FORM C/OH

COVER SHEET PG 1

NAME

CAMPAIGN

ADDRESS (residence or business)

CAMPAIGN TREASURER

9 REPORT TYPE

PHONE

10 PERIOD

COVERED

11 ELECTION

12 OFFICE

TREASURER

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT ACCOUNT # The C/OH instruction Guide explains how to complete this form. 3 CANDIDATE / MS/MRS/MR OFFICEHOLDER Mr Pete NAME NICKNAME SUFFIX Salazar APT/SUITE# 4 CANDIDATE / ADDRESS / PO BOX; OFFICEHOLDER 5300 McCandless Apt B, Austin, TX MAILING ADDRESS change of address AREA CODE PHONE NUMBER EXTENSION CANDIDATE/ OFFICEHOLDER (812) 657-0709 PHONE MS/MRS/MR CAMPAIGN TREASURER Mr. Joffrey

JONES

7601 Gault Austin, TX

PHONE NUMBER

825-623)

APT/SUITE#;

30th day before election

8th day before election

ELECTION TYPE

Primary

THROUGH

GOTO PAGE 2

78757

Runoff

STREET ADDRESS (NO PO BOX PLEASE);

AREA CODE

(5/2)

January 15

, /2014

July 15

OFFICE HELD (if any)

ACCOUNT (Ethics Commis		2 Total pages filed:		
(Ethics Commis	ssidii Filers)	14		
_	Mi	OFFICE U	SE ONLY	
		Date Received		
	SUFFIX	•		
			20.	
STATE:	ZIP CODE	-{	=	7
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Runoff		15th day after ca treasurer appoint		
		(officeholder only)		
Exceeded limit	3 \$500	Final report (Attach	C/OH - FR)	
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Month	•	Year		
16	/6/	2014		
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Runoff	abla	General	Special	
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Austi	N City	LOVACI		
Ī	istrict	ユ		
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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Pete Sala		CCOUNT # (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTE	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE! OF FICEHOLDER. 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	COMMITTEE NAME COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	· · · · · · · · · · · · · · · · · · ·			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS), UNLESS ITEMIZED	\$			
CYDENDITUDE		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 756.8			
EXPENDITURE TOTALS	3. TOTAL F					
CONTRIBUTION	4. TOTAL	POLITICAL EXPENDITURES	\$ 927_29			
BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 84.43			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$			
18 AFFIDAVIT	ASVONA O PICO	I swear, or affirm, under penalty of perj is true and correct and includes all info me under Title 15, Election Code.				
(S) w	MYRNA G. RIOS ly Commission Exp July 02, 2018	Signature of Candida	te or Officeholder			
AFFIX NOTARY STAM		me, by the said Refe Soulazo	W The, this the			
day	of October	11, 20 14, to certify which, witness my	hand and seal of office.			
Signature of officer admi	nistering oath	Printed name of officer administering oath	Title of officer administering oath			

Texas Ethics Com	nmission	P.O. Box 1207	0 Austin, Te	xas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
		ONTRIBU' PLEDGE:	TIONS S OR LOA	NS		SCHEDULE A
The	Instruction (Guide explains h	ow to complete thi	is form.	1 Total pages Sch	edule A:
2 FILER NAME					3 ACCOUNT # (E	thics Commission Filers)
	-Ann	W Pete	Salaza			
4 Date	5 Full nam	e of contributor	out-of-state PAC (ID#:_)	7 Amount of	8 In-kind contribution
8/12	6 Contribu		y, State, Zip Code		contribution (\$)	description (if applicable)
		6 Grover 1 INTX 78			(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job tit	de (See Instruction	s)	10 Employer (See		-
Dane	Instructor			DBA Choreo	graphy for	<u>j</u> 56d y
Date	1	e of contributor	out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/12		la 11001 tor address: Cit Acanthus 5	y; State; Zip Code		\$100	
	1291.00	jerville TX	18660		(45.4	
Principal occur		lle (See Instruction		Employer (See	·	of Texas, complete Schedule T)
\(\frac{1}{2}\)	·	·		Health Dep		T
Date	Ric	e of contributor Ward Gehrke	Comerny)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/15/14	Contribu	tor address: Cit	r ComprNY y; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	\$5	ream of paper
·	4901	Winnebago	Lane, Austin	,TX 78744		
Principal occur	nation (lob til	lle (See Instruction	0)	Employer (See	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
	peneral M		3)	Employer (See Clampitt Pa	pec.	
Date		e of contributor	ut-of-state PAC (ID#:	\	Amount of	In-kind contribution
_	1	ex Hernando			contribution (\$)	description (if applicable)
9/15	Contribu		y; State; Zip Code		\$50	<u> </u>
	4019	r Cinas	believe at 1	A USTIN TO 78759	i	1
Principal occu	pation / Job til	tle (See Instruction	s)	Employer (See		of Texas, complete Schedule T)
	ccountant	Executive			of TRX45 a	t Abstin
Date	Full nam	e of contributor	out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contribu	tor address; Cit	y; State; Zip Code			
						.
	1					of Texas, complete Schedule T)
Principal occu	pation / Job til	tle (See Instruction	s)	Employer (See	Instructions)	·
14	nantsihute- :-	ATTACH ADD	OTTIONAL COPIES	OF THIS SCHEDULE	AS NEEDED	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

				
The	e Instruction Guide explains how to complete th	is form.	1 Total pages Sch	redule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	Pete Sal of Contributor Out-of-state PAC (ID#:			
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
ن. ، ف			contribution (\$)	description (if applicable)
7/22/14	6 Contributor address; City; State; Zip Code			!
	6 Contributor address; City; State; Zip Code	e	19630	1
		~~·	7-16.00	
	Austin	1X	/If traval outside	of Tauric complete Cahadula T
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
	ATTORNEY	Gonves, day		ren & Macdy
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Pete Maldonido		contribution (\$)	description (if applicable)
ロムノ	. 1:		<u>}</u>	1
8/25	Contributor address; City; State; Zip Code	e	\$50	
	5103 Coppermend		, 0	
	Austin, Tx 78754			
Principal occ	rupation / Job title (See Instructions)	- · · · · ·	(If travel outside of	of Texas, complete Schedule T)
rincipal occi	upation / Job title (See Instructions)	Employer (See		/م∟'لاين يـــم
Date	Full name of contributor		lological AS	
Date		·	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Sam Jones			description (ii applicable)
8/12	Contributor address; City: State; Zip Code	e		1
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Principal oce				of Texas, complete Schedule T)
	Self. Employed	Employer (See	Instructions)	
Date	Full name of contributor		Amount of	In-kind contribution
	Michelle Akers		contribution (\$)	description (if applicable)
91.0	Contributor address; City; State; Zip Code		مد	
8/12	Contributor address: City: State; Zip Code 3605 Tamarack To 78727		\$ 50] [
	70777	,	3 -	1
	1051 INTX 707 24		(If trave) outside (of Texas, complete Schedule T)
- Principal occi	upation / Job title (See Instructions)	Employer (See		or rexas, complete concodie 1)
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Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
△	Domingo Garcia Contributor address: City: State: Zip Code		1-	1
(8/ A			4300	1
- " ()	406 South Zang Blvd Suite Duilas TX 75208	500		!
	Dallas TX +0x00		/If the containing	1
Principal occi	upation / Job title (See Instructions)	Employer (See	Instructions)	of Texas, complete Schedule T)
<i></i>	Homey		oue o	
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in If	contributor is out-of-state PAC, please see ins	UF ITIO OUTEDOLE	AS NEEDED	
:	· · · · · · · · · · · · · · · · · · ·	traction gains rolas.	аппонаг төрөгину	requirements.

TI	ne instruction Guide explains how to complete this for	n. 1	Total pages Sch	edule B:	
FILER NAM	ne	3	3 ACCOUNT # (Ethics Commission Filers)		
то	TAL OF UNITEMIZED PLEDGES:	₽ . ₽ .	⇒ ⇒	\$	
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; State: Zip Code	,	·	 	
				of Texas, complete Schedule	
Principal oc	cupation / Job title (See Instructions) 11	Employer (See Inst	tructions)		
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	
Principal oc	cupation / Job title (See Instructions)	Employer (See Inst	tructions)		
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	
Principal oc	cupation / Job title (See Instructions)	Employer (See Inst	tructions)	· · · · · · · · · · · · · · · · · · ·	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)	
-	Pledgor address; City; State; Zip Code			 	
Principal oc	cupation / Job title (See Instructions)	Employer (See Ins		of Texas, complete Schedule	
Date	Full name of pledgor out-of-statePAC(ID#:		Amount of pledge (\$)	In-kind description (if applicable)	
	Pledgor address; City: State; Zip Code			 	
			(If travel outside	of Texas, complete Schedule	
Principal oc	cupation / Job title (See Instructions)	Employer (See Inst	tructions)		

LOANS				SCHEDULE E
The Instruction Guide e	xplains how to complete this	form.	1 Total pag	ges Schedule E:
2 FILER NAME			3 ACCOUN	NT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZ	ED LOANS: ⇔ ⇔	D D D D	>	\$
5 Date of loan 7 Name of lender	out-of-st	ate PAC (ID#:		9 Loan Amount (\$)
6 Is lender 8 Lender address a financial Institution?	c: City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		10 Interestrate
Y N				11 Maturity date
12 Principal occupation / Job title (See In	structions) 13 En	nployer (See Instructions)		
14 Description of Collateral none	15 Ch	eck if personal funds were	deposited	into political account
16 GUARANTOR 17 Name of guaran INFORMATION	tor			19 Amount Guaranteed (\$)
18 Guarantor addr	ess; City; State;	. ,		
20 Principal Occupation (See Instructions)	21 Em	ployer (See Instructions)		
Date of loan Name of lender	out-of-s	ate PAC (ID#		Loan Amount (\$)
Is lender Lender address a financial Institution?	s: City: State; Zip Code			Interest rate
Y N		· 		Maturity date
Principal occupation / Job title (See In	structions) Em	ployer (See Instructions)		
Description of Collateral	ch	eck if personal funds were	deposited	into political account
GUARANTOR Name of guaran	tor			Amount Guaranteed (\$)
Guarantor addr	ess; City: State;	Zip Code		
Principal Occupation (See Instructions)	Em	player (See Instructions)		
	H ADDITIONAL COPIES OF T			quirements.

(TDD 1-800-735-2989)

P.O. Box 12070

	EXPENDITURE (CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Legal Services "Food/Beverage Expense	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Distr	ntract Labor sing Expense	Loan Repayment/R Transportation Equi Contributions/Dona	pment & Related Expense
Fees	· -·····g -··	Office Overhead/R	ental Expense	OTHER (enter a ca	tegory not listed above)
1 Total pages Schedule F:	2 FILER NAME Pete Scalage			3 ACCOUNT	# (Ethics Commission Filers)
4 Date 7/8/5	5 Payee name (Galaxy Cute 7 Payee address: City: State				
6 Amount (\$)	7 Payee address;/ City: Stat	e; Zip Code	•		
112,05	4616 Triangle A	ve 7675	3Austin K	1	
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule)	(b) Description	(If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	Food Beverage Expense		Check if A	Austin, TX, officeholder	living expense
9 Complete ONLY if direct	Candidate / Officeholder name		Office sough	nt	Office held
expenditure to benefit C/C	Pete Schazer Jr		City Council	District 7	
Date 8/1/1	Payee name Yollow Cob Company Payee address: City: Sta		·		
Amount (\$)		te; Zip Code			
⁴ 25	10630 Joseph Clayton	Or.	AUSTINTY	78753	, }
PURPOSE	Category (See categories listed at the top of	of this schedule)	. Description	(If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	Travel In District		Check if A	Austin, TX, officeholder	living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	nt	Office held
Date 8/1/14	Payee name Java Jive A	65712			
Amount (\$)	Payee address; City; Stat	e; Zip Code			
12,73	500 £ 417 St	AUSTUN T	× 7870) (
PURPOSE OF	Category (See categories listed at the top		Description	(If travel outside of Texa	is, complete Schedule T)
EXPENDITURE	Food/Beverage Expens	ÓL	Check if A	Austin TX, officeholder	rliving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder rame OH		Office sough	ht	Office held
Date	Payee name				
7/28/14 Amount (\$)	Tomilleria Rio	te; Zip Code			
		•	_		
879	900 E Braker, Aussin				
PURPOSE OF	Category (See categories listed at the top				as, complete Schedule T)
EXPENDITURE	Food Boverage ExpoN	,	<u> </u>	Austin, TX, officeholder	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name		Office sough	nt 	Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS	SCHEDULE AS	NEEDED	

