

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 01111111	2 PAGE # 1 of 17
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Erin		OFFICE USE ONLY Date Received 2014 OCT 6 PM 8 25 AUSTIN CITY CLERK RECEIVED
	NICKNAME LAST SUFFIX McGann		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2304 S 3rd Street Austin, TX 78704		Date Hand-delivered or Date Postmarked
			Receipt # Amount
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Meredith		Date Processed
	NICKNAME LAST SUFFIX Bryant		Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 13012 Stillforest St Austin, TX 78729		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 577-1528		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year Month Day Year 07/01/2014 THROUGH 09/25/2014		
10 ELECTION	ELECTION DATE Month Day Year 11/04/2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Austin City Council District 9	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****13 C/OH NAME** McGann, Erin (Ms.)**14 ACCOUNT #** (Ethics Commission filers)
01111111**15 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE**COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**16 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 6,130.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 8,006.10

**CONTRIBUTION
BALANCE**

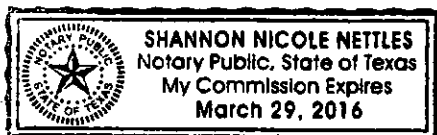
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 4,352.56

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 5,000.00

17 AFFIDAVIT

AFFIX NOTARY STAMP / SEAL ABOVE

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.

Signature of Candidate or Officeholder
Sworn to and subscribed before me, by the said Erin McGann, this the 3rd day of October, 20 14, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Shannon Nettles

Print name of officer administering oath

notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/9 Report: 3/17

2 FILER NAME McGann, Erin (Ms.)

3 ACCOUNT # (Ethics Commission filers)

01111111

4 Date

07/22/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Blanton, Jennifer

6 Contributor address; City; State; Zip Code
1114 Red Bird Dr.
Cedar Park, TX 78613

7 Amount of
contribution (\$)

\$150.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/13/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Boland, Richard

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

\$10.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/22/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Brizendine, Kasey

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/23/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bryant, Adam

Contributor address; City; State; Zip Code
13012 Stillforest St
Austin, TX 78729

Amount of
contribution (\$)

\$300.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Research Engineer IV

Employer (See Instructions)

University of Texas

Date

09/23/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bryant, Meredith

Contributor address; City; State; Zip Code
13012 Stillforest St
Austin, TX 78729

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Sr Corporate Accountant

Employer (See Instructions)

EZCorp, Inc

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/9 Report: 4/17

2 FILER NAME McGann, Erin (Ms.)

3 ACCOUNT # (Ethics Commission filers)

01111111

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Chatterjee, Raunak

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

09/21/2014

6 Contributor address; City; State; Zip Code

5410 Roosevelt Ave
Austin, TX 78756

\$150.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Dafae, Richard

Amount of contribution (\$)

In-kind contribution description (if applicable)

09/15/2014

Contributor address; City; State; Zip Code

\$50.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Eiben, David

Amount of contribution (\$)

In-kind contribution description (if applicable)

09/20/2014

Contributor address; City; State; Zip Code

2304 S 3rd St
Austin, TX 78704

\$200.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Unemployed

Employer (See Instructions)
Unemployed

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Fields, Rob (Mr.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

07/09/2014

Contributor address; City; State; Zip Code

3816 S Lamar Blvd
Austin, TX 78704

\$25.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Fields, Rob (Mr.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

09/04/2014

Contributor address; City; State; Zip Code

3816 S Lamar Blvd
Austin, TX 78704

\$50.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/9 Report: 5/17

2 FILER NAME McGann, Erin (Ms.)

3 ACCOUNT # (Ethics Commission filers)
01111111

4 Date

07/03/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Fonseca, Linda

6 Contributor address; City; State; Zip Code
900 Blanco St
Austin, TX 78703

7 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
OB/GYN

10 Employer (See Instructions)
Texas Perinatal Group

Date

09/24/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gore, Rex

Contributor address; City; State; Zip Code
1304 West Oltorf
Austin, TX 78704

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Owner - Self Employed

Employer (See Instructions)
Cleancescapes

Date

08/24/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Grigassy, Chris

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

\$30.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/14/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Harris, Vincent

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/14/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Holland, Amy

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/9 Report: 6/17

2 FILER NAME McGann, Erin (Ms.)

3 ACCOUNT # (Ethics Commission filers)

01111111

4 Date

09/14/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Jansen, Barbara

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

08/24/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Keen, Arthur

Contributor address; City; State; Zip Code
1103 Bouldin Ave
Austin, TX 78704

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/24/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kern, Paul

Contributor address; City; State; Zip Code
917 W Live Oak
Austin, TX 78704

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/04/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
King, Nancy

