

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: 23	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received 2014 OCT 6 PM 2 02 Austin City Clerk RECEIVED Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME	LAST	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 10773 Austin TX 78766 <input type="checkbox"/> change of address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI		
	NICKNAME	LAST	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 11504 Shadow Creek Dr Manor TX 78653				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 2014 09 / 25 / 2014				
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 04 / 2014				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Austin City Council District 7		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Melissa Zone **15 ACCOUNT #** (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

☐ additional pages

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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,424.42
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,630.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,293.57
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 12,500.00

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.

Melissa Zone

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

[Signature]

Signature of officer administering oath

Printed name of officer administering oath



Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 15	
2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/1/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Torry McJunkins Tutin 6 Contributor address; City; State; Zip Code 1354 W 73rd Street Cleveland, OH 44102	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions) Realtor		10 Employer (See Instructions) Keller Williams	
Date 7/1/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Belinda Smith Contributor address; City; State; Zip Code 2130 SE 1st Terrace Cape Coral, FL 33990	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Planner		Employer (See Instructions) Town of Fort Myers Beach	
Date 7/2/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charlotte Cruz Contributor address; City; State; Zip Code 1234 West 69th Street Cleveland, OH 44102	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) Senior Customer Specialist		Employer (See Instructions) CT Corporation	
Date 7/5/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kat Correa Contributor address; City; State; Zip Code 7809 Gault Street Austin, TX 78757	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Business Analyst		Employer (See Instructions) Rudd and Wisdom Software	
Date 7/5/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rollie Sidla Contributor address; City; State; Zip Code 13112 Bennington Lane Austin, TX 78731	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Retired		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: 15	
2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/7/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Angela Raffa-Keeling	7 Amount of contribution (\$) \$15.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 6935 Father Caruso Dr Cleveland, OH 44102		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/9/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joseph Zone	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 16812 Scullin Dr Cleveland, OH 44111		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Cleveland Municipal Court	
Date 7/9/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Steve Miller	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1301 E. 9th St., Ste. 2700 Cleveland, OH 44114		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Private Practice	
Date 7/9/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Don Wolfe	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 909 Sirocco Dr. Austin, TX 78745		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions) Elk Electric	
Date 7/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rick Cofer	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 507 Pressler Street #4132 Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Travis County	

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:
15

2 FILER NAME

Melissa Zone

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/16/2014

5 Full name of contributor

Lynnette Alley

☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

1315 W. St Johns Ave Austin, TX 78757

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)

Retired

10 Employer (See Instructions)

Date

7/16/2014

Full name of contributor

Donna Beth McCormick

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

5703 Shoalwood Avenue Austin, TX 78756

Amount of contribution (\$)

\$10.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

7/16/2014

Full name of contributor

Phyllis Magold

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

4696 Smothers Road Westerville, OH 43081

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)

Retired

Employer (See Instructions)

Date

7/20/2014

Full name of contributor

Rick VonFlatern

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

1506 Richcreek Austin, TX 78757

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)

Editor

Employer (See Instructions)

Schlumberger

Date

7/21/2014

Full name of contributor

Terri Kelsey

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

6857 Revere Road Parma Hts, OH 44130

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Daycare Owner

Employer (See Instructions)

Nature's Way

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
15

2 FILER NAME

Melissa Zone

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/23/2014

5 Full name of contributor

Anonymous

☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

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

7/24/2014

Full name of contributor

Donna Beth McCormick

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

5703 Shoalwood Avenue Austin, TX 78756

Amount of contribution (\$)

\$77.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

7/27/2014

Full name of contributor

Anonymous

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/28/2014

Full name of contributor

Virginia Rose

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

2001 Richcreek Road Austin, TX 78757

Amount of contribution (\$)

\$10.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Cedar Park ISD

Date

7/31/2014

Full name of contributor

William Gordon

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

6103 Cary Drive Austin, TX 78757

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Real Estate Appraiser

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: 15	
2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/2/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Deanna McMillen	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1565 Westfield Ave Ann Arbor, MI 48103		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Optical Engineer		10 Employer (See Instructions) L-3 Communications	
Date 8/3/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Janet Cook	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8205 Briarwood Lane Austin, TX 78757		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Licensed Acupuncture & Chinese Herbs		Employer (See Instructions) Self Employed	
Date 8/7/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Amy Drohen	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1911 Carriage Hills Trl Cedar Park, TX 78613		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/7/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rachel Kirvan	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 13937 Ashton Woods Circle Austin, TX 78727		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Adidas	
Date 8/7/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cindy Fisher	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1812 Vallejo Street Austin, TX 78757		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Emerson	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **15**

