CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

CAIIII AIGINT			OOVER OREET POI
The C/OH Instruction Gui	DE explains how to complete this form. 1 ACCOUNT # (Ethics Commission) 00000001	n filers)	2 PAGE # 1 of 49
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. James NICKNAME LAST Jimmy Paver	MI 	OFFICE USE ONLY Date Received AUSTIN RE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; 6808 Vine St Austin, TX 78757	ZIP CODE	Date Hand-delivered on Date Positina Receipt # Amount
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Date Processed
NAME	Mr. William NICKNAME LAST Bill Paver	SUFFIX	Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 1910 Justin Lane Austin, TX 78757	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 336-2863	ON	
8 REPORT TYPE	January 15 X 30th day before election Runoff July 15 8th day before election Exceeds	ed \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year Mor THROUGH 07/01/2014	09/25/20	Year
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff 11/04/2014	X	General Special
11 OFFICE	<u> </u>	SOUGHT (if known) City Council I	
	GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT &	IOTALS		COVER	SHEET PG 2
13 C/OH NAME Pavel	r, James (Mr.)		14 ACCOUNT # ((Ethics Commission filers)
15 NOTICE FROM This box is for notice of political expenditures by political committees to support the candidate have been made without the candidate's or officeholder's knowledge or consent. Candidates and information only if they receive notice of such expenditures				
POLITICAL COMMITTEE TYPE COMMITTEE NAME				:
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	25.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$			20,120.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$	0.00
	4. TOTALI	POLITICAL EXPENDITURES	\$	22,517.40
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE Y OF THE REPORTING PERIOD	\$	38,212.19
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	40,000.00
17 AFFIDAVIT	<u> </u>			•
Notar My D	NNETH A. RICHEY, JI y Public, State of Te ocommission Expire ecomber 22, 2015	Signature of Ca	all information requir	ed to be reported by
Sworn to and subscrib	ed before me, by t	ne said Jimmy Paver	, this the	6 th day

of <u>October</u>, 20<u>14</u>, to certify which, witness my hand and seal of office.

Title of officer administering oath

	The Instruction	อง Guide explains how to com	plete this form.		1 PAGE # Schedule: 1/2	26 Report: 3/49	
2	FILER NAME	Paver, James (Mr.)	•		3 ACCOUNT # 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor Anderson, Dick	out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	09/11/2014	6 Contributor address; 2307 Woodlawn Blvd Austin, TX 78703-2447	City; State; Zip Code		\$100.00	 	
					(If travel outside of	Texas, complete Schedule T)	
9	Principal occup real-estate de	ation / Job title (See Instruction evelopment	ns)	10 Employer (See In hpi	structions)		
	Date	Full name of contributor Ausley, Robbie	☐ out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/04/2014	Contributor address; 3707 Laurel Ledge Ln Austin, TX 78731-4049	City; State; Zip Code		\$200.00	 	
					i (If travel outside of	Texas, complete Schedule T)	
	Principal occup Retired	ation / Job title (See Instruction	ns)	Employer (See In	structions)		
_	Date	Full name of contributor Avagliano, Emily	☐ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/24/2014	Contributor address; 17427 Endel Way Richmond, TX 77407-2765	City; State; Zip Code		\$50.00	l . I I.	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup Product Mana	ation / Job title (See Instruction ager	ns)	Employer (See In GE			
	Date	Full name of contributor Beaver, Becky	out-of-state PAC (ID#	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/27/2014	Contributor address; 4601 Bull Creek Rd Austin, TX 78731	City; State; Zip Code		\$350.00	 	
_					(if travel outside of	Texas, complete Schedule T)	
	Principal occup Attorney	ation / Job title (See Instruction	ns)	Employer (See In	structions)	_	
	Date	Full name of contributor Bell, Jerry	☐ out-of-state PAC (ID#	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/21/2014	98 San Jacinto Blvd Ste 1100	City; State; Zip Code		\$150.00	 	
		Austin, TX 78701-4255			(If travel outside of	Texas, complete Schedule T)	
_	Principal occurs	ation / Job title (See Instruction	<u> </u>	Employer/Ca-1-	<u> </u>		
	Attorney	anony sop the (See Instruction	رها	Employer (See In NortonRoseFull			