Contributor address; City; State; Zip Code
625 Happy Canyon Rd
Castle Rock, CO 80108

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

08/07/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lewis, Hannah Moore

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 5/9 Report: 7/17

2 FILER NAME McGann, Erin (Ms.)

3 ACCOUNT # (Ethics Commission filers)

01111111

4 Date

08/15/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Long, Jeff

6 Contributor address; City; State; Zip Code
3201 El Salido Pkwy
Cedar Park, TX 78613

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/14/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Long, Jeff

Contributor address; City; State; Zip Code
3201 El Salido Pkwy
Cedar Park, TX 78613

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Loredo, Gaby

Contributor address; City; State; Zip Code
3500 Greystone Dr # 230
Austin, TX 78731

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Administrative Assistant

Employer (See Instructions)
Board of Medical Examiners

Date

09/22/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Loredo, Gaby

Contributor address; City; State; Zip Code
3500 Greystone Dr # 230
Austin, TX 78731

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Administrative Assistant

Employer (See Instructions)
Board of Medical Examiners

Date

09/04/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Madison, Michael

Contributor address; City; State; Zip Code
1307 Alamo St
Austin, TX 78701

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Manager

Employer (See Instructions)
Gazelle Foundation

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/9 Report: 8/17

2 FILER NAME McGann, Erin (Ms.)

3 ACCOUNT # (Ethics Commission filers)
01111111

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Manuel, Ria-Fidelis

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

09/08/2014

6 Contributor address; City; State; Zip Code

\$15.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Maxwell, Christian

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

07/03/2014

Contributor address; City; State; Zip Code
900 Blanco St
Austin, TX 78703

\$150.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Munin, Heidi

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

09/08/2014

Contributor address; City; State; Zip Code
808 Baylor Street
Austin, TX 78703

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Newberry, Leslie

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

09/16/2014

Contributor address; City; State; Zip Code
1805 Stamford Lane
Austin, TX 78703

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Newick, Catharine (Ms.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

09/16/2014

Contributor address; City; State; Zip Code
Po Box 2646
Concord, NH 03302

\$50.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 7/9 Report: 9/17

2 FILER NAME McGann, Erin (Ms.)

3 ACCOUNT # (Ethics Commission filers)

01111111

4 Date

07/13/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Paar, Rachel (Ms.)

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

07/10/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Pugh, Paul

Contributor address; City; State; Zip Code
1508 Garner Ave
Austin, TX 78704

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Executive Creative Director for Kindle Digital

Employer (See Instructions)
Amazon

Date

09/16/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Root, Nancy (Ms.)

Contributor address; City; State; Zip Code
7499 S Quail Cr
Littleton, CO 80127

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/12/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sanchez, Esteban

Contributor address; City; State; Zip Code
1107 W Oltorf St
Austin, TX 78704

Amount of contribution (\$)

\$75.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/16/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Santos, Robert

Contributor address; City; State; Zip Code
1135 Barton Hills Dr
Austin, TX 78704

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 8/9 Report: 10/17

2 FILER NAME McGann, Erin (Ms.)

3 ACCOUNT # (Ethics Commission filers)

01111111

4 Date

07/22/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Schneider, Clint

6 Contributor address; City; State; Zip Code

7 Amount of
contribution (\$)

\$50.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

08/04/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Shipway, Judy

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/12/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Skaggs, Betty