2 FILER NAME

Melissa Zone

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/7/2014

5 Full name of contributor

Jeanne Cobb

☐ out-of-state PAC (ID# _____)

6 Contributor address; City; State; Zip Code

2000 Cullen Ave #24 Austin, TX 78757

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)

Retired

10 Employer (See Instructions)

Date

8/7/2014

Full name of contributor

Terry Tindall

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

205 Blanco Dr Hutto, TX 78634

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)

Electrician

Employer (See Instructions)

ACC

Date

8/7/2014

Full name of contributor

Beth Knippa

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

1716 Madison Ave Austin, TX 78757

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

Self Employed

Date

8/9/2014

Full name of contributor

James Kass

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

1511 Garnaas Drive Austin, TX 78758

Amount of contribution (\$)

\$20.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

8/9/2014

Full name of contributor

Jennifer Lasseter

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Austin, TX 78758

Amount of contribution (\$)

\$20.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 15	
2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/9/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sherry Millington 6 Contributor address; City; State; Zip Code 12016 Lincolnshire Drive Austin, TX 78758	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) Registered Nurse		10 Employer (See Instructions) Texas Oculoplastic Consultants	
Date 8/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pix Howell Contributor address; City; State; Zip Code P.O. Box 663 Wimberley, TX 78676	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) Planner		Employer (See Instructions) Xblink, Inc.	
Date 8/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Swainston Contributor address; City; State; Zip Code 2001 W. Anderson Ln Austin, TX 78757	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) Owner		Employer (See Instructions) Genuine Joe LLC	
Date 8/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Allan McMurtry Contributor address; City; State; Zip Code 5901 Cary Dr Austin, TX 78757	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) Wholesaler		Employer (See Instructions) AMC Comp	
Date 9/2/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Henry Levine Contributor address; City; State; Zip Code 1005 W St Johns Ave Austin, TX 78757	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)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 15	
2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/3/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Zone 6 Contributor address; City; State; Zip Code 9325 Chesapeake Dr. North Royalton, OH 44133	7 Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Pharmaceutical Sales		10 Employer (See Instructions)	
Date 9/5/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Gary Contributor address; City; State; Zip Code 1108 Morrow Austin, TX 78757	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self	
Date 9/5/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lynnette Alley Contributor address; City; State; Zip Code 1315 W St Johns Ave. Austin, TX 78757	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 9/6/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stonewall Democrats of Austin PAC Contributor address; City; State; Zip Code P.O. Box 40898 Austin, TX 78704	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) PAC		Employer (See Instructions) Stonewall Democrats of Austin	
Date 9/7/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Atkin Contributor address; City; State; Zip Code 2800 Bartons Bluff Ln Apt 2405 Austin, TX 78746	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Environmental Planner		Employer (See Instructions) Parsons Brinckerhoff	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 15	
2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/8/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Helen Young	7 Amount of contribution (\$) \$75.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5700 Shoalwood Ave Austin, TX 78756		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)	
Date 9/9/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles Butts	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4514 Franklin Blvd. Cleveland, OH 44102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 9/9/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: T.A Antonucci	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1 Edgewater Sq Lakewood, OH 44107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 9/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kathleen Patton	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 30136 Adams Ln Westlake, OH 44145		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 9/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sarah Lewis	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2104 Cullen Ave Austin, TX 78757		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Educational Publisher		Employer (See Instructions) Houghton Mifflin Harcourt	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 15	
2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Corinne Hill 6 Contributor address; City; State; Zip Code 10839 Prospect Road Strongsville, OH 44149	7 Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Teacher		10 Employer (See Instructions) City of Cleveland, OH	
Date 9/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pamela Zone Contributor address; City; State; Zip Code 6137 Manchester Road Parma, OH 44129	Amount of contribution (\$) \$75.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions) City of Parma, OH	
Date 9/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tina Simeone Contributor address; City; State; Zip Code 1341 W 74th Street Cleveland, OH 44102	Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions) City of Cleveland, OH	
Date 9/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James Lommori Contributor address; City; State; Zip Code 5908 Cary Drive austin, TX 78757	Amount of contribution (\$) \$100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Alori Properties	
Date 9/17/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: IBEW PAC Contributor address; City; State; Zip Code 900 Seventh Street, N.W. Washington, DC 20001	Amount of contribution (\$) \$350.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Political Action Committee		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:

15

2 FILER NAME

Melissa Zone

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/18/2014

5 Full name of contributor

☐ out-of-state PAC (ID#)

Tom Zone

6 Contributor address; City; State; Zip Code

2151 Cotten Rd. Sanford, NC 27330

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)