The Instruction Guide explains how to complete this form.				1 PAGE # Schedule: 2/2	26 Report: 4/49		
2	FILER NAME	Paver, James (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor ut-of-state PAC (ID# Berg Yarnell, Christina	<u>; </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/18/2014	6 Contributor address; City; State; Zip Code 7708 Crackling Creek Dr Austin, TX 78736-3310	• • • • • • • • • • • • • • • • • • • •	\$250.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Attorney	ation / Job tille (See Instructions)	10 Employer (See In Law Offices of (structions) Christina Yarnell	-		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 5500 Shoal Creek Blvd Austin, TX 78756	• • • • • • • • • • • • • • • • • • • •	\$200.00	 		
				(If travel outside of	Texas, complete Schedule T)		
		ation / Job title (See Instructions) nd Catering Owner	Employer (See In The Whole Enc				
	Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/19/2014	Contributor address; City; State; Zip Code 7140 Chimney Cors Austin, TX 78731-2100		\$200.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	1	Texas, complete contended ty		
	Chief Financi		PSW				
	Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/23/2014	Contributor address; City; State; Zip Code 5805 Highland Hills Dr Austin, TX 78731-4234	•••••	\$50.00	 		
				(if travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	l _:			
H	Date	Full name of contributor	<u></u>	Amount of	In-kind contribution		
	Date	Blood, Michael	f)	Amount of contribution (\$)	description (if applicable)		
	09/23/2014	Contributor address; City; State; Zip Code 3200 Benbrook Dr Austin, TX 78757-6804		\$25.00	! ! !		
				(if travel outside of	Texas, complete Schedule T)		
		ation / Job title (See Instructions)	Employer (See In	<u>L'</u>	· <u></u>		
	Project Mana	ger	State of Texas				

The Instruction Guide explains how to complete this form.				1 PAGE # Schedule: 3/3	26 Report: 5/49		
2	FILER NAME	Paver, James (Mr.)			3 ACCOUNT # 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor Borders, Josh	Out-of-slate PAC (ID#	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	09/25/2014	6 Contributor address; 3700 Gilbert St Austin, TX 78703-2007	City; State; Zip Code		\$250.00	 	
					·	Texas, complete Schedule T)	
9	Principal occup Vice Presider	eation / Job title (See Instruction ht	ns)	10 Employer (See In Midtown Group			
	Date	Full name of contributor Bradley, Johanna	☐ out-of-state PAC (ID#	'	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/25/2014	Contributor address; 2626 Twisted Oak Cv S Cordova, TN 38016-8443	City; State; Zip Code		\$25.00	! !	
	,				<u> </u>	Texas, complete Schedule T)	
	Principal occup Barista	ation / Job title (See Instruction	ns)	Employer (See In Starbucks	structions)		
	Date	Full name of contributor Breen, Andrea	out-of-state PAC (ID#	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/24/2014	Contributor address; 3600 N Hills Dr Apt 247 Austin, TX 78731-3010	City; State; Zip Code		\$10.00	 	
						Texas, complete Schedule T)	
	Principal occup QA Director	ation / Job title (See Instruction	ns)	Employer (See In Stepping Stone			
	Date	Full name of contributor Brimble, Raymond	☐ out-of-state PAC (ID#	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/12/2014	Contributor address; 2800 Robbs Run Austin, TX 78703-1637	City; State; Zip Code		\$300.00	 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup Retired	ation / Job title (See Instruction	ns)	Employer (See In NA	structions)		
	Date	Full name of contributor Brown, Courtney	□ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/07/2014	Contributor address; 3805 Avenue G Austin, TX 78751-5009	City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	\$100.00	1 1 1	
					/# traval outelde of	Texas, complete Schedule T)	
	Principal occur	ation / Job title (See Instruction	ns)	Employer (See In	<u> </u>	Toxas, complete scriedule 1)	
	Retired	(250 monadio	,	NA NA	<i>-</i>		

