



# 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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> 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
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	6,130.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	8,006.10
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CONTRIBUTION BALANCE

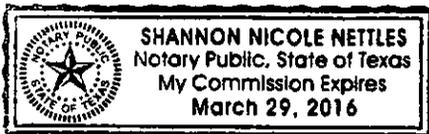
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	4,352.56
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5,000.00
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17 AFFIDAVIT

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.



*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Erin McGann, this the 3rd day of October, 2014, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*

Shannon Nettles

notary

Signature of officer administering oath

Print name of officer administering oath

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 <input type="checkbox"/> 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)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  09/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boland, Richard  Contributor address; City; State; Zip Code	Amount of contribution (\$)  \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  08/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brizendine, Kasey  Contributor address; City; State; Zip Code	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  09/23/2014	Full name of contributor <input type="checkbox"/> 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)
Principal occupation / Job title (See Instructions) Research Engineer IV		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) University of Texas			
Date  09/23/2014	Full name of contributor <input type="checkbox"/> 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)
Principal occupation / Job title (See Instructions) Sr Corporate Accountant		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) EZCorp, Inc			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 2/9 Report: 4/17	
<b>2</b> FILER NAME McGann, Erin (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 01111111	
<b>4</b> Date  09/21/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chatterjee, Raunak  <b>6</b> Contributor address; City; State; Zip Code 5410 Roosevelt Ave Austin, TX 78756	<b>7</b> Amount of contribution (\$)  \$150.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date  09/15/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dafoe, Richard  <b>6</b> Contributor address; City; State; Zip Code	<b>7</b> Amount of contribution (\$)  \$50.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date  09/20/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eiben, David  <b>6</b> Contributor address; City; State; Zip Code 2304 S 3rd St Austin, TX 78704	<b>7</b> Amount of contribution (\$)  \$200.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Unemployed		<b>10</b> Employer (See Instructions) Unemployed	
<b>4</b> Date  07/09/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fields, Rob (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 3816 S Lamar Blvd Austin, TX 78704	<b>7</b> Amount of contribution (\$)  \$25.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date  09/04/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fields, Rob (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 3816 S Lamar Blvd Austin, TX 78704	<b>7</b> Amount of contribution (\$)  \$50.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> 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 <input type="checkbox"/> 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)
9 Principal occupation / Job title (See Instructions) OB/GYN		10 Employer (See Instructions) Texas Perinatal Group	
Date  09/24/2014	Full name of contributor <input type="checkbox"/> 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)
Principal occupation / Job title (See Instructions) Owner - Self Employed		Employer (See Instructions) Cleanscapes	
Date  08/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Grigassy, Chris  Contributor address; City; State; Zip Code	Amount of contribution (\$)  \$30.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harris, Vincent  Contributor address; City; State; Zip Code	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holland, Amy  Contributor address; City; State; Zip Code	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
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 <input type="checkbox"/> 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)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  08/24/2014	Full name of contributor <input type="checkbox"/> 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)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  07/24/2014	Full name of contributor <input type="checkbox"/> 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)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  08/04/2014	Full name of contributor <input type="checkbox"/> 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)
Principal occupation / Job title (See Instructions) Retired		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Retired			
Date  08/07/2014	Full name of contributor <input type="checkbox"/> 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)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 5/9 Report: 7/17	
<b>2</b> FILER NAME    McGann, Erin (Ms.)		<b>3</b> ACCOUNT #    (Ethics Commission filers) 01111111	
<b>4</b> Date  08/15/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Long, Jeff  ..... <b>6</b> Contributor address;    City; State; Zip Code 3201 El Salido Pkwy Cedar Park, TX 78613	<b>7</b> Amount of contribution (\$)  \$50.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  09/14/2014	Full name of contributor <input type="checkbox"/> 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)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/17/2014	Full name of contributor <input type="checkbox"/> 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)
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) Board of Medical Examiners	
Date  09/22/2014	Full name of contributor <input type="checkbox"/> 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)
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) Board of Medical Examiners	
Date  09/04/2014	Full name of contributor <input type="checkbox"/> 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)
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  09/08/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Manuel, Ria-Fidelis ..... 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)  \$15.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  07/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maxwell, Christian ..... Contributor address; City; State; Zip Code 900 Blanco St Austin, TX 78703	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Munin, Heidi ..... Contributor address; City; State; Zip Code 808 Baylor Street Austin, TX 78703	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Newberry, Leslie ..... Contributor address; City; State; Zip Code 1805 Stamford Lane Austin, TX 78703	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Newick, Catharine (Ms.) ..... Contributor address; City; State; Zip Code Po Box 2646 Concord, NH 03302	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
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.		<b>1</b> PAGE # Schedule: 7/9 Report: 9/17	
<b>2</b> FILER NAME McGann, Erin (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 01111111	
<b>4</b> Date  07/13/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paar, Rachel (Ms.) ..... <b>6</b> Contributor address; City; State; Zip Code	<b>7</b> Amount of contribution (\$)  \$50.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  07/10/2014	Full name of contributor <input type="checkbox"/> 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)
Principal occupation / Job title (See Instructions) Executive Creative Director for Kindle Digital		Employer (See Instructions) Amazon	
Date  09/16/2014	Full name of contributor <input type="checkbox"/> 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)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/12/2014	Full name of contributor <input type="checkbox"/> 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)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/16/2014	Full name of contributor <input type="checkbox"/> 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)
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.			<b>1</b> PAGE # Schedule: 8/9 Report: 10/17	
<b>2</b> FILER NAME    McGann, Erin (Ms.)			<b>3</b> ACCOUNT #    (Ethics Commission filers) 01111111	
<b>4</b> Date  07/22/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schneider, Clint <hr/> <b>6</b> Contributor address;    City; State; Zip Code	<b>7</b> Amount of contribution (\$)  \$50.00	<b>8</b> In-kind contribution description (if applicable)	
<b>9</b> Principal occupation / Job title (See Instructions)			<b>10</b> Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>				
Date  08/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shipway, Judy <hr/> Contributor address;    City; State; Zip Code	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>				
Date  09/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Skaggs, Betty <hr/> Contributor address;    City; State; Zip Code 4700 Toreador Dr Austin, TX 78746	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions) Homemaker			Employer (See Instructions) None	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>				
Date  09/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Skaggs, James <hr/> Contributor address;    City; State; Zip Code 4700 Toreador Dr Austin, TX 78746	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions) Retired CEO			Employer (See Instructions) Tracor	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>				
Date  09/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stevenson, Adam <hr/> Contributor address;    City; State; Zip Code	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>				

