CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

Texas Ethics Commission

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Gulde explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE U	SE ONLY		
OFFICEHOLDER	M i -	C.		OE OHE!		
NAME	Mr. Louis		Date Received	~		
	NICKNAME LAST	SUFFIX		A1 2014		
	HERRIN	~		AUSTI F JH OCT		
4 CANDIDATE /	ADDRESS /PO BOX; APT/SUITE#; CITY;	STATE; ZIP CODE	1	T RE		
4 CANDIDATE / OFFICEHOLDER		•	i			
MAILING	1023 WISTERIA T	RL	Date Hand-delivered or Pr			
ADDRESS	1 1 -	~~		_p % ₹		
change of address	Austin Tx 78	P153	Receipt #	Amana O C		
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION		<u>~ ₩</u>		
OFFICEHOLDER	(5/2) 567 948	CI	Date Processed	上不		
PHONE	00 001 948	<u> 7 </u>		40		
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Date Imaged			
TREASURER NAME	MS. LAURIE		,			
	NICKNAME LAST	SUFFIX				
	Lancaste	- D				
	21.1043 TE	- K-				
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE			
TREASURER ADDRESS	11.221 Edmanere	Do Ffluger	nle X.	18641		
(residence or business)	16331 Edgemere	Dr. PAluger				
	9					
. 		**************************************				
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
TREASURER PHONE	(512) 567 9489					
9 REPORT TYPE			15th day after ca			
J KEI OKI TITE	January 15 30th day before election	Runoff	treasurer appoint			
<u> </u>			(officeholder only)			
	July 15 Sth day before election	Exceeded \$500 limit	Final report (Attach	n C/OH - FR)		
10 PERIOD	Month Day Year	Month Day	Year			
COVERED	7 /15 /2014 THROUGH	10/6/	2011			
	1 / 13 /2014	70 / 0 /	2014			
	1					
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year		_			
	Pilitaly	Runoff 📝	General	Special		
	11/4/2014	•				
		40				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known		, ,		
1		1 City Coun	c. I City A	ustin		
		City Coun				
		Dis	strict 4			
	<u></u>	<u>'</u>		-		
	GOTOPA	AGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			ACCOUNT # (Ethics Commission Filers)	
	IS C. HE			
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE KOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TH	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	s Ø	
	2. TOTAL	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 424.09	
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			
HARRIET C DIXON My Commission Expires June 14, 2018 HARRIET C DIXON Signature of Candidate or Officeholder				
	oscribed before	me, by the said Louis C. Herr		
Harriet C. Dixon Motary Pullic Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOANS			SCHEDULE A	
The	Instruction Guide explains how to complete this form.		1 Total pages Scho	edule A:	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)	
4 Date	Full name of contributor	7	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) of Texas, complete Schedule T)	
9 Principal occ	upation / lob title (See Instructions) 10 Em	ployer (See In	etructions)		
Date	Full name of contributor out-of-state PAC(ID# Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)	
Principal occ	upation Job title (See Instructions)	ployer (See II	nstructions		
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
District and	upation / Job title (See Instructions) Err	ployer (See I		of Texas, complete Schedule T)	
Principal occ	upanon / Sob tide (See madedicins)				
Date	Full name of contributor out-of-state PAC (ID#: Contributor address: City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occ	supation / Job title (See Instructions) En	nployer (See I		or reads, complete consider 17	
Date	Full name of contributor out_of-state PAC (ID# Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)	
		nnlover (See		of Texas, complete Schedule T)	
Principal oc	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES OF THIS f contributor is out-of-state PAC, please see instruction			ı requirements.	

Texas Ethics Commission

PLEDO	SED CONTRIBUTIONS			SCHEDULE B
Th	e Instruction Guide explains how to complete this form	ı,	1 Total pages Sche	edule B:
2 FILER NAME	<u> </u>		3 ACCOUNT # (Et	hics Commission Filers)
4 TOT	TAL OF UNITEMIZED PLEDGES:	⇒ ⇒	\$	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; Stale; Zip Code		(If travel outside o	of Texas, complete Schedule T)
10 Principal occ	upation / Job title (See Instructions)	mployer (See In	 	
Date	Full name of pledgor out-of-state PAC (II)##:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
			(If travel outside	of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of pledgor out-of-state PAC (ID#.		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
			(If travel outside	of Texas, complete Schedule T)
Principal occ	Supation / Job title (See Instructions)	Employer (See Ir	estructions)	
Date	Full name of pledgor		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
Discharles	Lucation (Joh title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
⊬rincipai oα	cupation / Job title (See Instructions)			
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
		,		of Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See I	nstructions)	
If	ATTACH ADDITIONAL COPIES OF THE contributor is out-of-state PAC, please see instruction			ı requirements.