Contributor address; City; State; Zip Code
4700 Toreador Dr
Austin, TX 78746

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Homemaker

Employer (See Instructions)
None

Date

09/12/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Skaggs, James

Contributor address; City; State; Zip Code
4700 Toreador Dr
Austin, TX 78746

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Retired CEO

Employer (See Instructions)
Tracor

Date

09/14/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Stevenson, Adam

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 9/9 Report: 11/17

2 FILER NAME McGann, Erin (Ms.)

3 ACCOUNT # (Ethics Commission filers)

01111111

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Tipps, Lorraine

09/16/2014

6 Contributor address; City; State; Zip Code
1022 Persimmon Lane
Ledbetter, TX 78946

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Tuhabonye, Gilbert

09/14/2014

Contributor address; City; State; Zip Code
5529 Hero Dr
Austin, TX 78735

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Owner - Self Employed

Employer (See Instructions)
Gilbert's Gazelles

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Tuhabonye, Trepine

09/14/2014

Contributor address; City; State; Zip Code
5529 Hero Dr
Austin, TX 78735

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Homemaker

Employer (See Instructions)
None

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Webb, Julie

09/16/2014

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Zapata, Tony

09/22/2014

Contributor address; City; State; Zip Code
2403 Granberry Dr
Austin, TX 78745

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 12/17	
2 FILER NAME McGann, Erin (Ms.)		3 ACCOUNT # (Ethics Commission filers) 01111111	
4 TOTAL OF UNITEMIZED LOANS: ⇄⇄⇄⇄⇄⇄		\$	
5 Date of loan 07/07/2014	7 Name of lender McGann, Erin <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$) \$5,000.00	
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 2304 S 3rd Street Austin, TX 78704	10 Interest rate 0	
		11 Maturity date 12/31/2014	
12 Principal occupation / Job title (See Instructions) Program Manager		13 Employer (See Instructions) Texas Department of Criminal Justice	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)	
20 Principal Occupation		21 Employer	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/2 Report: 13/17		2 FILER NAME McGann, Erin (Ms.)		3 ACCOUNT # (TEC filers) 01111111	
4 Date 07/25/2014		5 Payee name LVS - Local Voice Solutions			
6 Amount (\$) \$900.00		7 Payee address City: State: Zip Code 3700 Thompson Street Austin, TX 78702			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting services and campaign management <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/11/2014		Payee name LVS - Local Voice Solutions			
Amount (\$) \$180.00		Payee address City: State: Zip Code 3700 Thompson Street Austin, TX 78702			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting services and campaign management <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/25/2014		Payee name Paypal			
Amount (\$) \$141.90		Payee address City: State: Zip Code 2211 North First St. San Jose, CA 95131			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fees for financial services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/14/2014		Payee name Revels Brock			
Amount (\$) \$3,472.00		Payee address City: State: Zip Code P.O. Box 24 Manor, TX 78653			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Graphics Design and proofing, T-shirt printing, bumper stickers, yard signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/2 Report: 14/17		2 FILER NAME McGann, Erin (Ms.)		3 ACCOUNT # (TEC filers) 01111111
4 Date 07/24/2014	5 Payee name Revels Brock			
6 Amount (\$) \$873.83	7 Payee address City: State: Zip Code P.O. Box 24 Manor, TX 78653			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Additional T-Shirts, campaign signs, advertising materials	
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 09/17/2014	Payee name Revels Brock			
Amount (\$) \$1,700.00	Payee address City: State: Zip Code P.O. Box 24 Manor, TX 78653			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Graphic design for flyers and campaign materials	
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/3 Report: 15/17		2 FILER NAME McGann, Erin (Ms.)		3 ACCOUNT # (TEC filers) 01111111	
4 Date 09/25/2014		5 Payee name Cassel, Madison			
6 Amount (\$) \$40.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address City; State; Zip Code 6227 Castle Creek Rd Arlington, TX 76017			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor for campaign services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 07/01/2014		Payee name Facebook			
Amount (\$) \$144.22 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code P.O. Box 10005 Palo Alto, CA 94303			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Facebook ad promotions <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 07/31/2014		Payee name Facebook			
Amount (\$) \$68.55 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code P.O. Box 10005 Palo Alto, CA 94303			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Facebook ad promotions <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 08/31/2014		Payee name Facebook			
Amount (\$) \$48.76 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code P.O. Box 10005 Palo Alto, CA 94303			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Facebook ad promotions <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/3 Report: 16/17		2 FILER NAME McGann, Erin (Ms.)		3 ACCOUNT # (TEC filers) 01111111	
4 Date 08/27/2014		5 Payee name Fast Custom Shirts			
6 Amount (\$) \$35.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address City: State; Zip Code 4531 Ayers St., Ste 110 Corpus Christi, TX 78415			
8 PURPOSE 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) <input type="checkbox"/> T-shirts for volunteers <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 07/01/2014		Payee name HubRunner			
Amount (\$) \$110.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address City: State; Zip Code 4031 Guadalupe St Austin, TX 78751			
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) <input type="checkbox"/> Web hosting for campaign website <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 08/01/2014		Payee name HubRunner			
Amount (\$) \$110.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address City: State; Zip Code 4031 Guadalupe St Austin, TX 78751			
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) <input type="checkbox"/> Web hosting for campaign website <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 09/01/2014		Payee name HubRunner			
Amount (\$) \$110.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address City: State; Zip Code 4031 Guadalupe St Austin, TX 78751			
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) <input type="checkbox"/> Web hosting for campaign website <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/3 Report: 17/17		2 FILER NAME McGann, Erin (Ms.)		3 ACCOUNT # (TEC filers) 01111111
4 Date 08/15/2014	5 Payee name Office Depot			
6 Amount (\$) \$47.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 2101 S Lamar Austin, TX 78704			
8 PURPOSE 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) <input type="checkbox"/> Flyers and pamphlets for campaign events	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Date 08/31/2014	Payee name Office Depot			
Amount (\$) \$23.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 2101 S Lamar Austin, TX 78704			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Flyers and pamphlets for campaign events	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			