Retired

10 Employer (See Instructions)

Date

9/18/2014

Full name of contributor

☐ out-of-state PAC (ID#)

Kathryn Ryan-Dale

Contributor address; City; State; Zip Code

127 Fairway Circle Norwalk, OH 44857

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

9/18/2014

Full name of contributor

☐ out-of-state PAC (ID#)

Rebecca Strong

Contributor address; City; State; Zip Code

15417 Lake Avenue Lakewood, OH 44107

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Director of Development & Marketing

Employer (See Instructions)

AIDS Taskforce of Greater Cleveland

Date

9/18/2014

Full name of contributor

☐ out-of-state PAC (ID#)

Renee Cruz

Contributor address; City; State; Zip Code

1234 West 69th Street Cleveland, OH 44102

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)

Customer Service

Employer (See Instructions)

CT Corporation System

Date

9/18/2014

Full name of contributor

☐ out-of-state PAC (ID#)

Loretta Ryland

Contributor address; City; State; Zip Code

19455 Shoreland Avenue Rocky River, OH 44116

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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:
15
2 FILER NAME

Melissa Zone

3 ACCOUNT # (Ethics Commission Filers)**4** Date

9/18/2014

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

Elizabeth Szalay-Bolha

6 Contributor address; City; State; Zip Code

10301 Lake Avenue Ste #316 Cleveland, OH 44102

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)

Self

Date

9/18/2014

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Charlotte DeSanto

Contributor address; City; State; Zip Code

11072 Naomi Drive Parma, OH 44130

Amount of contribution (\$)

\$20.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

9/20/2014

Full name of contributor

☐ out-of-state PAC (ID#: _____)

William Gordon

Contributor address; City; State; Zip Code

6103 Cary Drive Austin, TX 78757

Amount of contribution (\$)

\$40.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Real Estate Appraiser

Employer (See Instructions)

Self

Date

9/20/2014

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Matthew Zone

Contributor address; City; State; Zip Code

1228 W. 69th Street Cleveland, OH 44102

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)

City Councilman

Employer (See Instructions)

City of Cleveland, OH

Date

9/21/2014

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Chris Thompson

Contributor address; City; State; Zip Code

4014 Arcacia Lane Manvel, TX 77578

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Banker

Employer (See Instructions)

Regions Bank

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:
15

2 FILER NAME

Melissa Zone

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/21/2014

5 Full name of contributor

☐ out-of-state PAC (ID#)

Melissa Klapuch

6 Contributor address; City; State; Zip Code

8524 Burnet Road #411 Austin, TX 78757

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)

Sales Associate

10 Employer (See Instructions)

Office Depot

Date

9/22/2014

Full name of contributor

☐ out-of-state PAC (ID#)

Austin Police Association PAC

Contributor address; City; State; Zip Code

5817 Wilcab Road, Suite #4 Austin, TX 78721

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)

Political Action Committee

Employer (See Instructions)

Date

9/22/2014

Full name of contributor

☐ out-of-state PAC (ID#)

Donna Beth McCormick

Contributor address; City; State; Zip Code

5703 Shoalwood Avenue Austin, TX 78756

Amount of
contribution (\$)

\$163.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

9/22/2014

Full name of contributor

☐ out-of-state PAC (ID#)

Laura Bates

Contributor address; City; State; Zip Code

10106 Nanford Street Cleveland, OH 44102

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

9/25/2014

Full name of contributor

☐ out-of-state PAC (ID#)

Helen Young

Contributor address; City; State; Zip Code

5700 Shoalwood Ave Austin, TX 78756

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)

Retired

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:
15

2 FILER NAME

Melissa Zone

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/25/2014

5 Full name of contributor

Pete Peters

☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

P.O. Box 5788 Austin, TX 78763

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Communications

10 Employer (See Instructions)

Comprehensive Development and Planning

Date

9/25/2014

Full name of contributor

Shannon Clark

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

900 E 52nd st Austin, TX 78751

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)

Date

9/25/2014

Full name of contributor

William Gray

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

3305 Beverly Road Austin, TX 78703

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

9/25/2014

Full name of contributor

Jim McElroy

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

2106 Cullen Ave #212 Austin, TX 78757

Amount of contribution (\$)

\$15.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Financial Analyst

Employer (See Instructions)

Health and Human Svc Dept

Date

9/25/2014

Full name of contributor

Albert Castro

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

800 E. 45th Street Austin, TX 78751

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)

PR Consultant

Employer (See Instructions)

Concept Development & Planning

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: 15	
2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/7/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kat Correa 6 Contributor address; City; State; Zip Code 7809 Gault Street Austin, TX 78757	7 Amount of contribution (\$) \$37.21 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable) In-kind
9 Principal occupation / Job title (See Instructions) Business Analyst		10 Employer (See Instructions) Rudd and Wisdom Software	
Date 8/7/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Chelsea Kotrla Contributor address; City; State; Zip Code 900 Taulbee LN. #109 Austin, TX 78757	Amount of contribution (\$) \$37.21 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) In-kind
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Austin Referral Realty	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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.