Texas Ethics Commission

SCHEDULE F

(512) 463-5800

		
Advertising Expense	EXPENDITURE CATEGORIES I Gift/Awards/Memorials Expense Salaries/Wages/Co	` •
Accounting/Banking	,	·
• •	· ·	sing Expense Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense Travel Out Of Distr	ict Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/Re	ental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains how to o	, , ,
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
T (ota) pages contegate 1:	Pete Salaza	COOCAL * (Ethics Contribusion Filers)
4 Date	5 Pavee name	
4 Date 8/15	Clumpitt Paper 7 Payee address; City; State; Zip Code	
6 Amount (\$)	7 Pavee address: City State: Zin Code	
O Amount (Φ)		
97.39	4901 Winebag	o Lane, Austin, TX 78749
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If traveloutside of Texas, complete Schedule T)
OF	0 10	
EXPENDITURE	Paper Se	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/C		9
Expension to belief O/C		
D	D	
Date	Payee name	
8/25	$\mathcal{F}_{\text{land}}$ Culture	
	Payee address; Saucher City; State; Zip Code	
Amount (\$)	Payee address; V City; State; Zip Code	i
28.26	815 W.47 St. Lustin	TX 78751
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF		
EXPENDITURE	Food/beverage expense	—
	1 1 1 1	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/C		omee nea
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8/22	H-E.B.	
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8/22 Amount (\$)	H-E.B. Payee address; City; State; Zip Code	
8/22 Amount (\$)	H-E.B. Payee address; City; State; Zip Code	¹ 8751
8/22	H-E.B.	8751
8/22 Amount (\$)	H-E.B. Payee address; City; State; Zip Code Eust 7th St, Austin T& 7	
8/22 Amount (\$) \$ 16.04	H-E.B. Payee address; City; State; Zip Code	Description (If traveloutside of Texas, complete Schedule T)
8/22 Amount (\$) 5 16.04 PURPOSE	H-E.B. Payee address; City; State; Zip Code Eust 7 th St, Austin TX: 7 Category (See categories listed at the top of this schedule)	
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8/22 Amount (\$) 9 16.04 PURPOSE OF EXPENDITURE	H-E.B. Payee address; City; State; Zip Code Eust 7 th St, Austin TX: 7 Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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8/22 Amount (\$) 9 16.04 PURPOSE OF EXPENDITURE	H-E.B. Payee address; City; State; Zip Code Eust 7th St, Austin TX 7 Category (See categories listed at the top of this schedule) Food/boverage expense Candidate/Officeholder name	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense
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Texas Ethics Commission

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Event Expense	Polling Expense Travel Ou	ut Of District	Candidate/Officeholder/Political Committee
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Texas Ethics Commission

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
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Texas Ethics Commission

			
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Consulting Expense	Food/Beverage Expense Travel In District	Con	tributions/Donations Made By
Event Expense	Polling Expense Travel Out Of Dist		Candidate/Officeholder/Political Committee
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Texas Ethics Commission

EXPENDITURE CATEGORIES FOR BOX 8(a)						
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Texas Ethics Commission

		 					
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Texas Ethics Commission

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