	The Instruction	on Guide explains how to complete this form.		1 PAGE # Schedule: 4/2	26 Report: 6/49		
2	FILER NAME	Paver, James (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor ut-of-state PAC (ID# Burns, Heather)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/22/2014	6 Contributor address; City; State; Zip Code 2601 Penny Ln Apt 115		\$50.00	 		
		Austin, TX 78757-7608		(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Campaign Ma	ation / Job title (See Instructions) anager	10 Employer (See In Jimmy Paver fo				
	Date	Full name of contributor ut-of-state PAC (ID# Calderon, Henry)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 3304 Gallop Cv Austin, TX 78745-4601	******	\$100.00	 		
				(if travel outside of	Texas, complete Schedule T)		
	Principal occup Insurance Ag	ation / Job title (See Instructions) ent	Employer (See In: New York Life	structions)			
	Date	Full name of contributor ut-of-state PAC (ID# Carpenter, Sue	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/23/2014	Contributor address; City; State; Zip Code 3028 Sunland Dr		\$50.00	 		
		Austin, TX 78748-2067		(if travel outside of	Texas, complete Schedule T)		
	Principal occup Sr. Director, \$	ation / Job title (See Instructions) Success By 6	Employer (See In United Way for				
	Date						
		Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Copas, Deborah Contributor address; City; State; Zip Code 1409 Choquette Dr)				
	09/25/2014	Copas, Deborah Contributor address; City; State; Zip Code		contribution (\$) \$100.00	description (if applicable)		
		Copas, Deborah Contributor address; City; State; Zip Code 1409 Choquette Dr Austin, TX 78757-2511	Employer (See In Community Tec	contribution (\$) \$100.00 (If travel outside of structions)			
	Principal occup	Copas, Deborah Contributor address; City; State; Zip Code 1409 Choquette Dr Austin, TX 78757-2511	Employer (See In Community Tec	contribution (\$) \$100.00 (If travel outside of structions)	description (if applicable)		
	Principal occup software impl	Copas, Deborah Contributor address; City; State; Zip Code 1409 Choquette Dr Austin, TX 78757-2511 ation / Job title (See Instructions) ementation	Employer (See In Community Tec	s100.00 (If travel outside of structions) hKnowledge	description (if applicable) Texas, complete Schedule T)		
	Principal occup software impl Date	Copas, Deborah Contributor address; City; State; Zip Code 1409 Choquette Dr Austin, TX 78757-2511 Pation / Job title (See Instructions) ementation Full name of contributor Out-of-state PAC (IDad Cotton, James Contributor address; City; State; Zip Code 11000 Spicewood Pkwy	Employer (See In Community Tec	s100.00 (If travel outside of structions) hKnowledge Amount of contribution (\$)	description (if applicable) Texas, complete Schedule T)		

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/2	26 Report: 7/49			
2 FILER NAME	Paver, James (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)			
4 Date	5 Full name of contributor ut-of-state PAC (ID# Cowman, Russell	<u>; </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
09/09/2014	6 Contributor address; City; State; Zip Code 10820 Yorktown Trl Austin, TX 78726-1369		\$100.00	 			
			(If travel outside of	Texas, complete Schedule T)			
9 Principal occup Financial Adv	pation / Job title (See Instructions) visor	10 Employer (See In Morgan Stanley					
Date	Full name of contributor out-of-state PAC (ID# Crozier, Mark & Genevieve	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
09/20/2014	Contributor address; City; State; Zip Code 2707 Berenson Ln Austin, TX 78746-1929	• • • • • • • • • • • • • • • • • • • •	\$200.00	 			
	Austin, 17, 10140-1925		(If travel outside of	Texas, complete Schedule T)			
Principal occup	Dation / Job title (See Instructions)	Employer (See In	<u> </u>				
Physician		Seton Healthca					
Date	Full name of contributor	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
09/21/2014	Contributor address; City; State; Zip Code 2716 Barton Creek Blvd Apt 2624 Austin, TX 78735-1677		\$100.00	 			
	Additi, 17/0/03-10//		(if travel outside of	Texas, complete Schedule T)			
Principal occup homemaker	pation / Job title (See Instructions)	Employer (See In none	structions)	==			
Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable) Meet and Greet Supplies			
08/16/2014	Contributor address; City; State; Zip Code 8507 Burrell Drive Austin, TX 78757		\$132.00	1 			
			(If travel outside of	Texas, complete Schedule T)			
Principal occup Manager	pation / Job title (See Instructions)	Employer (See In Randalls	structions)				
Date	Full name of contributor ut-of-state PAC (ID# Diaz, Yolanda	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
09/25/2014	Contributor address; City; State; Zip Code 8507 Burrell Drive Austin, TX 78757		\$200.00	 			
			(If travel outside of	Texas, complete Schedule T)			
Principal occup Manager	pation / Job title (See Instructions)	Employer (See In Randalls	istructions)				