# 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  09/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tipps, Lorraine  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)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Owner - Self Employed		10 Employer (See Instructions) Gilbert's Gazelles	
Date  09/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tuhabonye, Gilbert  Contributor address; City; State; Zip Code 5529 Hero Dr Austin, TX 78735	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Homemaker		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) None	
Date  09/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tuhabonye, Trepine  Contributor address; City; State; Zip Code 5529 Hero Dr Austin, TX 78735	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Homemaker		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) None	
Date  09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Webb, Julie  Contributor address; City; State; Zip Code	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zapata, Tony  Contributor address; City; State; Zip Code 2403 Granberry Dr Austin, TX 78745	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 1/2 Report: 13/17	<b>2 FILER NAME</b> McGann, Erin (Ms.)	<b>3 ACCOUNT #</b> (TEC filers) 01111111
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<b>4 Date</b> 07/25/2014	<b>5 Payee name</b> LVS - Local Voice Solutions
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<b>6 Amount (\$)</b> \$900.00	<b>7 Payee address</b> City; State; Zip Code 3700 Thompson Street Austin, TX 78702
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<b>8 PURPOSE OF EXPENDITURE</b>	(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
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 09/11/2014	<b>Payee name</b> LVS - Local Voice Solutions
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<b>Amount (\$)</b> \$180.00	<b>Payee address</b> City; State; Zip Code 3700 Thompson Street Austin, TX 78702
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<b>PURPOSE OF EXPENDITURE</b>	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
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 09/25/2014	<b>Payee name</b> Paypal
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<b>Amount (\$)</b> \$141.90	<b>Payee address</b> City; State; Zip Code 2211 North First St. San Jose, CA 95131
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<b>PURPOSE OF EXPENDITURE</b>	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
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 07/14/2014	<b>Payee name</b> Revels Brock
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<b>Amount (\$)</b> \$3,472.00	<b>Payee address</b> City; State; Zip Code P.O. Box 24 Manor, TX 78653
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<b>PURPOSE OF EXPENDITURE</b>	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
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 2/2 Report: 14/17	<b>2 FILER NAME</b> McGann, Erin (Ms.)	<b>3 ACCOUNT # (TEC filers)</b> 01111111
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<b>4 Date</b> 07/24/2014	<b>5 Payee name</b> Revels Brock
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<b>6 Amount (\$)</b> \$873.83	<b>7 Payee address</b> City; State; Zip Code P.O. Box 24 Manor, TX 78653
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>(b) Description</b> (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	

<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b>	<b>Office sought:</b>	<b>Office held:</b>
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<b>Date</b> 09/17/2014	<b>Payee name</b> Revels Brock
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<b>Amount (\$)</b> \$1,700.00	<b>Payee address</b> City; State; Zip Code P.O. Box 24 Manor, TX 78653
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>Description</b> (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	

<b>Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b>	<b>Office sought:</b>	<b>Office held:</b>
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 1/3 Report: 15/17	<b>2 FILER NAME</b> McGann, Erin (Ms.)	<b>3 ACCOUNT # (TEC filers)</b> 01111111
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<b>4 Date</b> 09/25/2014	<b>5 Payee name</b> Cassel, Madison	
<b>6 Amount (\$)</b> \$40.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7 Payee address</b> City; State; Zip Code 6227 Castle Creek Rd Arlington, TX 76017	
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b) Description</b> (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	

<b>Date</b> 07/01/2014	<b>Payee name</b> Facebook	
<b>Amount (\$)</b> \$144.22 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address</b> City; State; Zip Code P.O. Box 10005 Palo Alto, CA 94303	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Facebook ad promotions
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>Date</b> 07/31/2014	<b>Payee name</b> Facebook	
<b>Amount (\$)</b> \$68.55 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address</b> City; State; Zip Code P.O. Box 10005 Palo Alto, CA 94303	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Facebook ad promotions
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>Date</b> 08/31/2014	<b>Payee name</b> Facebook	
<b>Amount (\$)</b> \$48.76 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address</b> City; State; Zip Code P.O. Box 10005 Palo Alto, CA 94303	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>Description</b> (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	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

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

<b>1</b> PAGE # Schedule: 3/3 Report: 17/17	<b>2</b> FILER NAME McGann, Erin (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 01111111
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<b>4</b> Date 08/15/2014	<b>5</b> Payee name Office Depot
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<b>6</b> Amount (\$) \$47.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address City; State; Zip Code 2101 S Lamar Austin, TX 78704
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<b>8</b> 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
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Date 08/31/2014	Payee name Office Depot
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Amount (\$) \$23.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 2101 S Lamar Austin, TX 78704
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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
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