## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

				<u> </u>	
The CON Instruction is	Suide avalaina haveta aarautata		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
The C/OH Instruction (	Guide explains how to complete	e unis rorm.	,	23	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST		MI	OFFICE L	JSE ONLY
NAME	Ms. Me	lissa	Α	Date Received	2
	NICKNAME LAST		SUFFIX		ht02 <b>v</b>
	Melissa Zor	ne			UST TSU
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE#;	CITY;	STATE; ZIP CODE		유로
MAILING ADDRESS	P.O. Box 10773	Austin	TX 78766	Date Hand-delivered or I	~ ~ ~ ~
change of address				Receipt #	
5 CANDIDATE/	AREA CODE PHONE NUMBER	ER	EXTENSION	- Barreland	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
OFFICEHOLDER PHONE	(512) 567-409	98		Date Processed	02
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST		MI	Date Imaged	,
NAME	Mr. Bra	ndon			,
	NICKNAME LAST		SUFFIX		
	Sor	ners			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT/SUITE#;	CITY; STATE;	ZIP CODE	
TREASURER ADDRESS	11504 Shadow Creek	Dr	Manor TX	78653	
(residence or business)					
	·				
8 CAMPAIGN	AREA CODE PHONE NUMBE	ER	EXTENSION		
TREASURER PHONE	(512) 903-66	64			
I WOILE					
9 REPORT TYPE	January 15 💢 30th da	ay before election	Runoff	15th day after o	
				(officeholder only)	
	July 15 8th day	before election	Exceeded \$500 limit	Final report (Attac	h C/OH - FR)
40 DEDIOS					
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day		
	07 / 01 / 2014		09 / 25	/ 2014	
	1				
11 ELECTION	ELECTION DATE E	LECTION TYPE	_	_	<u></u>
	11 / 04 / 2014	Primary	Runoff	General [	Special
	2014				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if knd	own)	
			Austin City (	Council District 7	•
			, tabilit oity		
		GO TO PAGI	<b>E</b> 2		

## **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	200 7000	<u> </u>	1	15 ACCOUNT # (Ethics Commission Filers)
<u> </u>	ssa Zone			
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	HÖLDER. THESE EXPENDI	TIONS ACCEPTED OR POLITICAL EXPENDITURES MAD TURES MAY HAVE BEEN MADE WITHOUT THE CAND E REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
	SPECIFIC	:		·
		COMMITTEE CAMPAIGE	N TREASURER NAME	
additional pages				
		COMMITTEE CAMPAIG	N TREASURER ADDRESS	
17 CONTRIBUTION TOTALS			UTIONS OF \$50 OR LESS (OTHER THAN RANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONT THAN PLEDGES, LO	RIBUTIONS ANS, OR GUARANTEES OF LOANS)	\$ 5,424.42
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			AIZED \$
	4. TOTAL	POLITICAL EXPE	\$ 8,630.85	
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF REPORTING PERIOD			\$ 9,293.57
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT ( AY OF THE REPORTII	OF ALL OUTSTANDING LOANS AS OF T	THE \$ 12,500.00
18 AFFIDAVIT	<del>  </del>			
				f perjury, that the accompanying report information required to be reported by
			Malisia 30	~10 <u>"</u>
			, , ,	didate or Officeholder
AFFIX NOTARY STAM			W. 1 - 7	
l <i>f</i>	A 1 /		Melissa Cone	
day	of Weber	- , 20 <u>[4</u>	, to certify which, witness n	my hand and seal of office.
1017			DEE A. HEAF	<u> </u>
Signature of officer adm	inistering oath	Printed name	STATE OF TEXAS	
www.ethics.state.tx.us			Commission Exp. MAY 20,	2017 Servised 04/19/2013

#### SCHEDULE A

		<u> </u>		
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 15
2 FILER NAME	Melissa Zone		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#: Torry McJunkins Tutin	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
7/1/2014	6 Contributor address; City: State; Zip Code		\$50.00	
	1354 W 73rd Street Cleveland, OF	1 44102		 
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup Realtor	oation / Job title (See Instructions)	10 Employer (See I Keller Wi	nstructions) Iliams	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
7/1/2014	Contributor address; City; State; Zip Code		\$20.00	
	2130 SE 1st Terrace Cape Coral	, FL 33990		<u> </u>
			(If travel outside	of Texas, complete Schedule T)
Principal occup Planner	pation / Job title (See Instructions)	Employer (See I		h
- I lamici		TOWN OF	Fort Myers Be	eacn
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/2/2014	Contributor address; City; State; Zip Code		\$50.00	
	1234 West 69th Street Cleveland	, OH 44102		 
			(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions) USTOMER Specialist	Employer (See I CT Corpo	nstructions) oration	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/5/2014	Contributor address; City; State; Zip Code		\$25.00	<u> </u>
	7809 Gault Street Austin, TX 783	757		
				of Texas, complete Schedule T)
Business	pation / Job title (See Instructions)  S Analyst	Employer (See I Rudd an	d Wisdom So	ftware
Date	Full name of contributor out-of-state PAC (ID#: Rollie Sidla	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/5/2014	Contributor address; City; State; Zip Code		\$20.00	
	13112 Bennington Lane Austin, 7	TX 78731	Ψ <u>-</u> 0.00	
				1_
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Retired	Salon / Job title (Jee mandellons)	Employer (see )	mad dedonis)	

