

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

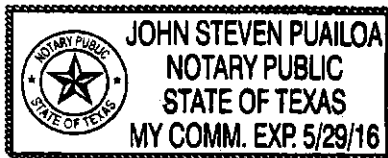
The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 20
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX
	MR. MATT	MATTHEW LAMON	L
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	2605 ENFIELD RD #217 AUSTIN, TX 78703		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	826-1797	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX
	MRS. LINER	MARTHA	BELL
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	5524 BEE CAVES RD STE B5 AUSTIN, TX 78746		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	965-3979	
9 REPORT TYPE	☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only) ☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 14 09 / 25 / 14		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
	11 / 04 / 14	☐ Primary ☒ Runoff ☐ General ☐ Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		AUSTIN CITY COUNCIL DISTRICT 10	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S) ☐ additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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 ☐ GENERAL ☐ SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,794—
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,420.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,402.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000—

18 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.

Matthew Lamm
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Matthew Lamm, this the 6th day of October, 20 14, to certify which, witness my hand and seal of office.

John Steven Puaioa
Signature of officer administering oath

John Steven Puaioa
Printed 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 Total pages Schedule A: 10	
2 FILER NAME Matthew Lamon		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/12/14	5 Full name of contributor ☐ out-of-state PAC (ID#) Hector Rivero	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4036 Enclave Mesa Circle Austin, TX 78731		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/13/14	Full name of contributor ☐ out-of-state PAC (ID#) Leslie Gurrola	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 902 Ladoue Drive College Station TX 77845		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/23/14	Full name of contributor ☐ out-of-state PAC (ID#) Clayton Stewart	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1708 Thousand Oaks Drive Austin, TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/23/14	Full name of contributor ☐ out-of-state PAC (ID#) Va Stephens	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1321 Spyglass Drive Austin, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/15/14	Full name of contributor ☐ out-of-state PAC (ID#) Hispanic Republicans of Texas	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 28881 Austin, TX 78755		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 10	
2 FILER NAME Matthew Kaman		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/23/14	5 Full name of contributor ☐ out-of-state PAC (ID#) Chris & Chandra Hock	7 Amount of contribution (\$) 700.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1401 Bay Hill Drive Austin, TX 78746		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Consultant		10 Employer (See Instructions) Texas State Alliance	
Date 7/23/14	Full name of contributor ☐ out-of-state PAC (ID#) Jon & Abby Lozano	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 727 Arroyo Drive Kingsville TX 78363		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self-Employed	
Date 7/24/14	Full name of contributor ☐ out-of-state PAC (ID#) Douglas & Debra Huss	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 213 2nd Ave Oelwein IA 50662		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/30/14	Full name of contributor ☐ out-of-state PAC (ID#) Doug & Diana Bell	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9202 Cedar Crest Drive Austin, TX 78750		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/31/14	Full name of contributor ☐ out-of-state PAC (ID#) Therese Cooney	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4018 Greenhill Place Austin, TX 78759		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

10

2 FILER NAME

Matthew Lamon

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/31/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Gilbert Turrieta

6 Contributor address; City; State; Zip Code

*3603 Bonnie Rd
Austin, TX 78703*

7 Amount of contribution (\$)

300.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Consultant

10 Employer (See Instructions)

Self-Employed

Date

8/1/14

Full name of contributor

☐ out-of-state PAC (ID#)

Maek Durand

Contributor address; City; State; Zip Code

*3105 Lawn View
Corpus Christi TX 78404*

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

7/31/14

Full name of contributor

☐ out-of-state PAC (ID#)

James Dyess

Contributor address; City; State; Zip Code

*P.O. Box 2552
Austin TX 78768*

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)

CEO

Employer (See Instructions)

Horizon Bank

Date

7/31/14

Full name of contributor

☐ out-of-state PAC (ID#)

Martha Small

Contributor address; City; State; Zip Code

*1611 W 5th Street STE100
Austin, TX 78703*

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)

Realtor

Employer (See Instructions)

Martha Small Real Estate

Date

8/1/14

Full name of contributor

☐ out-of-state PAC (ID#)

Kay Wallingford

Contributor address; City; State; Zip Code

*6307 Mercedes Bend
Austin, TX 78759*

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

The instruction guide explains how to complete this form.