P.O.Box 12070

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The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE#				
_				Schedule: 6/2	26 Report: 8/49		
2	FILER NAME	Paver, James (Mr.)		3 ACCOUNT#	(Ethics Commission filers)		
	<u>-</u> ,			00000001			
4	Date	5 Full name of contributor ☐ out-of-state PAC (I Dison, Charleene	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	08/25/2014	6 Contributor address; City; State; Zip Code 2606 Twin Oaks Dr Austin, TX 78757-2736	· · · · · · · · · · · · · · · · · · ·	\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Retired	oation / Job title (See Instructions)	10 Employer (See Ir NA	nstructions)			
	Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/19/2014	Contributor address; City; State; Zip Code 1200 Sunshadow Ln Bishop, GA 30621-1256	•	\$250.00	 		
				(it travel outside of	Texas, complete Schedule T)		
\vdash	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	· · · · · · · · · · · · · · · · · · ·		
			·				
:	Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 20210 Siesta Shores Dr Spicewood, TX 78669		\$100.00	 		
				(If trough autolds of	Texas, complete Schedule T)		
┝	Principal occur	bation / Job title (See Instructions)	Employer (See Ir	<u> </u>	Texas, complete Schedule 1)		
	Retired	Calculation (Cook included in 1975)	NA NA				
	Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 7501 Creekbluff Dr Austin, TX 78750-8207)	\$100.00	 		
	•			(If travel outside of	Texas, complete Schedule T)		
	Principal occup Sixth River	ation / Job title (See Instructions)	Employer (See In Architect	nstructions)			
	Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/24/2014	Contributor address; City; State; Zip Code 7706 Lazy Ln Austin, TX 78757-1414	;	\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
		pation / Job title (See Instructions)	Employer (See Ir				
	Lawyer		Dunaway Law	Hirm			

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/2	26 Report: 9/49
2	FILER NAME	Paver, James (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Duncan, John)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/27/2014	6 Contributor address; City; State; Zip Code 4601 Bull Creek Road Austin, TX 78731		\$350.00	
		. ,		(If travel outside of	Texas, complete Schedule T)
┝	Dringing aggre	ation / Job title (See Instructions)	de Employer/Contra		,
9	Retired	alion 7 Job tille (See Instructions)	10 Employer (See In NA	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Elliott, Christopher)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/01/2014	Contributor address; City; State; Zip Code 1705 Rabb Rd		\$100.00	
		Austin, TX 78704-2811			
		<u></u> -			Texas, complete Schedule T)
		ation / Job title (See Instructions)	Employer (See In		
	Lawyer		Graves, Dough	erty, Hearon & Mo	ody, P.C.
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 7725 Journeyville Dr Austin, TX 78735-1829		\$300.00	l .
				(if travel outside of	' Texas, complete Schedule T)
	Principal occup Principal	ation / Job title (See Instructions)	Employer (See In KBGE	structions)	
	Date	Full name of contributor	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Tellen, White (Will.)			' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
	09/23/2014	Contributor address; City; State; Zip Code 11705 Lemens Spice Cove Austin, TX 78750	• • • • • • • • • • • • • • • • • • • •	\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Owner	ation / Job title (See Instructions)	Employer (See In All Star Heating	structions)	
⊨			· 	T	
	Date	Full name of contributor	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/23/2014	Contributor address; City; State; Zip Code 2000 Hopi Trail Austin, TX 78703		\$350.00	
				(If travel outside of	Texas, complete Schedule T)
\vdash	Principal occur	ation / Job title (See Instructions)	Employer (See In	<u> </u>	. The state of the
	Investor	ranon , son ana loga mondonons)	Self Employed	andonona)	

