employer (See Instructions) self
Date Full name of contributor ☐ out-of-state P Brunner, Jan	PAC (ID#) Amount of In-kind contribution contribution (\$) description (if applicable)
05/03/2014 Contributor address; City; State; Zip	\$350.00
#802 Portland, OR 97201-6302	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
owner	Brunner Properties
Date Full name of contributor	PAC (ID#) Amount of In-kind contribution contribution (\$) description (if applicable)
05/09/2014 Contributor address; City; State; Zip 2011 Meadowridge Dr	\$350.00
Austin, TX 78704-3933	' _
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) IT Director	Employer (See Instructions) USA Compression
Date Full name of contributor	PAC (ID#) Amount of In-kind contribution contribution (\$) description (if applicable)
05/20/2014 Contributor address; City; State; Zip	\$250.00
Austin, TX 78731-3513	//Straval suitaida as Taura as malata Cabadula Ti
Division and the first (O. d.)	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Project Manager	Employer (See Instructions) Texas Workforce Commission

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/1	18 Report: 7/25
2	FILER NAME	Boyt, Jefferson E.		3 ACCOUNT # 00000007	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Canaday, Nicholas III	<u></u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/20/2014	6 Contributor address; City; State; Zip Code 4603 Lantana Holw Austin, TX 78731-3513		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup attorney	vation / Job title (See Instructions)	10 Employer (See In Hanna & Plaut I	structions)	
F	Date	Full name of contributor	<u> </u>	Amount of	In-kind contribution
		Chevalier, Joi		contribution (\$)	description (if applicable)
	06/22/2014	Contributor address; City; State; Zip Code 2600 Pegram Ave Austin, TX 78757-2345		\$100.00	
				fif have a large late and	Texas, complete Schedule T)
H	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u></u>	rexas, complete Schedule 1)
	, imalpar accup		Employer (Gee III	and chons)	
	Date	Full name of contributor □ out-of-state PAC (ID# Conlin, Dave	<u> </u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/29/2014	Contributor address; City; State; Zip Code 4440 Grinnell Ave		\$100.00	
		Boulder, CO 80305-6613		(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
F	Date	Full name of contributor ut-of-state PAC (ID#	<u> </u>	Amount of	In-kind contribution
		Connell, Janis		contribution (\$)	description (if applicable)
	05/20/2014	Contributor address; City; State; Zip Code 4809 Woodview Ave Austin, TX 78756-2824		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
-	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>	
	retired		none		-
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/31/2014	Contributor address; City; State; Zip Code 1419 Preston Ave Austin, TX 78703-1901		\$150.00	
				(If travel outside of	Texas, complete Schedule T)
\vdash	Principal occup	pation / Job title (See Instructions)	Employer (See In	. `	

	<u> </u>			
The INSTRUCTION	אס Guide explains how to complete this form.		1 PAGE# Schedule: 6/	18 Report: 8/25
2 FILER NAME	Boyt, Jefferson E.		3 ACCOUNT# 00000007	(Ethics Commission filers)
4 Date	5 Full name of contributor	‡)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/09/2014	6 Contributor address; City; State; Zip Code 4933 Strass Dr Austin, TX 78731-5627		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup lawyer	ation / Job title (See Instructions)	10 Employer (See In Buchanan DiMa	structions) asi Dancy Grabou	ski
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/18/2014	Contributor address; City; State; Zip Code 2604 Stratford Dr	• • • • • • • • • • • • • • • • • • • •	\$350.00	
	Austin, TX 78746-4623			
Principal cours	eation / Job title (See Instructions)	Franksias (Cas In	1	Texas, complete Schedule T)
Public relation		Employer (See In Q1meda	structions)	
Date	Full name of contributor □ out-of-state PAC (ID# DePalma, Richard	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/29/2014	Contributor address; City; State; Zip Code 7821 Wisteria Valley Dr		\$100.00	
	None Austin, TX 78739-1993		(If travel outside of	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)
06/23/2014	Contributor address; City; State; Zip Code 2111 Melridge Pl Unit A		\$350.00	
	Austin, TX 78704-2019		(if travel outside of	Texas, complete Schedule T)
Principal occup Realtor	ation / Job title (See Instructions)	Employer (See In PSW Real Esta		
Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/05/2014	Contributor address; City; State; Zip Code 1016 Wild Basin Ledge		\$350.00	
	Austin, TX 78746		///	T
Principal occup Engineer	ation / Job title (See Instructions)	Emplayer (See In BAE Systems		Texas, complete Schedule T)
L				