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 15
2 FILER NAME	· · · · · · · · · · · · · · · · · · ·		3 ACCOUNT # (E	thics Commission Filers)
	Melissa Zone		, 	· 
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
	Angela Raffa-Keeling	_	contribution (\$)	description (if applicable)
7/7/2014			\$15.00	
	6 Contributor address: City; State; Zip Code 6935 Father Caruso Dr Clevelan	4 04 44402	φ13.00	· 
	Geoot aniel Calust Di Clevelati	u, OH 44 IUZ		· 
			(If travel outside o	i of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor		Amount of	In-kind contribution
	Joseph Zone		contribution (\$)	description (if applicable)
7/9/2014	Contributor address; City; State; Zip Code			
	16812 Scullin Dr Cleveland, OH	44111	\$100.00	
	10012 Coulin Di Oleveland, OTT	चित्र । । ।		
			(If travel outside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Judge		Cieveiano	Municipal Co	ur (
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Steve Miller		CONTRIBUTION (\$)	Gescription (ii applicable)
7/9/2014	Contributor address; City; State; Zip Code		\$25.00	
	1301 E. 9th St., Ste. 2700 Clevelan	d. OH 44114		
		_,		 
Principal occur	pation / Job title (See Instructions)	Employer (Soc. I		of Texas, complete Schedule T)
Lawyer	Sale Job the (occ mandeners)	Employer (See I Private Pr	actice"	
Date	Full name of contributor	1	Amount of	In-kind contribution
	Don Wolfe		contribution (\$)	description (if applicable)
7/9/2014				) 
11312014	Contributor address; City; State; Zip Code		\$20.00	 
	909 Sirocco Dr. Austin, TX 78745			
			(If travel outside a	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	nstructions)	- Tanada dompodo Octionalo I)
Electrici	an	Elk Electric	C	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
	Rick Cofer		contribution (\$)	description (if applicable)
7/45/0044	Contributor address; City; State; Zip Code		<b>.</b>	
7/15/2014		-14 -4-6-	\$25.00	· 
	507 Pressler Street #4132 Austin,	TX 78703		ı 
			(If travel outside	 of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Lawyer		Travis CUL	arity	

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#### SCHEDULE A

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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A: 15
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	Melissa Zone			
4 Date	5 Full name of contributorout-of-state PAC (ID#: Lynnette Alley		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
7/16/2014	6 Contributor address; City: State; Zip Code		\$25.00	 
	1315 W. St Johns Ave Austin, TX	78757		 
			(If travel outside	I of Texas, complete Schedule T)
9 Principal occur Retired	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
	Donna Beth McCormick		contribution (\$)	description (if applicable)
7/16/2014	Contributor address; City; State; Zip Code		\$10.00	[
	5703 Shoalwood Avenue Austin,	TX 78756		<u> </u>
			(If travel outside	of Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Full name of contributor			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
7/16/2014	Contributor address; City; State; Zip Code		\$50.00	
1110/2011	4696 Smothers Road Westerville	e, OH 43081	φ50.00	
			(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	· · · · · · · · · · · · · · · · · · ·	or roxad, domprote domedalo 1,
Retired				
Date	Full name of contributor	)	Amount of cantribution (\$)	In-kind contribution description (if applicable)
7/20/2014	Contributor address; City; State; Zip Code		\$100.00	
772072017	1506 Richcreek Austin, TX 78757	,	<b>\$100.00</b>	
	^			
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Editor		Schlumber		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
	Terri Kelsey		contribution (\$)	description (if applicable)
7/04/004:	Contributor address; City; State; Zip Code		005.00	1
7/21/2014	6857 Poyoro Pood Bormo Lita O	⊔ <i>4.</i> 412∩	\$25.00	
	6857 Revere Road Parma Hts, O	H 44 130		
Principal accus	pation / Joh title (See Instructions)	Employer (See 1		of Texas, complete Schedule T)
Daycare	pation / Job title (See Instructions) Owner	Employer (See I Nature's V		<b>v</b>
, , , , , , , , , , , , , , , , , , ,		<u> </u>	<del>-</del>	<del>.</del>