Austin, Texas 78711-2070

LOANS		SCHEDULE E
The Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
TOTAL OF UNITEMIZED LOANS:		\$
5 Date of loan 7 Name of lender	out-of-state PAC (ID#	9 Loan Amount (\$)
6 Is lender a financial Institution?	tip Code	10 Interest rate 11 Maturity date
Y N 12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Collateral none	15 Check if personal funds were	deposited into political account
16 GUARANTOR INFORMATION 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] out-of-state PAC (ID#:	Loan Amount (\$)
Is lender Lender address; City; State; a financial Institution?	Zip Code	Interest rate
Y N		Maturity date
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Cotlateral none	Check if personal funds were	deposited into political account
GUARANTOR Name of guarantor INFORMATION		Amount Guaranteed (\$)
Guarantor address; City;	State; Zip Code	
Principal Occupation (See Instructions)	Employer (See Instructions)	
ATTACH ADDITIONAL COPII If lender is out-of-state PAC, please see instr	ES OF THIS SCHEDULE AS NEI	

POLITICAL EXPENDITURES

Texas Ethics Commission

SCHEDULE F

EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Co Accounting/Banking Legal Services Solicitation/Fundra Consulting Expense Food/Beverage Expense Travet In District Event Expense Polling Expense Travel Out Of Dist	ontract Labor Loan Repayment/Reimbursement ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By
Fees Printing Expense Office Overhead/R The Instruction Guide explains how to	ental Expense OTHER (enter a category not listed above)
1 Total pages Schedule F: 2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Payee name	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
8 PURPOSE (a) Category (See categories listed at the top of this schedule) OF EXPENDITURE	(b) Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit COH Candidate /Officeholder name	Office sought Office held
Date Payes name	
Amount (\$) Payee address; City; State; Zip Code	
PURPOSE Category (See categories lifted at the lop of this schedule) OF	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH	Office sought Office held
Date Payee name	
Amount (\$) Payee address; City; State; Zip Code	
PURPOSE OF Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH	Office sought Office held
Date Payee name	
Amount (\$) Payee address; City; State; Zip Code	
PURPOSE OF Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE Conditate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held
Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH	
ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

Austin, Texas 78711-2070

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

Texas Ethics Commission

SCHEDULE G

(TDD 1-800-735-2989)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Cor Solicitation/Fundrais Travel In District Travel Out Of Distri Office Overhead/Re explains how to c	sing Expense Ti C ict ental Expense O	oan Repayment/Reimbursement ransportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee iTHER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME LOUIS C. HERRI	, II		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name DSL Extre	####	Į.	
6 Amount (\$) 14,99 Reimbursement from political contributions	7 Payee address; City; Sta 21540 Plum Chats Worth		REET, S 91311	wite A
intended 8 PURPOSE	(a) Category (See categories listed at the top			ftravel outside of Texas, complete Schedule T}
OF EXPENDITURE	Advertising En	(pense	WEB ☐ Check if Aus	5174 stin, TX, officeholder living expense
Date	Payee name			
Amount (\$) /4,99	DSL EX+rev Payee address; City; Sta 21540 Pluma	ite; Zip Code	, Suite A	
Reimbursement from political contributions intended	Chatsworth C	en 913	11	
PURPOSE OF	Category (See categories listed at the top		, ,	f travel outside of Texas, complete Schedule T)
EXPENDITURE	Advertising Exp	rease		stin, TX, officeholder living expense
8/24/2014	Payee name VISta Print			
Amount (\$) 34.78 Reimbursement from political contributions	Payee address; City; St Vista Print, Cor Address un		Vista Prin Lexingto	4 USA 2 Mass. 02421
PURPOSE	Category (See categories listed at the lop		, ,	f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	dreetising Exp	ensë	I —	PESS Ca-ds stin, TX, officeholder living expense
8/24/2014	Payee name Super Cheap	os Sign	کیا	
Amount (\$) 300,13 Reimbursement from political contributions intended	Payee address: City; St 9'804 Gray	Blvd.	Austin	TX 78758
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (I	f travel outside of Texas, complete Schedule T)
EXPENDITURE	Adventising Expe	inse		stin, TX, officeholder living expense
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