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 7/	18 Report: 9/25
2 FILER NAME	Boyt, Jefferson E.		3 ACCOUNT# 00000007	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Donoho, Andrew)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/20/2014	6 Contributor address; City; State; Zip Code 5413 Shoalwood Ave Austin, TX 78756-1619		\$200.00	
			,	Texas, complete Schedule T)
9 Principal occul	pation / Job title (See Instructions)	10 Employer (See In Airstone Media		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/20/2014	Contributor address; City; State; Zip Code 12202 Antoinette PI Austin, TX 78727-5320		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu _l Veteran	pation / Job title (See Instructions)	Employer (See In USAF	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/24/2014	Contributor address; City; State; Zip Code 1130 Camino La Costa, APT 216 Austin, TX 78752		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
	pation / Job title (See Instructions) oport Technician	Employer (See In City of Austin	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/24/2014	Contributor address; City; State; Zip Code 1130 Camino La Costa, APT 216 Austin, TX 78752		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu retired	pation / Job title (See Instructions)	Employer (See In none	structions)	
Date	Full name of contributor	·)	Amount of	In-kind contribution
	Ernst, Sunny		contribution (\$)	description (if applicable)
06/24/2014	Contributor address; City; State; Zip Code PO Box 300 Huntsville, TX 77342-0300		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	

	The Instruction	ON GUIDE explains how to complete this form.	· ··· ··	1 PAGE#	18 Report: 10/25
2	FILER NAME	Boyt, Jefferson E.		3 ACCOUNT # 00000007	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID: Fawal, Richard	¥)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/11/2014	6 Contributor address; City; State; Zip Code 623 Elm Ave Takoma Park, MD 20912-5431		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Assoc. Vice F	ation / Job title (See Instructions) President	10 Employer (See In The Brookings I		
	Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/16/2014	Contributor address; City; State; Zip Code 1815 Madison Ave Austin, TX 78757-2220		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Auministrative	=	AISD		
	Date	Fult name of contributor ut-of-state PAC (ID: Gadbois, Glenn	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/21/2014	Contributor address; City; Slate; Zip Code 5616 Bull Creek Rd Austin, TX 78756-1010		\$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	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State: Zip Code 411 Brazos St Ste 99 Austin, TX 78701-3608		\$350.00	
	Deinainal accur	otion / Joh title (Cae Jestevations)	FInvestOns In		Texas, complete Schedule T)
	Principal Occup Principal	ation / Job title (See Instructions)	Employer (See In Galindo Group	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/22/2014	Contributor address; City; State; Zip Code 603 Davis St Apt 102 Austin, TX 78701-4227		\$350.00	
 				L <u>. </u>	Texas, complete Schedule T)
	Principal occup Real Estate	ation / Job title (See Instructions)	Employer (See In REATX Realty	structions)	

						
	The Instruction	N GUIDE explains how to complet	e this form.		1 PAGE # Schedule: 9/1	18 Report: 11/25
2	FILER NAME	Boyt, Jefferson E.			3 ACCOUNT# 00000007	(Ethics Commission filers)
4	Date	5 Full name of contributor Getter, Kerry	out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/30/2014	6 Contributor address; City 546 McAllister Rd Bastrop, TX 78602-5761	; State; Zip Code		\$350.00	 - -
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup CEO	ation / Job title (See Instructions)		10 Employer (See In: Balcones Resou		
	Date	Full name of contributor Haas, Debra	out-of-state PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/22/2014	Contributor address; City 4105 Bradwood Rd Austin, TX 78722-1132	; State; Zip Code		\$150.00	
	·				(If travel outside of	Texas, complete Schedule T)
	Principal occur	ation / Job title (See Instructions)		Employer (See In:	·	
	- типары оссор	autor 7 500 tille (500 manucilons)		Employer (See in	sudctions)	
	Date	Full name of contributor Hailey, Jay	out-of-state PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	401 Congress Ave	; State; Zip Code		\$350.00	
		Ste 2500 Austin, TX 78701-3799			(If travel outside of	Texas, complete Schedule T)
	Principal occup Lawyer	ation / Job title (See Instructions)		Employer (See In: DLA Piper LLP		
	Date	Full name of contributor Hamilton Rado, Andrea	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/20/2014	Contributor address; City 3006 Glenview Ave Austin, TX 78703-1441	; State; Zip Code		\$75.00	! !
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)		Employer (See In:	structions)	
	Date	Full name of contributor Hamilton Rado, Andrea	out-of-state PAC (ID#	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/24/2014	Contributor address; City 3006 Głenview Ave Austin, TX 78703-1441	; State; Zip Code		\$50.00	, [
		,			liftraval autoida of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)		Employer (See In:		revest complete schedule 1)