P.O. Box 12070

## SCHEDULE A

		<del></del>		
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 15
2 FILER NAME	Melissa Zone		3 ACCOUNT # (E	(thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:_Anonymous	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
7/23/2014	6 Contributor address; City; State; Zip Code		\$25.00	
			•	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/24/2014	Contributor address; City; State; Zip Code		\$77.00	] ]
	5703 Shoalwood Avenue Austin,	TX 78756		
			(If travel outside	of Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
Date	Anonymous		contribution (\$)	description (if applicable)
7/27/2014	Contributor address; City; State; Zip Code		\$25.00	 
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor   out-of-state PAC (ID#:	· · · · · · · · · · · · · · · · · · ·	Amount of	In-kind contribution
Date	Virginia Rose		contribution (\$)	description (if applicable)
7/28/2014	Contributor address; City; State; Zip Code		\$10.00	
	2001 Richcreek Road Austin, TX	78757		 
			(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See		
Teacher		Cedar Pa	rk ISD	
Date	Full name of contributor  ut-of-state PAC (ID#:		Amount of	In-kind contribution
July	William Gordon		contribution (\$)	description (if applicable)
7/31/2014	Contributor address; City; State; Zip Code		\$25.00	1
	6103 Cary Drive Austin, TX 78757	7	,	 
			(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See		
Real Est	ate Appraiser	Self Emplo	oyed	

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#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 15
2 FILER NAME	Melissa Zone		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (#D#: Deanna McMillen	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
8/2/2014	6 Contributor address; City; State; Zip Code	49402	\$100.00	
	1565 Westfield Ave Ann Arbor, MI	40103	(If travel outside	of Texas, complete Schedule T)
9 Principal occu Optical E	pation / Job title (See Instructions) ingineer	10 Employer (See 1 L-3 Commu		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/3/2014	Contributor address; City; State; Zip Code	70757	\$50.00	 
	8205 Briarwood Lane Austin, TX 7		(If travel outside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions) Acupuncture & Chinese Herbs	Employer (See I Self Employ	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/7/2014	Amy Drohen Contributor address; City: State; Zip Code 1911 Carriage Hills Trl Cedar Park,	TX 78613	\$50.00	 
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	<u> </u>	or tordo, complete conseque 1,
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/7/2014	Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	\$250.00	
	13937 Ashton Woods Circle Austin	, TX 78727		
	L			of Texas, complete Schedule T)
Sales	pation / Job title (See Instructions)	Employer (See I Adidas	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#: Cindy Fisher		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/7/2014	Contributor address; City; State; Zip Code	· · · · · · · · · · · ·	\$100.00	
	1812 Vallejo Street Austin, TX 787	57	(If travel outside	of Texas, complete Schedule T)
Principal occu Software	pation / Job title (See Instructions) Engineer	Employer (See Emerson		
	ATTACH ADDITIONAL COPIES O	E THIS SCHEDI II E	ASNEEDED	

#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 15
2 FILER NAME	Melissa Zone	-	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#: Jeanne Cobb	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
8/7/2014	6 Contributor address; City; State; Zip Code		\$100.00	 
	2000 Cullen Ave #24 Austin, TX 7	78757	(If travel outside	   of Texas, complete Schedule T)
9 Principal occup Retired	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/7/2014	Contributor address; City; State; Zip Code		\$50.00	
	205 Blanco Dr Hutto, TX 78634			of Texas, complete Schedule T)
Principal occup Electricia	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/7/2014	Contributor address; City; State; Zip Code		\$25.00	] 
	1716 Madison Ave Austin, TX 787	57	(If travel outside	of Texas, complete Schedule T)
Principal occur Sales	pation / Job title (See Instructions)	Employer (See Self Empl		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/9/2014	Contributor address; City; State; Zip Code		\$20.00	 
	1511 Garnaas Drive Austin, TX 78			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/9/2014	Contributor address; City; State; Zip Code Austin, TX 7875	58	\$20.00	 
Principal coor	pation / Job title (See Instructions)	<del></del>		of Texas, complete Schedule T)
7 micipal occu	podonii oob uue (Gee manuchons)	Employer (See	mail delicits)	

P.O. Box 12070

### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 15
2 FILER NAME	Melissa Zone		3 ACCOUNT # (E	thics Commission Filers)
				· · · · · · · · · · · · · · · · · · ·
4 Date	5 Full name of contributor □ out-of-state PAC (ID#:_ Sherry Millington		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
8/9/2014	6 Contributor address; City; State; Zip Code		\$100.00	
	12016 Lincolnshire Drive Austin, 1	ΓX 78758		[ [
			(If travel outside of	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	nstructions)	
Register	ed Nurse	Texas Ocu	Iloplastic Con	sultants
Deta	E			_ <u></u>
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/20/2014	Contributor address; City; State; Zip Code		\$50.00	
	P.O. Box 663 Wimberley, TX 7867	76		
	, , , , , , , , , , , , , , , , , , ,	-		<u> </u>
500000000000000000000000000000000000000				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I Xblink, Inc		
i latitici		ADIIIIK, IIIC	··	
Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Amount of	In-kind contribution
	David Swainston		contribution (\$)	description (if applicable)
8/23/2014	Contributor address; City; State; Zip Code		\$50.00	
	2001 W. Anderson Ln Austin, TX	78757		I
İ	2001 W. Anderson En Adstin, 1X	10131		l <sub>i</sub>
		T	<u>`</u>	of Texas, complete Schedule T)
Owner	pation / Job title (See Instructions)	Employer (See	ne Joe LLC	
Owner		Oction	HE BOC LEO	
Date	Full name of contributor	)	Amount of	In-kind contribution
	Allan McMurtry		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
8/24/2014	Communicipation address, City, State, Zip Code		\$250.00	! }
0,2 1,20 1 1	5901 Cary Dr Austin, TX 78757		<b>\$200.00</b>	!
	boot Gary Britadani, 170101			<u> </u>
Principal occur	Dation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Wholesa		AMC Com		
Date	Full name of contributor	)	Amount of	In-kind contribution
İ	Henry Levine		contribution (\$)	description (if applicable)
				I
9/2/2014	Contributor address; City; State; Zip Code		\$50.00	1
	1005 W St Johns Ave Austin, TX	78757	,	I
Date with the control of	Landing ( John Mar (Oct Tooks 1985)	T		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	instructions)	
		<u> </u>		
1				