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/2	26 Report: 10/49		
2 FILER NAME	Paver, James (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)		
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Francese, Ann	<u>+)</u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
09/15/2014	6 Contributor address; City; State; Zip Code 14323 Geronimo Leander, TX 78641-9698		\$25.00	 		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occup Homemaker	pation / Job title (See Instructions)	10 Employer (See In NA	structions)			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/25/2014	Contributor address; City; State; Zip Code 14323 Geronimo Leander, TX 78641-9698	• • • • • • • • • • • • • • • • • • • •	\$200.00	1 1 1		
•			it travel outside of	Texas, complete Schedule T)		
Principal occup	Dation / Job title (See Instructions)	Employer (See In	<u> </u>	томости и поставания и поставан		
Homemaker		NA	·			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
07/19/2014	Contributor address; City; State; Zip Code 7312 Journeyville Dr Austin, TX 78735-1762		\$100.00	 		
			<u> </u>	Texas, complete Schedule T)		
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See In HHSC	structions)			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
07/19/2014	Contributor address; City; State; Zip Code 7312 Journeyville Dr Austin, TX 78735-1762	• • • • • • • • • • • • • • • • • • • •	\$100.00	 		
			(if travel outside of	Texas, complete Schedule T)		
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See In The Higher Edu	structions) ucation Coordinati	ng Board		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/25/2014	Contributor address; City; State; Zip Code 1601 W 38th St Ste 201		\$100.00	 		
	Austin, TX 78731-6211		(If traval autaids ==	Texas, complete Schedule T)		
Principal occup Psychologist	pation / Job title (See Instructions)	Employer (See In Self Employed		reves, complete schedule 1)		

Т	The INSTRUCTION	אס Guide explains how to complete this form.		1 PAGE # Schedule: 9/3	26 Report: 11/49		
2 F	ILER NAME	Paver, James (Mr.)	!	3 ACCOUNT# 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor ut-of-state PAC (ID# Galan, Estella)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
08	9/15/2014	6 Contributor address; City; State; Zip Code 43 Rainey St #2601 Austin, TX 78701		\$350.00	 		
1		Austin, 17 70701		(If travel outside of	Texas, complete Schedule T)		
		ation / Job title (See Instructions) an Originator	10 Employer (See In Security Nation	structions)			
	Date	Full name of contributor ut-of-state PAC (ID#	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09	9/02/2014	Contributor address; City; State; Zip Code 3125 Hemphill Park Austin, TX 78705-2822		\$350.00	 		
				, ·	Texas, complete Schedule T)		
	rincipal occup resident	eation / Job title (See Instructions)	Employer (See In William Gammo				
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
07	7/29/2014	Contributor address; City; State; Zip Code 1807 Madison Ave Austin, TX 78757-2220		\$25.00	 		
					Texas, complete Schedule T)		
	rincipal occup fundraising (eation / Job title (See Instructions) Consultant	Employer (See In University of Te		_		
	Date	Full name of contributor ut-of-state PAC (ID# Graham, Dan	+)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
30	8/25/2014	Contributor address; City; State; Zip Code 9309 Leaning Rock Cir Austin, TX 78730-2731	• • • • • • • • • • • • • • • • • • • •	\$350.00	 		
		Ausun, 1A 76730-2731					
P	rincipal occup	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)		
	EO		BuildASign.com				
	Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
05	9/23/2014	Contributor address; City; State; Zip Code 13716 Tanglewood Dr Farmers Branch, TX 75234-3844	•••••	\$100.00	 		
				·	Texas, complete Schedule T)		
	rincipal occup lot employed	nation / Job title (See Instructions)	Employer (See In Not employed	structions)			

The Instruction	N Guide explains how to complete this form.		1 PAGE # Schedule: 10	/26 Report: 12/49
2 FILER NAME	Paver, James (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Hagemeier, Anne-Marie)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/24/2014	6 Contributor address; City; State; Zip Code 54 Seasons Irvine, CA 92603-0648		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Attorney	pation / Job title (See Instructions)	10 Employer (See In N/A	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Haggerty, Jean)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/25/2014	Contributor address; City; State; Zip Code 2003 Lakeshore Dr Austin, TX 78746-2906		\$200.00	1
			(if travel outside of	Texas, complete Schedule T)
Principal occur Homemaker	pation / Job title (See Instructions)	Employer (See In NA	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/25/2014	Contributor address; City; State; Zip Code 2003 Lakeshore Dr Austin, TX 78746-2906		\$200.00]
			(If travel outside of	Texas, complete Schedule T)
Principal occup Co-Owner	pation / Job title (See Instructions)	Employer (See In Thundercloud S		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/25/2014	Contributor address; City; State; Zip Code 12024 Scribe Dr Austin, TX 78759		\$25.00	
			(if travel outside of	Texas, complete Schedule T)
Principal occur Attorney	pation / Job title (See Instructions)	Employer (See In Travis County	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
09/25/2014	Contributor address; City; State; Zip Code 5507 Shoal Creek Blvd Austin, TX 78756-1819		\$250.00	
			(if travel outside of	Texas, complete Schedule T)
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See In Self Employed	structions)	