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE#		
				Schedule: 10)/18 Report: 12/25	
2	FILER NAME	Boyt, Jefferson E.		3 ACCOUNT# 00000007	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Hansen, Ingrid	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	05/20/2014	6 Contributor address; City; State; Zip Code 1221 S Congress Ave Apt 1226		\$100.00	 	
		Austin, TX 78704-2454		(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	<u> </u>		
	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 2101 Indian Trl Austin, TX 78703-3015		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In		,	
	Date	Full name of contributor ut-of-state PAC (ID# Howell, Jason	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/20/2014	Contributor address; City; State; Zip Code 9 Kern Ramble St Apt B		\$200.00	 	
		Austin, TX 78722-1900				
	Bulliotical Line		F 1 (0)		Texas, complete Schedule T)	
	Executive Dire	ation / Job title (See Instructions) ector	Employer (See In SoberHood	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/22/2014	Contributor address; City; State; Zip Code 1803 Stone Ridge Cir Austin, TX 78746-7809		\$200.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Senior Financ	ation / Job title (See Instructions) cial Analyst	Employer (See In Towers Watson	•		
	Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/25/2014	Contributor address; City; State; Zip Code 901 Forest View Dr West Lake Hills, TX 78746-4521	. , , , , , , , , , , , , , , , , , , ,	\$350.00	 	
				(If travel outside of	Texas, complete Schedule T)	
		ation / Job title (See Instructions)	Employer (See In			
	Partner		Jackson Walker	r LLP		

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 11	/18 Report: 13/25	
2	FILER NAME	Bayt, Jefferson E.		3 ACCOUNT# 00000007	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Jefferson, Dan		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	05/20/2014	6 Contributor address; City; State; Zip Code 808 Rocky River Rd West Lake Hills, TX 78746-4534		\$100.00	 	
			;	(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See Ins	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/20/2014	Contributor address; City; State; Zip Code 1800 Stone Ridge Cir Austin, TX 78746		\$150.00] 	
<u> </u>					Texas, complete Schedule T)	
	Principal occup	ation / Job tille (See Instructions)	Employer (See In:	structions)		
·	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/20/2014	Contributor address; City; State; Zip Code 1800 Stone Ridge Cir Austin, TX 78746-7809		\$350.00	l 	
	·			(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:		Toxas, complete contents ()	
	Human Resol		Multi Media Gar	,		
	Date	Full name of contributor □ out-of-state PAC (ID# Langley, John	·	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/20/2014	Contributor address; City; State; Zip Code 10808 Sky Rock Dr Austin, TX 78739-2241		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	· · · · · · · · · · · · · · · · · · ·	
				T		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/28/2014	Contributor address; City; State; Zip Code 1101 Oakwood Blvd Round Rock, TX 78681-2752		\$350.00	1 ! 1	
				(If travel outside of	Texas, complete Schedule T)	
_	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)		
	iOS Develope	и -	Red Book Conn			

The Instruction	อง Guide explains how to complete this form.	······································	1 PAGE # Schedule: 12	/18 Report: 14/25		
2 FILER NAME	Boyt, Jefferson E.		3 ACCOUNT # 00000007	(Ethics Commission filers)		
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Lorenz, Perry)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
06/06/2014	6 Contributor address; City; State; Zip Code 1311 E 6th St Ste A Austin, TX 78702-3368		\$350.00	 - -		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occup Real Estate	oation / Job title (See Instructions)	10 Employer (See In: Self	structions)			
Date	Full name of contributor ut-of-state PAC (ID# Lulic, Eva)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05/20/2014	Contributor address; City; State; Zip Code 2301 Lawnmont Ave Apt 10		\$100.00	 		
	Austin, TX 78756-1939					
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)			
Date	Full name of contributor ☐ out-of-state PAC (ID# Lulic, Nada)	Amount of contribution (\$)	In-kind contribution description (if applicable) event expenses		
06/22/2014	Contributor address; City; State; Zip Code 5423 Shoalwood Austin, TX 78756		\$58.99	 		
				Texas, complete Schedule T)		
Principal occup	pation / 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 PO Box 4721 Austin, TX 78765-4721		\$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	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
06/05/2014	Contributor address; City; State; Zip Code 1016 Wild Basin Ledge Austin, TX 78746		\$350.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup retired	pation / Job title (See Instructions)	Employer (See In N/A				