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 2	
2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$			
5 Date of loan 8/1/2014	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Zone		9 Loan Amount (\$) \$1,500.00
6 Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 7513 Saint Cecelia St. Austin, TX 78757		10 Interest rate N/A
			11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) Senior Planner		13 Employer (See Instructions) Travis County	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan 8/28/2014	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Zone		Loan Amount (\$) \$1,000.00
Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 7513 Saint Cecilia Street Austin, TX 78757		Interest rate
			Maturity date
Principal occupation / Job title (See Instructions) Senior Planner		Employer (See Instructions) Travis County TNR	
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal Occupation (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <div style="text-align: center; font-size: 1.2em;">2</div>
2 FILER NAME <div style="text-align: center; font-size: 1.1em;">Melissa Zone</div>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$		
5 Date of loan <div style="text-align: center; font-size: 1.1em;">9/25/14</div>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.1em;">Melissa Zone</div>	9 Loan Amount (\$) <div style="text-align: center; font-size: 1.1em;">\$10,000.00</div>
6 Is lender a financial institution? <div style="text-align: center;">Y N</div>	8 Lender address; City; State; Zip Code <div style="text-align: center; font-size: 1.1em;">7513 Saint Cecelia St., Austin, TX 78757</div>	10 Interest rate <div style="text-align: center; font-size: 1.1em;">N/A</div>
11 Maturity date <div style="text-align: center; font-size: 1.1em;">N/A</div>		
12 Principal occupation / Job title (See Instructions) <div style="text-align: center; font-size: 1.1em;">Senior Planner</div>		13 Employer (See Instructions) <div style="text-align: center; font-size: 1.1em;">Travis County</div>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <div style="text-align: center;">Y N</div>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: 4	2 FILER NAME Melissa Zone	3 ACCOUNT # (Ethics Commission Filers)
4 Date 7/3/2014	5 Payee name Rindy & Associates	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 2401 E 6th St, #1007 Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Media Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 7/7/2014	Payee name Office Depot	
Amount (\$) \$24.98	Payee address; City; State; Zip Code 2620 W Anderson Ln Austin, TX 78757	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 7/18/2014	Payee name Worley Printing	
Amount (\$) \$800.00	Payee address; City; State; Zip Code 3217 N IH-35 Austin, TX 78722	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 7/23/2014	Payee name North Austin Influencers	
Amount (\$) \$23.26	Payee address; City; State; Zip Code 501 W. Canyon Ridge Dr. Austin, TX 78753	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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: 4	2 FILER NAME Melissa Zone	3 ACCOUNT # (Ethics Commission Filers)
4 Date 7/28/2014	5 Payee name Wells Fargo	
6 Amount (\$) \$12.00	7 Payee address; City; State; Zip Code 400 W 15th St Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Bank Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 8/4/2014	Payee name Rindy & Associates	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 2401 E 6th St, #1007 Austin, TX 78702	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Media Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 8/5/2014	Payee name Rindy & Associates	
Amount (\$) \$1,104.67	Payee address; City; State; Zip Code 2401 E 6th St, #1007 Austin, TX 78702	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Website & Walk list
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 8/18/2014	Payee name Taylor Collective Solutions	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1524 South IH-35, Suite 200 Austin, TX 78704	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Contract
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 4		2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/25/2014		5 Payee name CADW			
6 Amount (\$) \$13.00		7 Payee address; City; State; Zip Code P.O. Box 12962 Austin, TX 78711			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) Monthly meeting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/27/2014		Payee name Wells Fargo			
Amount (\$) \$12.00		Payee address; City; State; Zip Code 400 W 15th St Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Bank Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/7/2014		Payee name Rindy & Associates			
Amount (\$) \$1,500.00		Payee address; City; State; Zip Code 2401 E 6th St, #1007 Austin, TX 78702			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Media Services	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/17/2014		Payee name Worley Printing			
Amount (\$) \$1,047.83		Payee address; City; State; Zip Code 3217 N IH-35 Austin, TX 78722			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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: 4		2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/25/2014		5 Payee name Anedot			
6 Amount (\$) \$93.11		7 Payee address; City; State; Zip Code 5555 Hilton Ave Ste 106 Baton Rouge, LA 70808			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) Credit Card Charges	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED