

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Rangel, Eric (Mr.)

14 ACCOUNT # (Ethics Commission filers)
00001709

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

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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) \$ 1,225.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 3,095.03

CONTRIBUTION BALANCE

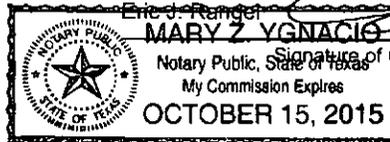
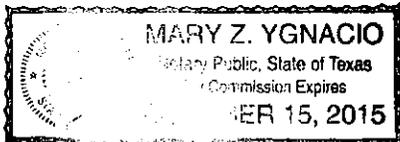
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 3,000.00

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 Eric J. Rangel, this the 6th day of October, 2014, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

MARY Z. YGNACIO
Print name of officer administering oath

[Handwritten Signature]
Secretary
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: 1/5 Report: 3/9

2 FILER NAME Rangel, Eric (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00001709

4 Date
09/25/2014

5 Full name of contributor out-of-state PAC (ID# _____)
Bacon, Thomas

6 Contributor address; City; State; Zip Code
3711 Robinson Avenue
Austin, TX 78722

7 Amount of contribution (\$)
\$5.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Developer

10 Employer (See Instructions)
Workhorse Digital

Date
09/25/2014

Full name of contributor out-of-state PAC (ID# _____)
Bishop, Heather (Ms.)

Contributor address; City; State; Zip Code
15005 Mandarin Crossing
Pflugerville, TX 78660

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)
General Manager

Employer (See Instructions)
The Main Group

Date
07/02/2014

Full name of contributor out-of-state PAC (ID# _____)
Cofer, George (Mr.)

Contributor address; City; State; Zip Code
3306 Gentry Drive
Austin, TX 78746

Amount of contribution (\$)
\$35.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Executive Director

Employer (See Instructions)
Hill Country Conservancy

Date
08/13/2014

Full name of contributor out-of-state PAC (ID# _____)
Cofer, George (Mr.)

Contributor address; City; State; Zip Code
3306 Gentry Drive
Austin, TX 78746

Amount of contribution (\$)
\$20.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Executive Director

Employer (See Instructions)
Hill Country Conservancy

Date
08/20/2014

Full name of contributor out-of-state PAC (ID# _____)
Eyer, Aubrey

Contributor address; City; State; Zip Code
701 Pioneer Trail
Dripping Springs, TX 78620

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)
Distance Learning Specialist

Employer (See Instructions)
Trialsmith

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/5 Report: 4/9	
2 FILER NAME Rangel, Eric (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00001709	
4 Date 09/19/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Furry, Samantha 6 Contributor address; City; State; Zip Code 2304 Barton Village Circle Austin, TX 78704	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Development Strategist		10 Employer (See Instructions) Quest	
4 Date 09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzales, Monica 6 Contributor address; City; State; Zip Code 2920 Sierra Vista NW Albuquerque, NM 87107	7 Amount of contribution (\$) \$35.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Financial Analyst		10 Employer (See Instructions) HUD	
4 Date 09/23/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Graham, Patrick 6 Contributor address; City; State; Zip Code 10916 Preston Trails Drive Austin, TX 78747	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions) Graham Advisory	
4 Date 09/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Haney, Sarah 6 Contributor address; City; State; Zip Code 400 Spinnaker Street Lockhart, TX 78644	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Assistant Area Manager		10 Employer (See Instructions) Linebarger Goggan Blair & Sampson, LLP	
4 Date 08/21/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harrimann, Timothy 6 Contributor address; City; State; Zip Code 4016 Camacho Street Austin, TX 78723	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Business Administrator		10 Employer (See Instructions) Texas Department of Transportation	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/5 Report: 5/9	
2 FILER NAME Rangel, Eric (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00001709	
4 Date 07/11/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Henderson, Kenneth 6 Contributor address; City; State; Zip Code P.O. Box 1413 Lockhart, TX 78644	7 Amount of contribution (\$) \$125.00	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)		10 Employer (See Instructions)	
Date 07/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Henderson, Yvonne Contributor address; City; State; Zip Code P.O. Box 1413 Lockhart, TX 78644	Amount of contribution (\$) \$125.00	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# _____) Hopkins, Franklin (Mr.) Contributor address; City; State; Zip Code 1114 West Oltorf Austin, TX 78704	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Islas, Fermin (Mr.) Contributor address; City; State; Zip Code P.O. Box 1125 Lockhart, TX 78644	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Realtor		(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# _____) Kirkpatrick, Julie Contributor address; City; State; Zip Code 7404 Walling Lane Dallas, TX 75231	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CPSS IV		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Texas Department of Family and Protective Services	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/5 Report: 6/9

2 FILER NAME Rangel, Eric (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00001709

4 Date **5** Full name of contributor out-of-state PAC (ID# _____)
09/25/2014 Lucero, Jesse

7 Amount of contribution (\$) **8** In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
3705 Otra Vez Ct
Albuquerque, NM 87107

\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Special Education Director

10 Employer (See Instructions)
Gordon Bernell Charter School

Date Full name of contributor out-of-state PAC (ID# _____)
09/25/2014 Maldonado, Olga (Ms.)

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1205 Space Lane
Austin, TX 78758

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
CPA

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
09/22/2014 Martinez, Gilbert

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
2119 Campfield Parkway
Austin, TX 78745

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Environmental Advisor

Employer (See Instructions)
Texas General Land Office

Date Full name of contributor out-of-state PAC (ID# _____)
09/24/2014 Mitchell, Jordan

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
8601 Anderson Mill Rd
Austin, TX 78729

\$35.00

(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# _____)
07/29/2014 Puma, Kristi

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1121 Marquette Pl. NE
Albuquerque, NM 87106

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Environmental Consultant

Employer (See Instructions)
Havona

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/5 Report: 7/9	
2 FILER NAME Rangel, Eric (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00001709	
4 Date 09/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rangel, Lori 6 Contributor address; City; State; Zip Code 301 White Oak Lockhart, TX 78644	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) County Treasurer		10 Employer (See Instructions) Caldwell County	
Date 09/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tahbaz, Bitia Contributor address; City; State; Zip Code 5015 Dull Knife Austin, TX 78759	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Sense Corp	
Date 07/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weber, Fred Contributor address; City; State; Zip Code P.O. Box 247 Lockhart, TX 78644	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Womble, Rick Contributor address; City; State; Zip Code P.O. Box 105 Lockhart, TX 78644	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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: 8/9	2 FILER NAME Rangel, Eric (Mr.)	3 ACCOUNT # (TEC filers) 00001709
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4 Date 09/12/2014	5 Payee name Austin Tejano Democrats
6 Amount (\$) \$50.00	7 Payee address City; State; Zip Code Website Austin, TX 78701

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sponsor
	<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 07/28/2014	Payee name Graphic Granola
Amount (\$) \$1,210.85	Payee address City; State; Zip Code 1012 East 38th 1/2 Street Austin, TX 78751

8 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"/> Website
	<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 09/23/2014	Payee name Graphic Granola
Amount (\$) \$1,000.00	Payee address City; State; Zip Code 1012 East 38th 1/2 Street Austin, TX 78751

8 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"/> Website
	<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 09/15/2014	Payee name Kelly Graphics
Amount (\$) \$713.09	Payee address City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746

8 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"/> Brochures
	<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: 9/9	2 FILER NAME Rangel, Eric (Mr.)	3 ACCOUNT # (TEC filers) 00001709
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4 Date 09/30/2014	5 Payee name PayPal
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6 Amount (\$) \$71.09	7 Payee address City; State; Zip Code 1840 Embarcadero Rd. Palo Alto, CA 94303
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fees, PayPal
	<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:
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Date 09/25/2014	Payee name South Austin Democrats
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Amount (\$) \$50.00	Payee address City; State; Zip Code Website Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sponsor
	<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:
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