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 13	/18 Report: 15/25
2	FILER NAME	Boyt, Jefferson E.		3 ACCOUNT# 00000007	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Muenier, Thomas)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/30/2014	6 Contributor address; City; State; Zip Code 18 Yellow Tail Cv Sunset Valley, TX 78745-2562		\$100.00	1 1 1
	_			(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 ☐ out-of-state PAC (ID# Novak, Lisa	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/27/2014	Contributor address; City; State; Zip Code 2102 Teakwood Dr Austin, TX 78757-7751	· • • • • • • • • • • • • • • • • • • •	\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In		Texas, complete contacts 1,
			, ,	•	
	Date	Full name of contributor ut-of-state PAC (ID# Padavic, Kristen	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/26/2014	Contributor address; City; State; Zip Code 5409 Woodrow Ave Apt C Austin, TX 78756-2157		\$100.00	! - -
	Principal occur	ation / Job title (See Instructions)	Emplayer (See In	<u> </u>	Texas, complete Schedule T)
	Типограгоссар	anon 7 oos nice (See mandenons)	Employer (See III		
	Date	Full name of contributor ut-of-state PAC (ID# Persica, Michelle	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 11310 Hillhaven Dr Austin, TX 78748-3413		\$200.00	
				(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Personal Trainer		Employer (See In Pathway to Fitn			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/20/2014	Contributor address; City; State; Zip Code 114 Mountain View Dr Pflugerville, TX 78660-4771		\$200.00	
٠,				(If travel outside of	Texas, complete Schedule T)
	Principal occup Graphic Design	pation / Job title (See Instructions)	Employer (See In Tolteq		Tames, Campines Suited ()
	Orapino Desig	A	TOREY		

	The Instruction	on Guide explains how to complete this form.		1 PAGE# Schedule: 14	/18 Report: 16/25	
2	FILER NAME	Boyt, Jefferson E.		3 ACCOUNT # 00000007	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Pickett, Sandra)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	06/03/2014	6 Contributor address; City; State; Zip Code PO Box 23 Liberty, TX 77575-0023		\$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)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/09/2014	Contributor address; City; State; Zip Code 3216 Harris Park Ave Austin, TX 78705-2532		\$350.00	 	
				,	Texas, complete Schedule T)	
	Principal occup engineer	ation / Job title (See Instructions)	Employer (See In construction	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/29/2014	Contributor address; City; State; Zip Code 4107 Wildwood Rd Austin, TX 78722-1121		\$350.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Principal & Fo	ation / Job title (See Instructions) bunder	Employer (See In Peter A Ravella	structions) Consulting, LLC		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/15/2014	Contributor address; City; State; Zip Code 11 Hull Circle Dr West Lake Hills, TX 78746-3709		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)			Employer (See In	structions)		
	Date	Full name of contributor ut-of-state PAC (ID# Sena, Ann	()	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/20/2014	Contributor address; City; State; Zip Code 8229 Summer Place Dr Austin, TX 78759-8235		\$100.00	I I	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 15	i/18 Report: 17/25
2	FILER NAME	Boyt, Jefferson E.		3 ACCOUNT# 00000007	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Shands, Rob)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/14/2014	6 Contributor address; City; State; Zip Code 2525 S Lamar Blvd		\$150.00	
		304 Austin, TX 78704-4743		/If travel outside of	Toyon complete Schodule T)
9	Principal occup	eation / Job title (See Instructions)	10 Employer (See In	!`	Texas, complete Schedule T)
		audit 7 das una (ese maijadusta)	To Employer (See in	3140101137	
	Date	Full name of contributor ut-of-state PAC (ID# Shaver, Lisa	±)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/27/2014	Contributor address; City; State; Zip Code 3123 NE 8th Ave Portland, OR 97212-2226		\$100.00	
		Totalia, Off of Elector		(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor □ out-of-state PAC (ID# Smith, Craig	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/27/2014	Contributor address; City; State; Zip Code 1908 Barton Pkwy Austin, TX 78704-3212		\$100.00	
					·
_	Dringing on the	otion / Joh title /Con Instructions)	Employer (Coo. In		Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ☐ out-of-state PAC (ID# Stephenson, Dr. Mark	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	00/07/00/14		· · · · · · · · · · · · · · · · · · ·	0070.00	,
	06/07/2014	Contributor address; City; State; Zip Code 603 Everett St Conroe, TX 77301-1828		\$350.00	1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Dental Hospit	ation / Job title (See Instructions) alist	Employer (See In Mark Stephens		
	Date	Full name of contributor	<u> </u>	Amount of	In-kind contribution
		Streepy, Larry Jr.		contribution (\$)	description (if applicable)
	05/20/2014	Contributor address; City; State; Zip Code 4809 Woodview Ave Austin, TX 78756-2824		\$350.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See In		The second secon
		ware Architect		ty Technologies, I	LLC

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 16	/18 Report: 18/25	
2	FILER NAME	Boyt, Jefferson E.		3 ACCOUNT # 00000007	(Ethics Commission filers)	
4	Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	05/20/2014	6 Contributor address; City; State; Zip Code 1710 Waterston Ave Austin, TX 78703-3937		\$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 ut-of-state PAC (iD# Terkel, Taylor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/18/2014	Contributor address; City; State; Zip Code 2209 Hancock Dr Apt 14	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$100.00] 	
		Austin, TX 78756-2549		(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)	
	06/08/2014	Contributor address; City; State; Zip Code 1821 Far Gallant Dr Austin, TX 78746-1810		\$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)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/09/2014	Contributor address; City; State; Zip Code 1717 Briar St Austin, TX 78704-3421		\$100.00	I I	
				()64	' 	
	Dringing Location	ation / Joh title (Con Instructions)	F-alouss (Cools	1	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)	
	06/27/2014	Contributor address; City; State; Zip Code 5907 Carleen Dr Austin, TX 78757-4409		\$100.00	1	
				,	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		

	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 17	/18 Report: 19/25
2	FILER NAME	Boyt, Jefferson E.		3 ACCOUNT # 00000007	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Tyree, Preston)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/30/2014	6 Contributor address; City; State; Zip Code 10648 Floral Park Dr Austin, TX 78759-5104		\$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	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/28/2014	Contributor address; City; State; Zip Code 6809 Via Correto Dr Austin, TX 78749-2757	• • • • • • • • • • • • • • • • • • • •	\$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	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/27/2014	Contributor address; City; State; Zip Code 1805 Graveyard Point Rd Austin, TX 78734-2525		\$350.00	
					Texas, complete Schedule T)
	Principal occup retired	ation / Job title (See Instructions)	Employer (See In none	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/16/2014	Contributor address; City; State; Zip Code 1000 E 8th St Austin, TX 78702-3249		\$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	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/27/2014	Contributor address; City; State; Zip Code 59 Oak Dr New Hyde Park, NY 11040-3328		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In		,

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 18	/18 Report: 20/25		
2 FILER NAME	Boyt, Jefferson E.		3 ACCOUNT # 00000007	(Ethics Commission filers)		
4 Date	5 Full name of contributor ut-of-state PAC (ID: Wong, Joansandy	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
06/16/2014	6 Contributor address; City; State; Zip Code 3708 Pevetoe St Austin, TX 78725-4725		\$100.00	 		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
06/10/2014	Contributor address; City; State; Zip Code PO Box 2050 Liberty, TX 77575-2050		\$350.00	i i		
			المراجعة الم	Texas, complete Schedule T)		
Principal occu	1 pation / Job title (See Instructions)	Employer (See In	1	Texas, complete schedule 1/		

LOANS				SCHEDULE E
	DE explains how to complete this form.			Report: 21/25
			0000007	
TOTAL OF UNI	TEMIZED LOANS:	44444		\$ 5,025.00
5 Date of loan 04/24/2014	7 Name of lender	-of-state PAC (ID#)	9 Loan Amount (\$) \$25.00
6 Is lender a financial Institution?	8 Lender address; City; State; 5423 Shoalwood Austin, TX 78756	Zip Code	• • •	10 Interest rate
No	Austin, TA 76750			11 Maturity date 11/04/2014
12 Principal occupation	/ Job title (See Instructions)	13 Employer (See Instruc	tions)	L
14 Description of Collate	eral	15 Check if personal fund	s were deposited int	o political account
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; City; State;	Zip Code		
20 Principal Occupation	1	21 Employer		<u>'</u>
Date of loan 06/30/2014	Name of lender uout Boyt, Jefferson	-of-state PAC (ID#)	Loan Amount (\$) \$5,000.00
Is lender a financial Institution?	Lender address; City; State; 5423 Shoalwood	Zip Code		Interest rate
No	Austin, TX 78756			Maturity date 11/04/2014
Principal occupation	/ Job title (See Instructions)	Employer (See Instruc	tions)	
Description of Collar	eral	Check if personal fund	s were deposited int	o political account
X none				
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
🗓 not applicable	Guarantor address; City; State;	Zip Code	•	
Principal Occupation	1	Employer		<u> </u>
		I		

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

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

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Travel Out Of District Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees Printing Expense The Instruction Guide explains how to complete this form. 1 PAGE# 3 ACCOUNT # (TEC filers) 2 FILER NAME Boyt, Jefferson E. Schedule: 1/3 Report: 22/25 00000007 4 Date 5 Payee name First Data Merchant Services 05/05/2014 Zip Code 6 Amount (\$) 7 Payee address City: State: \$0.20 5565 Glenridge Connector NE Atlanta, GA 30342 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** merchant account fees Accounting/Banking OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/05/2014 First Data Merchant Services Payee address Amount (\$) City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342 \$0.03 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** merchant account fees Accounting/Banking OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/03/2014 First Data Merchant Services Amount (\$) Payee address City; State; Zip Code 5565 Glenridge Connector NE \$72.18 Atlanta, GA 30342 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE merchant account fees Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/03/2014 First Data Merchant Services City; State; Zip Code Amount (\$) Payee address 5565 Glenridge Connector NE Atlanta, GA 30342 \$40.57 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE merchant account fees Accounting/Banking OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held: Complete ONLY if Office sought: direct expenditure to benefit C/OH

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Sataries/Wages/Contract Labor Solicitation/Fundraising Expense Advertising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Accounting/Banking Legal Services Consulting Expense Food/Beverage Expense Travel In District Event Expense Polling Expense Travel Out Of District OTHER (enter a category not listed above) Fees Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Boyt, Jefferson E. 00000007 Schedule: 2/3 Report: 23/25 4 Date 5 Payee name First Data Merchant Services 06/03/2014 6 Amount (\$) City: State: Zip Code Pavee address 5565 Glenridge Connector NE \$106.25 Atlanta, GA 30342 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** merchant account fees Accounting/Banking OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/20/2014 NGP Van, Inc. Amount (\$) Payee address City; State; Zip Code 1101 15th Street, NW, Suite 500 Washington, DC 20005 \$450.00 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Database software Office Overhead/Rental Expense OF **EXPENDITURE** Check if Austin, TX, officeholder tiving expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/22/2014 Pour House Pub Amount (\$) Payee address City; State; Zip Code 6701 Burnet Rd \$107.64 Austin, TX 78757 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** kick-off event expenses **Event Expense** EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Susan Harry Consulting, LLC 05/20/2014 Amount (\$) Payee address City; State; Zip Code P.O. Box 301074 \$1,325.00 Austin, TX 78703 Calegory (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fundraising & compliance consulting Consulting Expense OF **EXPENDITURE**

Candidate / Officeholder name

Complete ONLY if

direct expenditure to benefit C/OH

Office held:

Check if Austin, TX, officeholder living expense

Office sought:

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Consulting Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Gifts/Awards/Memorial Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Legal Services Food/Beverage Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Event Expense Polling Expense OTHER (enter a category not listed above) Printing Expense Fees The INSTRUCTION GUIDE explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Boyt, Jefferson E. Schedule: 3/3 Report: 24/25 00000007 4 Date 5 Payee name Susan Harry Consulting, LLC 06/06/2014 6 Amount (\$) City; State; Zip Code Payee address \$1,325.00 P.O. Box 301074 Austin, TX 78703 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 (If travel outside of Texas, complete Schedule T) PURPOSE Fundraising & compliance consulting Consulting Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Texas Democratic Party 06/11/2014 Amount (\$) Payee address City; State; Zip Code \$550.00 4818 East Ben White Blvd., Suite 104 Austin, TX 78741 Description Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** voter data Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/25/2014 YStrategy Amount (\$) Payee address City; State; Zip Code 603 West 13th St. \$959.96 Suite 2G Austin, TX 78701 Description Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) PURPOSE Website design and consulting services Consulting Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

EXPENDITURE CATEGORIES

anse 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 Fees Polling Expense Printing Expense Office Overhead/Rental Expense 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) Boyt, Jefferson E. Schedule: 1/1 Report: 25/25 00000007 Date 5 Payee name Chad W. Adams Photography 03/24/2014 6 Amount (\$) 7 Payee address City; State; Zip Code \$324.75 507 W. O'Dell St Austin, TX 78752 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Expense photography OF **EXPENDITURE** Check if Austin, TX, officeholder living expense