

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: 18		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Melissa	MI A	Date Received OCT 6 PM 2:02 RECEIVED AUSTIN CITY CLERK			
	NICKNAME	LAST Zone	SUFFIX				
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)		Date Hand-delivered or Postmarked Receipt # Date Processed Date Imaged		
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit					
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)					
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report					
5 ORIGINAL PERIOD COVERED	Month 05	Day 08	Year 2014	THROUGH	Month 06	Day 30	Year 2014

6 EXPLANATION OF CORRECTION

We inadvertently left off \$155 in contributions from 3 individuals. In addition, we didn't account for \$98.90 in Bank Fees that were incurred from website donation charges. This has been corrected and are submitted with this form.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☒ **Semiannual reports:** This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☐ **Other reports** (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

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 6th 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



DEE A. HEAP
Notary Public
STATE OF TEXAS

Commission Exp. MAY 20, 2011

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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: 18	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Melissa A. NICKNAME LAST SUFFIX Melissa Zone				OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address				
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 10773 Austin, TX 78766				
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 567-4098				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. April NICKNAME LAST SUFFIX Rodriguez				
	7 CAMPAIGN TREASURER ADDRESS (residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 700 Louis Henna Boulevard, Round Rock, TX 78664				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 241-4510				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" 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 05 / 08 / 2014 06 / 30 / 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

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)	\$ 6,689.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,846.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,392.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 550.00

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 6th day of October, 2014, to certify which, witness my hand and seal of office.

MA
Signature of officer administering oath

Printed name of officer administering oath DEE A. HEAP Title of officer administering oath Notary Public

DEE A. HEAP
Notary Public
STATE OF TEXAS
Commission Exp. **MAY 20, 2017**

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/29/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Donna Beth McCormick 6 Contributor address; City; State; Zip Code 5703 Shoalwood Ave, Austin, TX 78756	7 Amount of contribution (\$) \$50	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 6/5/2014	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	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 6/7/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Heidi Johnson Contributor address; City; State; Zip Code 7607 Gault Street, Austin, TX 78757	Amount of contribution (\$) \$100	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 6/9/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charlotte Cruz Contributor address; City; State; Zip Code 1234 W. 69th Street, Cleveland, OH 44102	Amount of contribution (\$) \$100	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 5/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Phillip Tindall Contributor address; City; State; Zip Code 7513 Saint Cecelia Street, Austin, TX 78757	Amount of contribution (\$) \$350	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Contract Manager		Employer (See Instructions) City of Austin	

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: **11**

2 FILER NAME

Melissa Zone

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/8/2014

5 Full name of contributor

☐ out-of-state PAC (ID#:

Don Ballard

6 Contributor address; City; State; Zip Code

7715 Tisdale Drive Austin, TX 78757

7 Amount of contribution (\$)

\$20

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

Pedernales Electric Coop

Date

6/8/2014

Full name of contributor

☐ out-of-state PAC (ID#:

Joyce Basciano

Contributor address; City; State; Zip Code

1907 W. 34th Street, Austin, TX 78703

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Homemaker

Employer (See Instructions)

Date

6/8/2014

Full name of contributor

☐ out-of-state PAC (ID#:

Anonymous

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$49

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/8/2014

Full name of contributor

☐ out-of-state PAC (ID#:

William Sietz

Contributor address; City; State; Zip Code

1516 Richcreek Road, Austin, TX 78757

Amount of contribution (\$)

\$100

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

6/8/2014

Full name of contributor

☐ out-of-state PAC (ID#:

Cynthia Keohane

Contributor address; City; State; Zip Code

5702 Wynona Ave, Austin, TX 78757

Amount of contribution (\$)

\$25

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Software Test Engineer

Employer (See Instructions)

US Dept of Veterans Affairs

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: 11	
2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/8/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lori Henry 6 Contributor address; City; State; Zip Code 7511 St. Cecelia St, Austin, TX 78757	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Home Service Manager		10 Employer (See Instructions) State of Texas	
Date 6/8/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mary Patrick Contributor address; City; State; Zip Code P.O. Box 303370, Austin, TX 78703	Amount of contribution (\$) \$50	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 6/8/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: April Rodriguez Contributor address; City; State; Zip Code 700 Louis Henna Blvd., Austin, TX 78664	Amount of contribution (\$) \$100	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) Travis County	
Date 6/8/2014	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 (\$) \$25	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 6/8/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Terry Tindall Contributor address; City; State; Zip Code 205 Blanco Dr., Hutto, TX 78634	Amount of contribution (\$) \$150	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	

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: 11

2 FILER NAME
Melissa Zone

3 ACCOUNT # (Ethics Commission Filers)

4 Date
6/11/2014

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

Jason Fisher

6 Contributor address; City; State; Zip Code

1430 South Beverly Glen Blvd, Ph 1
Los Angeles, CA 90024

7 Amount of
contribution (\$)
\$100

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Actor

10 Employer (See Instructions)
Self Employed

Date

6/14/2014

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

Jack Newton

Contributor address; City; State; Zip Code

9405 Arch Hill Circle, Austin, TX 78750

Amount of
contribution (\$)
\$330

In-kind contribution
description (if applicable)

In-kind
Photos

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Product Manager

Employer (See Instructions)
Deltek

Date

6/16/2014

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

Linda Chiconsky

Contributor address; City; State; Zip Code

9717 Peakridge Dr., Austin, TX 78737

Amount of
contribution (\$)
\$300

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Homemaker

Employer (See Instructions)

Date

6/16/2014

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

Christopher Tindall

Contributor address; City; State; Zip Code

5002 Daymon Ct, Hutto, TX 78635

Amount of
contribution (\$)
\$75

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Electrician

Employer (See Instructions)
City of Austin

Date

6/16/2014

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

Susan Mason

Contributor address; City; State; Zip Code

922 N. K ST, Lake Worth, FL 33460

Amount of
contribution (\$)
\$30

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/17/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stephanie Phillips 6 Contributor address; City; State; Zip Code 2873 Carie Hill Cir NW, Massillon, OH 44646	7 Amount of contribution (\$) \$350	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Behavior Trainer		10 Employer (See Instructions) Stark Co. Bd of Developmental Disabilities	
Date 6/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brittany Bloomer Contributor address; City; State; Zip Code 7314 Dawn Ave. E, Inver Grove Hts, MN 55076	Amount of contribution (\$) \$300	In-kind contribution description (if applicable) In-kind graphic artwork
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Graphic Artist		Employer (See Instructions) BB Studios	
Date 6/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Patrick Phillips Contributor address; City; State; Zip Code 2873 Carie Hill Cir NW, Massillon, OH 44646	Amount of contribution (\$) \$350	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Help Desk Manager		Employer (See Instructions) J.M. Smucker	
Date 5/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Madelyn Zone Contributor address; City; State; Zip Code 1267 W. 61 St., Cleveland, OH 44102	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) H.R. Specialist		Employer (See Instructions) St. Augustine Health Ministries	
Date 6/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Alyssa Butler Contributor address; City; State; Zip Code 8524 Burnet Road #803, Austin, TX 78757	Amount of contribution (\$) \$80	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Bartender		Employer (See Instructions) Savour Baby Blues	

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: **11**

2 FILER NAME

Melissa Zone

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/26/2014

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

Peggy Zone Fisher

6 Contributor address; City; State; Zip Code

15925 Shaker Blvd, Shaker Hts, OH 44120

7 Amount of contribution (\$)

\$350

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Executive Director

10 Employer (See Instructions)

Diversity Center

Date

6/26/2014

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

Aspen Dunaway

Contributor address; City; State; Zip Code

1108 Lavaca St, P.O. Box 103, Austin, TX 78701

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Private Practice

Date

6/26/2014

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

Ken Austin

Contributor address; City; State; Zip Code

615 W. St. John's Ave, Austin, TX 78752

Amount of contribution (\$)

\$75

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

Austin Mobile Consier

Date

6/26/2014

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

Lee Fisher

Contributor address; City; State; Zip Code

15925 Shaker Blvd, Shaker Hts, OH 44120

Amount of contribution (\$)

\$350

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

CEO for Cities

Date

6/27/2014

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

Laney Baldwin

Contributor address; City; State; Zip Code

7425 Country Brook CT, Dayton, OH 45414

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Independent Distributor

Employer (See Instructions)

Advocare

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: 11	
2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Loretta Krzastek 6 Contributor address; City; State; Zip Code 1717 SE 14th ST, Cape Coral, FL 33990	7 Amount of contribution (\$) \$25	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Fire Protection Specialist		10 Employer (See Instructions) State of Florida	
Date 6/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brandy McDonald Contributor address; City; State; Zip Code 5002 Daymon Ct, Hutto, TX 78634	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Primrose School of Cedar Park	
Date 6/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jennifer Alexander Contributor address; City; State; Zip Code 166 Hermine, San Antonio, TX 78212	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Texas San Antonio	
Date 6/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Pescatrice Contributor address; City; State; Zip Code PO Box 553, Fort Myers, FL 33902	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Inspector		Employer (See Instructions) State of Florida	
Date 6/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pete Peters Contributor address; City; State; Zip Code PO Box 5788, Austin, TX 78763	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Public Relations		Employer (See Instructions) CD&P	