Texas Ethics Commission

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

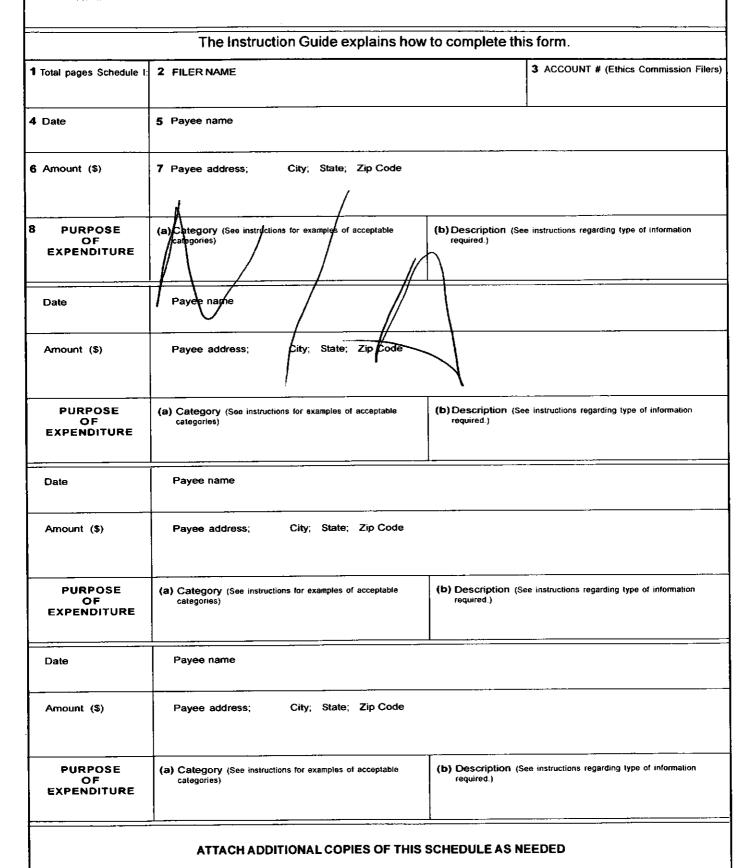
SCHEDULE H

	EXPENDITUR	E CATEGORIES FO	OR BOX 8(a)	• •	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Cont	ract Labor Loa	an Repayment/Reimb	ursement
Accounting/Banking	Legal Services	Solicitation/Fundraisi	ng Expense Tra	nsportation Equipme	nt & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		ntributions/Donations	· ·
Event Expense	Polling Expense	Travel Out Of Distric		Candidate/Officehold	er/Political Committee
Fees	Printing Expense	Office Overhead/Ren	•	HER (enter a categor	
rees	- · · · · · · · · · · · · · · · · · · ·	de explains how to co		TIETT (SINOT & CATOGOT	, 1101 1101 1101
1 Total pages Schedule H:	2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
• 10.1. P. \$00 00					
4 Date	5 Business name	1			
6 Amount (\$)	Business address; City;	State; Z/p C/Otte			
8 PURPOSE	(a) Category (See categories listed at the	top of this schedule	(b) Description (If tr	avel outside of Texas, con	plete Schedule T)
OF		- // /			
EXPENDITURE	\ //	- //	Chart if Austi	n, TX, officeholder living	evnense
	Candidate / Officeholder nar	no	Office sought	I, IX, Oncercial ining	Office held
9 Complete ONLY if direct expenditure to benefit OC					
Date	Business name				
Amount (\$)	Business address; City;	State; Zip Code			
PURPOSE	Category (See categories listed at the	top of this schedule)	Description (If tra	evel outside of Texas, com	plete Schedule T)
OF EXPENDITURE	1				
EXPENDITORE			Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder nar DH	me	Office sought		Office held
Date	Business name				
					_,
Amount (\$)	Business address; City;	State; Zip Code			
PURPOSE OF	Category (See categories listed at the	e top of this schedule)	Description (Ift	ravel outside of Texas, cor	nplete Schedule T)
EXPENDITURE			Check if Aust	tin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder na	me	Office sought		Office held
Date	Business name				
Amount (\$)	Business address; City;	State; Zip Code			
PURPOSE	Category (See categories listed at th	ne top of this schedule)	Description (If	travel outside of Texas, co	mplete Schedule T)
OF EXPENDITURE			Check if Aus	tin, TX, officeholder livir	g expense
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder na /OH	ime	Office sought		Office held
	ATTACH ADDITIONA	L COPIES OF THIS S	CHEDULE AS N	EEDED	,
<u></u>					

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE !



INTEREST EARNED, OTHER CREDITS/GAINS/ **REFUNDS, AND PURCHASE OF INVESTMENTS**

SCHEDULE K

•	The Instruction Guide explains how to complete this form.	1 Total pages Sche	edule K:
FILER NA	ME	3 ACCOUNT # (Et	hics Commission Filers)
Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code		
	7 Purpose for which amount is received		
Date	Name of person from whom amount is received: Address of person from whom amount is received; City; State; Zip Code		Amount (\$)
	Purpose for which amount is received		
Date	Name of person from whom arrount is received Address of person from whom amount is received; City; State; Zip Code		Amount (\$)
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	,	
	Purpose for which amount is received		<u> </u>
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS				
The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:			
2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)			
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
5 Contribution / Expenditure reported on:				
Schedule A Schedule B Schedule C Schedule	D Schedule F Schedule G			
Schedule H Schedule N COH-UC COH-T	PAC-C PAC-E			
6 Dates of travel 7 Name of person(s) traveling /				
8 Departure city or name of departure location 9 Destination city or name of destination/location				
10 Means of transportation 11 Purpose of travel (including name of conference, se	eminar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expenditure reported on:				
Schedule A Schedule B Schedule C, Schedule				
Schedule H Schedule N COH-UC COH-T	PAC-C PAC-E			
Dates of travel Name of person(s) traveling				
Departure city or name of departure location				
Destination city or name of destination location				
Means of transportation Purpose of travel (including name of conference, serr	ninar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expenditure reported on:				
Schedule A Schedule B Schedule C Schedule	e D Schedule F Schedule G			
Schedule H Schedule N COH-UC COH-T	PAC-C PAC-E			
Dates of travel Name of person(s) traveling				
Departure city or name of departure location				
Destination city or name of destination location				
Means of transportation Purpose of travel (including name of conference, sen	ninar, or other event)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				