1 Total pages Schedule A:
10

3 ACCOUNT # (Ethics Commission File#)

2 FILER NAME

Michael Hamel

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

5 Full name of contributor 6 Contributor address: City, State, Zip Code

4 Date

250.00

David Anderson 3808 Alder Hollow Austin, TX 78731

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

(If travel outside of Texas, complete Schedule T)

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

5000 Blooker 3509 Dabyskie Drive Flower Mound TX 78502

8/6/14

Principal occupation / Job title (See instructions)

Employer (See instructions)

(If travel outside of Texas, complete Schedule T)

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

Thomas Lucas 2023 Smoky Point Rd Austin, TX 78758

8/6/14

Principal occupation / Job title (See instructions)

Employer (See instructions)

(If travel outside of Texas, complete Schedule T)

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

Susan Ross 2703 Beckett Dr Austin, TX 78757

8/5/14

Principal occupation / Job title (See instructions)

Employer (See instructions)

(If travel outside of Texas, complete Schedule T)

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

Annie Spilman 10004 Sausalito Drive Austin, TX 78754

8/14/14

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

10

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

8/18/14

Evan Astry

6 Contributor address; City; State; Zip Code

1000 San Marcos Street #168
Austin, TX 78702

100.00

(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# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

8/22/14

Deidra Garcia

Contributor address; City; State; Zip Code

3520 Quarry Rd
Austin, TX 78703

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# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

8/26/14

Rusty Kelley

Contributor address; City; State; Zip Code

919 Congress Ave STE 950
Austin, TX 78701

350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Government Affairs

Blackridge

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

8/28/14

Richard Weight

Contributor address; City; State; Zip Code

1900 Little Elm Trail #85
Cedar Park, TX 78613

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# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

8/28/14

Steve Ray

Contributor address; City; State; Zip Code

P.O. Box 3177
Austin, TX 78701

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

10

2 FILER NAME

Matthew Lamou

3 ACCOUNT # (Ethics Commission Filer)

4 Date

8/27/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Duffy & Lori Hobbs

6 Contributor address; City; State; Zip Code

12506 Old San Antonio Rd
Manchaca, TX 78452

7 Amount of contribution (\$)

700.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See instructions)

Accountant

10 Employer (See instructions)

One Source Networks

Date

9/3/14

Full name of contributor

☐ out-of-state PAC (ID#)

Chris Kennedy

Contributor address; City; State; Zip Code

3648 11th St NW
Washington DC 20010

Amount of contribution (\$)

199.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

9/1/14

Full name of contributor

☐ out-of-state PAC (ID#)

Gary Gibbs

Contributor address; City; State; Zip Code

3702 Terriana Street Hm 12
Austin, TX 78759

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

9/8/14

Full name of contributor

☐ out-of-state PAC (ID#)

Mark Borskey

Contributor address; City; State; Zip Code

919 Congress Ave STE 1030
Austin, TX 78701

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

9/8/14

Full name of contributor

☐ out-of-state PAC (ID#)

Maria Garza Brown

Contributor address; City; State; Zip Code

808 Centerbrook Place
Round Rock, TX 78665

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)

Bookkeeping Services

Employer (See instructions)

Self Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

10

2 FILER NAME

Matthew Lamon

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/16/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Martha Bell Limer

6 Contributor address; City; State; Zip Code

1601 E Cesar Chavez #201

Austin, TX 78702

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

9/16/14

Full name of contributor

☐ out-of-state PAC (ID#)

Gavin Massingill

Contributor address; City; State; Zip Code

P.O. Box 1583

Austin, TX 78767

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)