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P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 15
2 . FILER NAME	Melissa Zone		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/3/2014	6 Contributor address; City; State; Zip Code		\$25.00	
	9325 Chesapeake Dr. North Royal	ton, OH 44133	Of traval autoida	! 
9 Principal occup Pharmac	Dation / Job title (See Instructions) Seutical Sales	10 Employer (See		ir rexas, complete scriedale 1)
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/5/2014	Contributor address; City; State; Zip Code		\$50.00	
	1108 Morrow Austin, TX 78757		(If travel outside o	of Texas, complete Schedule T}
Principal occup Real Esta	pation / Job title (See Instructions)	Employer (See Self		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/5/2014	Contributor address; City; State; Zip Code 1315 W St Johns Ave. Austin, TX	78757	\$50.00	 
			(if travel outside	 of Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See	,	,
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/6/2014	Contributor address; City; State; Zip Code		\$50.00	 
	P.O. Box 40898 Austin, TX 78704		(If travel outside	,   
Principal occup	pation / Job title (See Instructions)	Employer (See	,	emocrats of Austin
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/7/2014	Contributor address; City; State; Zip Code		\$50.00	<b> </b>
	2800 Bartons Bluff Ln Apt 2405 Au	ıstin, TX 78746	(If travel outside	I   of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	Instructions)	,,, //
Environr	mental Planner	Parsons E	rinckerhoff	

#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 15
2 FILER NAME	Melissa Zone		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributoroul-of-state PAC (ID#: Helen Young	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/8/2014	6 Contributor address; City; State; Zip Code		\$75.00	 
	5700 Shoalwood Ave Austin, TX 78	3756	(If travel outside	·    -   Texas, complete Schedule T)
9 Principal occup Retired	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	N.
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/9/2014	Contributor address; City; State; Zip Code		\$50.00	· 
	4514 Franklin Blvd. Cleveland, OH	44102	(If travel outside o	of Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/9/2014	Contributor address; City; State; Zip Code  1 Edgewater Sq Lakewood, OH 44	 1107	\$25.00	 
			(If travel outside	I of Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/12/2014	Contributor address; City; State; Zip Code 30136 Adams Ln Westlake, OH 44	145	\$100.00	
			(If travel outside	i of Texas, complete Schedule T)
Principal occur Retired	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor		Amount of	In-kind contribution
	Sarah Lewis		contribution (\$)	description (if applicable)
9/13/2014	Contributor address; City; State; Zip Code	_	\$200.00	 
	2104 Cullen Ave Austin, TX 78757	•		
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
1 .	cational Publisher	. , .	•	urt
Luu	Canonar I abilition	— — — — — — — — — — — — — — — — — — —	Mifflin Harcou	<u> </u>