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: 11	
2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Esther Tindall 6 Contributor address; City; State; Zip Code 807 N. Lamar Ave, Cameron, TX 76520	7 Amount of contribution (\$) \$45	8 In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions) Homemaker		10 Employer (See Instructions)	
Date 6/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sandy Monroe Contributor address; City; State; Zip Code 1105 E. 14 1/2 Street, Cameron, TX 76520	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)	
Date 6/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Deborah Ratner Contributor address; City; State; Zip Code 17300 Parkland Dr., Shaker Hts, OH 44120	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)	
Date 6/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kelby Schulz Contributor address; City; State; Zip Code 8524 Burnet Road, Austin, TX 78757	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) Office Depot	
Date 6/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joesph Reynolds Contributor address; City; State; Zip Code 2611 West 49th St, Austin, TX 78731	Amount of contribution (\$) \$350	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: 11	
2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/29/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Angel Austin 6 Contributor address; City; State; Zip Code 615 W. St John's Ave, Austin, TX 78731	7 Amount of contribution (\$) \$75 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Sales Associate		10 Employer (See Instructions) International Innovations	
Date 6/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rachel Somers Contributor address; City; State; Zip Code 11504 Shadow Creek Dr, Manor, TX 78653	Amount of contribution (\$) \$100 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Human Resource Generalist		Employer (See Instructions) City of Round Rock	
Date 6/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pam Glass Contributor address; City; State; Zip Code 1701 Pheasant Roost, Austin, TX 78758	Amount of contribution (\$) \$15 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) State of Texas	
Date 6/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Caroline Reynolds Contributor address; City; State; Zip Code 2611 West 49th ST, Austin, TX 78731	Amount of contribution (\$) \$350 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) CR Solutions	
Date 6/30/2014	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 (\$) \$100 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Austin Referral Realty	

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: 11	
2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/29/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bill Glass 6 Contributor address; City; State; Zip Code 1701 Pheasant Roost, Austin, TX 78758	7 Amount of contribution (\$) \$15	8 In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions) Sales		10 Employer (See Instructions) Self Employed	
Date 6/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Patrizia Iasiello Contributor address; City; State; Zip Code 2195 West 101st ST, Cleveland, OH 44102	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Operator		Employer (See Instructions) AT&T	
Date 6/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Roy Tindall Contributor address; City; State; Zip Code 807 N. Lamar Ave, Cameron, TX 76520	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Pressman		Employer (See Instructions) Main Printing Inc.	
Date 6/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Craig Nazor Contributor address; City; State; Zip Code 11701 Barchetta Dr., Austin, TX 78758	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Adjunct Professor		Employer (See Instructions) ACC	
Date 6/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kelley Britt Contributor address; City; State; Zip Code 2018 Center Street Apt 501, Cleveland, OH 44113	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Senior Transportation Planner		Employer (See Instructions) NOACA	

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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: 11	
2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jonathan Kotrla 6 Contributor address; City; State; Zip Code 900 Taulbee LN, Austin, TX 78757	7 Amount of contribution (\$) \$100	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) Austin Referral Realty	
Date 6/4/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cassi Peters Contributor address; City; State; Zip Code PO Box 1460 Norman, OK 73070	Amount of contribution (\$) \$5	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Political Consultant		Employer (See Instructions) Skyfire Media	
Date 6/9/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William Gray Contributor address; City; State; Zip Code 3305 Beverly Road Austin, TX 78703	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brandon Somers Contributor address; City; State; Zip Code 11504 Shadow Creek Dr. Manor, TX 78653	Amount of contribution (\$) \$100	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) Alen Corp	
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)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: 1	
2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$	
5 Date of loan 6/16/14	7 Name of lender Melissa Zone <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$550.00	
6 Is lender a financial institution? Y 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	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)	
Is lender a financial institution? Y N	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		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal Occupation (See Instructions)		Employer (See Instructions)	

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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: 2		2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/9/14		5 Payee name HEB			
6 Amount (\$) \$55.58		7 Payee address; City; State; Zip Code 5808 Burnet Rd, Austin, TX 78756			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) Food for Kickoff Event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/10/14		Payee name Worley Printing			
Amount (\$) \$83.35		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) Stickers and Push Cards	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/12/14		Payee name PAYPAL			
Amount (\$) \$37.34		Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Facebook Ads	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/16/14		Payee name Worley Printing			
Amount (\$) \$1,158.96		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) Stickers and Push Cards	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
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: 2		2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/20/14		5 Payee name Rindy Miller Media			
6 Amount (\$) \$200		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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 6/26/14		Payee name Wells Fargo			
Amount (\$) \$12		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) Checking fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 6/30/2014		Payee name Anedot			
Amount (\$) \$198.90		Payee address; City; State; Zip Code 5555 Hilton Ave Ste 106 Baton Rouge, LA 70808			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Website Donation 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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1		2 FILER NAME Melissa Zone		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/18/14		5 Payee name TCDP			
6 Amount (\$) \$75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1910 E. M.L.K., Austin, TX 78702			
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) Campaign Training	
Date 6/23/14		Payee name CADW			
Amount (\$) \$125.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 615 Cardinal Lane, Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contributions		Description (If travel outside of Texas, complete Schedule T) Female Legislators Event	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		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)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		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)	

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