Consultant

Employer (See Instructions)

Self-employed

Date

9/16/14

Full name of contributor

☐ out-of-state PAC (ID#)

Rebecca McPhetridge

Contributor address; City; State; Zip Code

1318 Ella Place

Houston, TX 77008

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)

Assistant Director

Employer (See Instructions)

Houston's First Baptist

Date

9/16/14

Full name of contributor

☐ out-of-state PAC (ID#)

Keith Strama

Contributor address; City; State; Zip Code

4502 Riverwood Ct

Austin, TX 78731

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

9/22/14

Full name of contributor

☐ out-of-state PAC (ID#)

Ty Embrey

Contributor address; City; State; Zip Code

2208 Newfield Lane

Austin, TX 78703

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

10

2 FILER NAME

Matthew Lamon

3 ACCOUNT # (Ethics Commission File#)

4 Date

9/3/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

John Kitchens

6 Contributor address; City; State; Zip Code

601 Riverwood Drive
Cedar Park, TX 78613

7 Amount of contribution (\$)

25.00

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

9/10/14

Full name of contributor

☐ out-of-state PAC (ID#)

Milam Mabry

Contributor address; City; State; Zip Code

4432 Crestway Drive
Austin, TX 78731

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

9/9/14

Full name of contributor

☐ out-of-state PAC (ID#)

Amelia Sonderegger

Contributor address; City; State; Zip Code

2638 Burton Hills Drive
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

9/10/14

Full name of contributor

☐ out-of-state PAC (ID#)

Hilary & Robert Carter

Contributor address; City; State; Zip Code

5726 Wellington Drive
Austin, TX 78723

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)

Employer (See Instructions)

Architect

Self-employed

Date

9/15/14

Full name of contributor

☐ out-of-state PAC (ID#)

Cardner Pate

Contributor address; City; State; Zip Code

1413 Bay Hill Drive
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)

Employer (See Instructions)

Attorney

Loete Lord

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A: 10	
2 FILER NAME Matthew Lemon		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/23/14	5 Full name of contributor ☐ out-of-state PAC (ID#) Daniel Womack	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6904 Barstow Court Austin, TX 78749		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/23/14	Full name of contributor ☐ out-of-state PAC (ID#) Jay Howard	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 823 Congress STE 823 Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Hillco Partners	
Date 9/23/14	Full name of contributor ☐ out-of-state PAC (ID#) VIK Vad	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3331 Grimes Ranch Road Austin, TX 78732		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/24/14	Full name of contributor ☐ out-of-state PAC (ID#) Andrew Kripp	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2605 Catfield #202 Austin TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/24/14	Full name of contributor ☐ out-of-state PAC (ID#) Joseph + Marcy Hello	Amount of contribution (\$) 400.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7806 Chimney Corners Austin, TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self-employed	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

10

2 FILER NAME

Matthew Lamore

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/17/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Teei Avery + Charles Dean

6 Contributor address; City; State; Zip Code

3209 Sunny Lane
Austin, TX 787317 Amount of
contribution (\$)

197.00

8 In-kind contribution
description (if applicable)

Food + Beverage

(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#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)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#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)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#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)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#)

Contributor address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials 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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8	2 FILER NAME Matthew Lamer	3 ACCOUNT # (Ethics Commission Filer)
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4 Date 7/2/14	5 Payee name HTC G
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6 Amount (\$) 5,881.15	7 Payee address; City; State; Zip Code 900 West Avenue Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting	(b) Description (If travel outside of Texas, complete Schedule T) Consulting Service
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/3/14	Payee name Fast Signs
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Amount (\$) 66.58	Payee address; City; State; Zip Code 3101 W Burn White #103 Austin, TX 78704
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) Printing Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/8/14	Payee name Texas History Museum
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Amount (\$) 8.00	Payee address; City; State; Zip Code 1800 Congress Ave Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Parking	Description (If travel outside of Texas, complete Schedule T) Parking Fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/10/14	Payee name Upstream Communications
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Amount (\$)	Payee address; City; State; Zip Code 1609 Shoal Creek Blvd STE #203 Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Computer	Description (If travel outside of Texas, complete Schedule T) Website Maintenance
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials 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 Total pages Schedule F: 8	2 FILER NAME Matthew Lampert	3 ACCOUNT # (Ethics Commission Filer)
4 Date 7/10/14	5 Payee name ELS Connect	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 7300 Hudson Blvd STE #270 St Paul, MN 55128	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Software	(b) Description (If travel outside of Texas, complete Schedule T) Computer Software
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 7/14/14	Payee name Elin Pelogian / TIME in A Camera	
Amount (\$) 150.00	Payee address; City; State; Zip Code 8127 MESA DR HB206-194 AUSTIN, TX 78759	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Photo	Description (If travel outside of Texas, complete Schedule T) Photo expense
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 7/15/14	Payee name ACC Store	
Amount (\$) 10.97	Payee address; City; State; Zip Code 824 W 12th Street Austin TX 78701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Supplies	Description (If travel outside of Texas, complete Schedule T) Office
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 7/15/14	Payee name Upstream Communication	
Amount (\$) 93.75	Payee address; City; State; Zip Code 1609 Shoal Creek Blvd STE #203 Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Computer	Description (If travel outside of Texas, complete Schedule T) Technology fee
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials 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 Expenses	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.

1 Total pages Schedule F: <u>8</u>		2 FILER NAME <u>Matthew hamon</u>		3 ACCOUNT # (Ethics Commission Files)	
4 Date <u>7/22/14</u>		5 Payee name <u>HTCG</u>			
6 Amount (\$) <u>1,070.06</u>		7 Payee address; City, State; Zip Code <u>900 West Avenue Austin, TX 78701</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Consulting</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>Consulting Services</u>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>7/24/14</u>		Payee name <u>City of Austin</u>			
Amount (\$) <u>500.00</u>		Payee address; City, State; Zip Code <u>301 W Sund Street Austin TX 78701</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>fee</u>		Description (If travel outside of Texas, complete Schedule T) <u>Filing fee</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>7/24/14</u>		Payee name <u>The Driskill Hotel</u>			
Amount (\$) <u>\$48.89</u> 10.57		Payee address; City, State; Zip Code <u>604 Brazos Street Austin, TX 78701</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Food Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Food</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>8/6/14</u>		Payee name <u>Upstream Communication</u>			
Amount (\$)		Payee address; City, State; Zip Code <u>1609 Shoal Creek Blvd #203 Austin TX 78701</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Computer</u>		Description (If travel outside of Texas, complete Schedule T) <u>Technology fee</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials 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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total from Schedule F: 8		2 FILER NAME Matthew Lamore		3 ACCOUNT # (Ethics Commission Files)	
4 Date 8/7/14		5 Payee name USPS			
6 Amount (\$) 735.00		7 Payee address; City; State; Zip Code 2418 Spury Lane Austin TX 78703			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Postage		(b) Description (If travel outside of Texas, complete Schedule T) Postage Expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/6/14		Payee name FLS Connect			
Amount (\$) 250.00		Payee address; City; State; Zip Code 7300 Hudson Blvd Ste #270 St Paul, MN 55128			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Computer		Description (If travel outside of Texas, complete Schedule T) Software	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/9/14		Payee name The UPS Store			
Amount (\$) 66.30		Payee address; City; State; Zip Code 1108 Lajava Street #110 Austin TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing		Description (If travel outside of Texas, complete Schedule T) Copies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/7/14		Payee name NW Austin Republican Women			
Amount (\$) 30.00		Payee address; City; State; Zip Code 515 Cap of TX Hwy, Ste 133 Austin, TX 78746			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food Expense		Description (If travel outside of Texas, complete Schedule T) Fundraiser	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials 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.

1 Total pages Schedule F: 8		2 FILER NAME Matthew Heaton		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/18/14		5 Payee name Justin Dudley			
6 Amount (\$) 235.28		7 Payee address; City; State; Zip Code 900 West Ave Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Postage		(b) Description (If travel outside of Texas, complete Schedule T) Postage fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/18/14		Payee name HTCG			
Amount (\$) 343.96		Payee address; City; State; Zip Code 900 West Ave Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/20/14		Payee name HTCG			
Amount (\$) 340.99		Payee address; City; State; Zip Code 900 West Ave Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/2/14		Payee name HTCG			
Amount (\$) 530.00		Payee address; City; State; Zip Code 900 West Ave Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Posting 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 Total pages Schedule F: 8		2 FILER NAME Matthew Lemon		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/8/14		5 Payee name Upstream Communications			
6 Amount (\$) 50.00		7 Payee address; City; State; Zip Code 1609 Shoal Creek Blvd STE #203 Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Computer Expense		(b) Description (If travel outside of Texas, complete Schedule T) Technology fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/8/14		Payee name FLS Connect			
Amount (\$) 250.00		Payee address; City; State; Zip Code 7300 Hudson Blvd STE 270 St Paul, MN 55128			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Computer Expense		Description (If travel outside of Texas, complete Schedule T) Software	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/9/14		Payee name Magnolia Cafe			
Amount (\$) 12.34		Payee address; City; State; Zip Code 2304 Lake Austin Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food Expense		Description (If travel outside of Texas, complete Schedule T) Volunteer meal	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/12/14		Payee name Upstream Communications			
Amount (\$) 37.89		Payee address; City; State; Zip Code 1609 Shoal Creek Blvd #203 Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Technology Fee		Description (If travel outside of Texas, complete Schedule T) Software	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials 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 Total pages Schedule F: 8		2 FILER NAME Matthew Lemon		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/22/14		5 Payee name USPS			
6 Amount (\$) 147.00		7 Payee address; City; State; Zip Code 2418 Spring Lane Austin, TX 78703			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Expense		(b) Description (If travel outside of Texas, complete Schedule T) Postage	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/25/14		Payee name Aew Pac			
Amount (\$) 80.00		Payee address; City; State; Zip Code 515. N Capital of TX Hwy STE #133 Austin TX 78746			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Advert Fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/9/14		Payee name HEB			
Amount (\$) 10.25		Payee address; City; State; Zip Code 701 S Cap of TX Hwy STE #400 AUSTIN, TX 78746			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office expense		Description (If travel outside of Texas, complete Schedule T) office supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/13/14		Payee name TEO			
Amount (\$) \$17.43		Payee address; City; State; Zip Code 1206 W 38th St AUSTIN, TX 78705			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food		Description (If travel outside of Texas, complete Schedule T) Volunteer Food	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials 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 Total pages Schedule F: 8		2 FILER NAME Matthew Lamor		3 ACCOUNT # (Ethics Commission Filer)	
4 Date 9/16/14		6 Payee name Chick-fil-A			
6 Amount (\$) 4.95		7 Payee address; City; State; Zip Code 701 S. Capital of TX Hwy STE# L400 Austin, TX 78746			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food Expense		(b) Description (If travel outside of Texas, complete Schedule T) Volunteer Meal	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/16/14		Payee name HEB			
Amount (\$) 9.65		Payee address; City; State; Zip Code 701 S Capital of Hwy Austin, TX 78746			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office Expense		Description (If travel outside of Texas, complete Schedule T) Office Supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/18/14		Payee name Wells Fargo Bank			
Amount (\$) 3.00		Payee address; City; State; Zip Code 305 Windsor Rd Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Bank Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/16/14		Payee name Wells Fargo			
Amount (\$) 12.00		Payee address; City; State; Zip Code 3105 Windsor Rd Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fee		Description (If travel outside of Texas, complete Schedule T) Return Check Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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