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

#### SCHEDULE A

		·		
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 15
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	Melissa Zone			
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	1	7 Amount of	8 In-kind contribution
			contribution (\$)	description (if applicable)
	Corinne Hill			! 
9/13/2014	6 Contributor address; City; State; Zip Code		\$50.00	] 
				,
	10839 Prospect Road Strongsville,	OH 44149	(15 4	ef Teuron, enemploto Cobodulo T\
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See	_ ·	of Texas, complete Schedule T)
Teacher	Salion 7 dob tille (dee instructions)		veland, OH	
Date	Full name of contributor   out-of-state PAC (ID#:	<b>-</b>	Amount of	In-kind contribution
Galo	Pamela Zone	,	contribution (\$)	description (if applicable)
9/14/2014	Contributor address; City; State; Zip Code		\$75.00	
	C427 Manahastan Baad Barras Ol	1.4.4.4.00	φ/3.00	
	6137 Manchester Road Parma, Ol	1 44 129		
Principal cocu	potice / Joh title (See Instructions)	Employer (Foo.)		of Texas, complete Schedule T)
Clerk	pation / Job title (See Instructions)	Employer (See I	na, OH	
	Full name of contributor  put-of-state PAC (ID#:	,		In-kind contribution
Date	Tina Simeone	······································	Amount of contribution (\$)	description (if applicable)
9/14/2014	Contributor address; City; State; Zip Code			<u> </u>
3/14/2014	4244 M 74th Ctue at Classeland O	11.44400	\$50.00	
	1341 W 74th Street Cleveland, O	H 44 IUZ		
			(if travel outside	of Texas, complete Schedule T)
Principal occup Clerk	pation / Job title (See Instructions)	Employer (See I		
CIEIK		City of Cie	veland, OH	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	James Lommori		Continuation (4)	description (if applicable)
	Contributor address; City; State; Zip Code		\$100.00	
9/15/2014	5908 Cary Drive austin, TX 78757	7	Ψ100.00	
	3300 Cary Drive austin, 1X 7073			
				of Texas, complete Schedule T)
Principal occup Real Est	pation / Job title (See Instructions)	Employer (See   Alori Prope		
iveal Est	ale	Alon Flopi	51 (163	T
Date	Full name of contributor 💢 out-of-state PAC (ID#:_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	IBEW PAC		Continuation (\$)	description (if applicable)
0/47/004 4	Contributor address; City, State, Zip Code		\$350.00	
9/17/2014			ψ550.00	
	900 Seventh Street, N.W. Washing	ton, DC 20001		
	,	·		of Texas, complete Schedule T)
Principal occup Political	pation / Job title (See Instructions) Action Committee	Employer (See	Instructions)	
- 51110017	TOTAL CONTINUES			

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#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 15
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Melissa .	Zone			
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
	Tom Zone		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code			
9/18/2014	6 Contributor address, City, State, Zip Code		\$100.00	
	2151 Cotten Rd. Sanford, NC 273	330		
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup Retired	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor	)	Amount of	In-kind contribution
	Kathryn Ryan-Dale		contribution (\$)	description (if applicable)
9/18/2014	Contributor address; City; State; Zip Code		\$25.00	<b> </b>
	127 Fairway Circle Norwalk, OH 4	4857		[ [
			(If travel outside of	 of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	Instructions)	· · · · ·
Retired			· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Rebecca Strong			
9/18/2014	Contributor address; City; State; Zip Code		\$25.00	<u> </u>
	15417 Lake Avenue Lakewood, Ol	H 44107		
			<del> </del>	of Texas, complete Schedule T)
	pation / Job title (See Instructions) If Development & Marketing	Employer (See I		Cleveland
Date	Full name of contributor  oul-of-state PAC (ID#:	1	Amount of	- In-kind contribution
Date			contribution (\$)	description (if applicable)
	Renee Cruz			) 
9/18/2014	Contributor address; City; State; Zip Code		\$50.00	! 
	1234 West 69th Street Cleveland,	OH 44102		 
			(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions) er Service	Employer (See CT Corpor	Instructions) ation System	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
	Loretta Ryland		contribution (\$)	description (if applicable)
9/18/2014	Contributor address; City; State; Zip Code		\$25.00	1
	19455 Shoreland Avenue Rocky River, OH 44116			 
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)

P.O. Box 12070

## SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Melissa 2	Zone			
4 Date	T =	<del></del>	7 Amount of	8 In-kind contribution
4 Date		)	contribution (\$)	8 In-kind contribution description (if applicable)
	Elizabeth Szalay-Bolha			
9/18/2014	6 Contributor address; City; State; Zip Code		\$25.00	 
	10301 Lake Avenue Ste #316 Cleve	land, OH 44102		  -   of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See	· · · · · · · · · · · · · · · · · · ·	or texas, complete concedic ty
<b>.</b>		Self		
Date	Full name of contributor  ut-of-state PAC (ID#:		Amount of	In-kind contribution
Date	_ , _	/	contribution (\$)	description (if applicable)
	Charlotte DeSanto		, ,	
9/18/2014	Contributor address: City; State; Zip Code		\$20.00	
	11072 Naomi Drive Parma, OH 441	130		
			(If travel outside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I		
Retired				
Date	Full name of contributor out-of-state PAC (#D#:	)	Amount of	In-kind contribution
	William Gordon		contribution (\$)	description (if applicable)
				, 
0/00/0044	Contributor address; City; State; Zip Code		\$40.00	! !
9/20/2014	6103 Cary Drive Austin, TX 78757		Ψ-0.00	<u> </u>
	o roo dary brive radair, the roror		//f traval autoida	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See		or rexas, complete scriedule 1)
Real Es	state Appraiser	Self	,	
Date	Full name of contributor   out-of-state PAC (ID#:	\	Amount of	In-kind contribution
Dete	Matthew Zone		contribution (\$)	description (if applicable)
	Wattrew Zone			1
9/20/2014	Contributor address; City; State; Zip Code		#050.00	
3/20/2014			\$250.00	
	1228 W. 69th Street Cleveland, OF	1 44102		
Date at a state of	- No. ( Int. 495 (On Inch.)	EI(D		of Texas, complete Schedule T)
City Cou	pation / Job title (See Instructions) ncilman	Employer (See I	,	· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Chris Thompson			1
9/21/2014	Contributor address; City; State; Zip Code		\$200.00	
3/2 1/2014	4014 Arcacia Lane Manvel, TX 775	578	\$300.00	
		J. J		
D-1		Facility (Sec. )		of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See		
Banker		Regions E	oank	

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### SCHEDULE A

			1 Total names Sch	edule A	
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	15	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)	
Melissa	Zone				
4 Date	5 Full name of contributorout-of-state PAC (ID#:_		7 Amount of	8 In-kind contribution	
	Melissa Klapuch		contribution (\$)	description (if applicable)	
9/21/2014	6 Contributor address; City; State; Zip Code		\$100.00	<u> </u> 	
	8524 Burnet Road #411 Austin, TX	C 78757	(If travel outside o	of Texas, complete Schedule T)	
	pation / Job title (See Instructions) SSOCIATE	10 Employer (See Office Dep	Instructions)	or oracle complete consistency	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution	
	Austin Police Association PAC		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code				
9/22/2014	5817 Wilcab Road, Suite #4 Austin	, TX 78721	\$350.00		
			(If travel outside of	f Texas, complete Schedule T)	
	pation / Job title (See Instructions)	Employer (See			
Political	Action Committee				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
.	Donna Beth McCormick				
9/22/2014	Contributor address; City; State; Zip Code		\$163.00		
3/22/2014	5703 Shoalwood Avenue Austin, TX 87856		•		
			(if travel outside	 of Texas, complete Schedule T)	
Principal occup <b>Retired</b>	pation / Job title (See Instructions)	Employer (See	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution	
	Laura Bates		contribution (\$)	description (if applicable)	
9/22/2014	Contributor address; City; State; Zip Code		\$25.00		
	10106 Nanford Street Cleveland, 0	OH 44102		<b>,</b> 1	
			(If travel outside	I of Texas, complete Schedule T)	
Principal occup Retired	pation / Job title (See Instructions)	Employer (See			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution	
	Helen Young		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code		\$50.00		
9/25/2014	5700 Shookyood Avo Austin TV 7	0756	φ50.00		
	5700 Shoalwood Ave Austin, TX 7	07 00	//6	 	
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)	
Retired					

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### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 15
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Melissa	Zone			
4 Date	5 Full name of contributor □ out-of-state PAC (ID#:_ Pete Peters		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/25/2014	6 Contributor address; City; State; Zip Code P.O. Box 5788 Austin, TX 78763		\$50.00	    -
	1 .0. Box 0700 Addin, 1X 70700		((6.50	of Tarres - appropriate Calcadirla TV
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See	<u> </u>	of Texas, complete Schedule T)
	inications		•	ment and Planning
Date	Full name of contributor  out-of-state PAC (ID#:	,		
Date		)	Amount of contribution (\$)	In-kind contribution   description (if applicable)
	Shannon Clark			1
9/25/2014	Contributor address; City; State; Zip Code		\$250.00	
0,20,2011	000 E 52nd of Augstin TV 79751		Ψ200.00	
	900 E 52nd st Austin, TX 78751			
<u> </u>			(If travel outside of	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See	Instructions)	
_		<u></u>		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	William Gray		,	
9/25/2014	Contributor address; City; State; Zip Code		\$100.00	
9/25/2014	0005 D	700	Ψ100.00	
	3305 Beverly Road Austin, TX 78703			
				of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor  out-of-state PAC (ID#:	<u> </u>	Amount of	In-kind contribution
Date	, <del>-</del>		contribution (\$)	description (if applicable)
	Jim McElroy			1
	Contributor address; City; State; Zip Code		\$15.00	
9/25/2014	2106 Cullen Ave #212 Austin, TX	79757	Ψ10.00	
	2 100 Cullett Ave #212 Austiti, 1A	10131		
Dringingt page	notion / Joh title (Con Josephaniana)	Employer (See		of Texas, complete Schedule T)
	pation / Job title (See Instructions) al Analyst		d Human Svc	Dent
· · · ·		Tioditi di		1
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Albert Castro			
9/25/2014	Contributor address; City; State; Zip Code		\$100.00	
9/25/2014	800 E. 45th Street Austin, TX 787	51	Ψ100.00	
	1 000 E. Foll Office Additi, 1X 707	01		
Deigning Long v	astica / Joh titla (Saa Instructions)	Employer /Poo	•	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Sultant	Employer (See Concept I	Development	& Planning
	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
			_	
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j if c	contributor is out-of-state PAC, please see instr	uction guide forad	ditional reporting	requirements.

#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 15
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Melissa	Zone			
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
	Kat Correa		contribution (\$)	description (if applicable)
0/7/0044	6 Contributor address; City; State; Zip Code			la libral
8/7/2014	C contribution aboves, City, Catte, Elp cook	•	\$37.21	In-kind
	7809 Gault Street Austin, TX 7875	57	(If travel outside o	) of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Business	s Analyst	Rudd and \	Visdom Softw	/are
Date	Full name of contributor  ut-of-state PAC (ID#:_		Amount of	In-kind contribution
	Chelsea Kotrla		contribution (\$)	description (if applicable)
9/7/2014	Contributor address; City; State; Zip Code		<u> </u>	   In-kind
8/7/2014			\$37.21	III KIIIG
	900 Taulbee LN. #109 Austin, TX	78757		
5		·		of Texas, complete Schedule T)
Principal occu Realtor	pation / Job title (See Instructions)	Employer (See I Austin Ref	nstructions) erral Realty	
		71201117101		I
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
				1
	Contributor address; City; State; Zip Code			1
				1
			(If travel outside	I of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
				]
				1
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
- Insparocca	pener 500 due (500 menociona)	Z.i.ployor (See I		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
ŀ			contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
			arts a second	
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	parameter sea and cook managements	2,5.0) 0. (000		

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
Melissa Z	one		(2000)
4 ТОТА	L OF UNITEMIZED LOANS: =	)	\$
5 Date of loan 8/1/2014	7 Name of lender  Melissa Zone	out-of-state PAC (ID#:	9 Loan Amount (\$) \$1,500.00
6 Is lender a financial Institution?	8 Lender address; City; State; 7513 Saint Cecelia St. Au	zip Code Stin. TX 78757	10 Interest rate N/A
Y 🔏		,,	11 Maturity date N/A
12 Principal occupation Senior Plan	on / Job title (See Instructions) NET	13 Employer (See Instructions) Travis County	
14 Description of Coll	ateral	15 Check if personal funds were	e deposited into political account
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; S	State; Zip Code	
20 Principal Occupati	on (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	Out-of-state PAC (ID#:	Loan Amount (\$)
8/28/2014	Melissa Zone	,	\$1,000.00
Is lender a financial Institution?		Zip Code	Interest rate
Y <b>X</b>	7513 Saint Cecilia Street	Austin, TX 78757	Maturity date
Principal occupation Senior Plai	on / Job title (See Instructions)	Employer (See Instructions) Travis County TNR	<u> </u>
Description of Colla	iteral	Check if personal funds were	e deposited into political account
💢 none		<b>X</b>	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If lend	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instr	ES OF THIS SCHEDULE AS NEI uction guide for additional rep	

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LOANS			SCHEDULE E
The	Instruction Guide explains how to co	omplete this form.	Total pages Schedule E: 2
2 FILER NAME Melissa Z	one		3 ACCOUNT # (Ethics Commission Filers)
4 ТОТА	L OF UNITEMIZED LOANS:	0 0 0 0	\$
5 Date of loan 9/25/14	7 Name of lender Melissa Zone	out-of-state PAC (ID#:	9 Loan Amount (\$) \$10,000.00
6 Is lender a financial Institution?	8 Lender address; City; State; 7513 Saint Cecelia St., A	·	10 Interest rate N/A 11 Maturity date N/A
12 Principal occupation Senior Plant	on / Job title (See Instructions)	13 Employer (See Instructions) Travis County	
14 Description of Coll	ateral	15 Check if personal funds were	e deposited into political account
INFORMATION  not applicable  20 Principal Occupati	18 Guarantor address; City; on (See Instructions)	State; Zip Code  21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code	Interestrate
Y N			Maturity date
Principal occupati	Don / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral .	Check if personal funds were	e deposited into political account
GUARANTOR INFORMATION	Name of guarantor	1	Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupat	l ion (See Instructions)	Employer (See Instructions)	
If len	ATTACH ADDITIONAL Coder is out-of-state PAC, please see it	OPIES OF THIS SCHEDULE AS NE instruction guide for additional re	

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## SCHEDULE F

	EVEN DITUE CATEO	ODIEC COD DOVA(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitatio Food/Beverage Expense Travel In Polling Expense Travel Oc	Nages/Contract Labor in/Fundraising Expense District at Of District rerhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)
4 Date 7/3/2014	5 Payee name Rindy & Associates		
6 Amount (\$)	7 Payee address; City; State; Zip C	Code	
\$1,500.00	2401 E 6th St, #1007 Austin,	TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched Consulting Expense	1 - 1	(If travel outside of Texas, complete Schedule T) Services
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sough	Office held
Date 7/7/2014	Payee name Office Depot		
Amount (\$)	Payee address; City; State; Zip (	Code	
\$24.98	2620 W Anderson Ln Austin,	TX 78757	
PURPOSE	Category (See categories listed at the top of this sched	lule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Office Overhead	Office S	Supplies
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sough	office held
Date 7/18/2014	Payee name Worley Printing		
Amount (\$)	Payee address; City; State; Zip C	Code	
\$800.00	3217 N IH-35 Austin, TX 787	22	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Printing Expense	Description Signs	(If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	ot Office held
Date	Payee name		
7/23/2014	North Austin Influencers	·	
Amount (\$)	Payee address; City; State; Zip C	Code	
\$23.26	501 W. Canyon Ridge Dr. Au	stin, TX 78753	
PURPOSE	Category (See categories listed at the top of this sched	dule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sough	ot Office held
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## SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/F	ontract Labor vising Expense trict Rental Expense	Loan Repayment/ Transportation Eq Contributions/Don Candidate/Office OTHER (enter a c	uipment & Related Expense
1 Total pages Schedule F:	The Instruction Guide (	explains now to	complete this to		T # (Ethics Commission Filers)
4 4 Date	Melissa Zone 5 Payee name				
7/28/2014	Wells Fargo				
6 Amount (\$)	7 Payee address; City; Stat	e; Zip Code		<u> </u>	
\$12.00	400 W 15th St Austin,	TX 78701			
8 PURPOSE OF	(a) Category (See categories listed at the top of	of this schedule)		•	as, complete Schedule T)
EXPENDITURE	Fees		Bank F	ees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H		Office sough	nt	Office held
Date	Payee name				
8/4/2014	Rindy & Associates				
Amount (\$)		e; Zip Code	.=		
\$1,500.00	2401 E 6th St, #1007 A	Austin, ⊺X 7	8702		
PURPOSE	Category (See categories listed at the top of	of this schedule)			kas, complete Schedule T)
OF EXPENDITURE	Consulting Expense		Media	Services	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name		Office sough	it	Office held
Date 8/5/2014	Payee name Rindy & Associates				
Amount (\$)	Payee address; City; Stat	e; Zip Code			· ·
\$1,104.67	2401 E 6th St, #1007 A	ustin, TX 78	8702		
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Tex	sas, complete Schedule T)
OF EXPENDITURE	Consulting Expense		Websit	e & Walk lis	t
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	nt	Office held
Date 8/18/2014	Payee name Tayor Collective Solution	ons			
Amount (\$)	Payee address; City; Stat	e; Zip Code			
\$1,000.00	1524 South IH-35, Suit	e 200 Austi	n, TX 78704		
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Tex	kas, complete Schedule T)
OF EXPENDITURE	Consulting Expense		Contra	act	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	nt	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS	NEEDED	

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## SCHEDULE F

	***************************************		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Food/Beverage Expense Travel In District Polling Expense Travel Out Of D	/Contract Labor L draising Expense T ct C District d/Rental Expense C	oan Repayment/Reimbursement ransportation Equipment & Related Expense contributions/Donations Made By Candidate/Officeholder/Political Committee oTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)
4 Date 8/25/2014	5 Payee name CADW		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$13.00	P.O. Box 12962 Austin, TX 78711	1	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Event Expense	1 ' '	travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date 8/27/2014	Payee name Wells Fargo		
Amount (\$)	Payee address; City; State; Zip Code		
\$12.00	400 W 15th St Austin, TX 78701		
PURPOSE OF	Category (See categories listed at the top of this schedule)		travel outside of Texas, complete Schedule T)
EXPENDITURE	Fees	Bank F	ees
Complete QNLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
9/7/2014	Rindy & Associates		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,500.00	2401 E 6th St, #1007 Austin, TX 7	78702	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (I	f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Consulting Expense	Media Se	ervices
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
9/17/2014	Worley Printing		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,047.83	3217 N IH-35 Austin, TX 78722		
	Category (See categories listed at the top of this schedule)	Description (19	f travel outside of Texas, complete Schedule T)
PURPOSE	The second secon	l l	
PURPOSE OF EXPENDITURE	Printing Expense	Signs	
OF	Printing Expense  Candidate / Officeholder name	Signs Office sought	Office held

## SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fur Food/Beverage Expense Travel In Distri Polling Expense Travel Out Of Printing Expense Office Overhea	s/Contract Labor Idraising Expense Ict District Id/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related E Contributions/Donations Made By Candidate/Officeholder/Political Co OTHER (enter a category not listed a	ommittee
4	The Instruction Guide explains how	to complete this to		
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commiss	sion Filers)
4	Melissa Zone	<del></del>		
4 Date 9/25/2014	5 Payee name			
<u> </u>	Anedot			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$93.11	5555 Hilton Ave Ste 106 Baton Ro	ouge, LA 7080	08	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule	T)
OF EXPENDITURE	Fees	Credit	Card Charges	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sough	ht Office held	
Date	Payee name			
	,			
Amount (\$)	Payee address; City; State; Zip Code	····		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description	n (If travel outside of Texas, complete Schedule	Τ)
EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office soug	ht Office held	
Date .	Payee name		•	
Amount (\$)	Payee address; City; State; Zip Code		· · ·	
Amount (#)	rayee address, City, State, Zip Code			
			•	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description	1 (If travel outside of Texas, complete Schedule	Τ)
EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	ht Office held	l
Date	Payee name	•	· · · · · · · · · · · · · · · · · · ·	
Bate	a yee halle			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule	Т)
OF EXPENDITURE		.		•
Complete ONLY if direct	Candidate / Officeholder name	Office soug	iht Office held	ı
expenditure to benefit C/				
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS	NEEDED	