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	The Instruction	ON GUIDE explains how to con	plete this form.		1 PAGE # Schedule: 11	/26 Report: 13/49
2	FILER NAME	Paver, James (Mr.)			3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor Herring, William	out-of-state PAC (ID#	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/25/2014	6 Contributor address; 1000 E 38th St Austin, TX 78705-1813	City; State; Zip Code		\$50.00	
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup Lawyer	eation / Job title (See Instruction	ns)	10 Employer (See In Metcalfe Wolff S	structions) Stuart & Williams	·
	Date	Full name of contributor Hines, Andy (Mr.)	out-of-state PAC (ID#	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/10/2014	Contributor address; 4113 Prince Andrew Ln Austin, TX 78730-3458	City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	\$350.00	
						Texas, complete Schedule T)
	Principal occup President of (pation / Job title (See Instruction Corporation	ns)	Employer (See In Hines Pool and		
	Date	Full name of contributor Hines, Catherine (Mrs.)	out-of-state PAC (ID#	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/10/2014	Contributor address; 4113 Prince Andrew Ln Austin, TX 78730-3458	City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	\$350.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)	
	Date	Full name of contributor Hoffman, Jill (Mrs.)	out-of-state PAC (ID#	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable) Meet and greet supplies
	09/20/2014	Contributor address; 1917 Madison Avenue Austin, TX 78757	City; State; Zip Code		\$77.50	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instruction	ns)	Employer (See In The Bojorquez	structions)	
	Date	Full name of contributor Hoffman, Mike (Mr.)	out-of-slate PAC (ID#	;)	Amount of contribution (\$)	In-kind contribution description (if applicable) Meet and Greet supplies
	09/20/2014	Contributor address; 1917 Madison Avenue Austin, TX 78757	City; State; Zip Code	•••••	\$77.50	!
					(If travel outside of	Texas, complete Schedule T)
-	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	,	· · · · · · · · · · · · · · · · · · ·
	Sustainability	Program Manager		URS Corporation		

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # _Schedule: 12	/26 Report: 14/49
2	FILER NAME	Paver, James (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Holton, Joel)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/11/2014	6 Contributor address; City; State; Zip Code 5104 Leghorn Cv Round Rock, TX 78681-5524		\$60.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Manager	ation / Job title (See Instructions)	10 Employer (See In Hines Pool & Sp		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/17/2014	Contributor address; City; State; Zip Code 2240 Cotton Blvd New Braunfels, TX 78130-2456		\$50.00	!
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Portfolio Man	ation / Job title (See Instructions) ager	Employer (See In Axiom Asset Ac	structions)	
⊨		5 "		<u> </u>	I
	Date	Full name of contributor ut-of-state PAC (ID# Hoyos, Sarah (Mrs.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/17/2014	Contributor address; City; State; Zip Code 2240 Cotton Blvd New Braunfels, TX 78130-2456		\$50.00	!
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Portfolio Man	ation / Job title (See Instructions) ager	Employer (See In Axiom Asset Ac		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/22/2014	Contributor address; City; State; Zip Code 4310 Morning Willow Dr Katy, TX 77450		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Engineer 1	ation / Job title (See Instructions)	Employer (See In Samsung Austi	structions) n Semiconductor	, <u> </u>
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/23/2014	Contributor address; City; State; Zip Code 6808B Vine St Austin, TX 78757		\$40.00	;
				(If travel outside of	Texas, complete Schedule T)
_	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>	
	Engineer 1		Samsung Austi	n Semiconductor	

The Instruction Guide explains how to complete this form.		1 PAGE # Schedule: 13	/26 Report: 15/49		
2 FILER NAME Paver, James (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)		
4 Date 5 Full name of contributor ☐ out-of-state PAC (ID# Hunek, Mark (Mr.)	*)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
09/22/2014 6 Contributor address; City; State; Zip Code 4310 Morning Willow Dr Katy, TX 77450		\$100.00	 		
		(If travel outside of	Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) Realtor	10 Employer (See Ins Self	structions)			
Date Full name of contributor ☐ out-of-state PAC (ID# Jett, John	<u>#)</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/19/2014 Contributor address; City; State; Zip Code 4904 Mirador Austin, TX 78735-1557	• • • • • • • • • • • • • • • • • • • •	\$100.00	 		
		(If travel outside of	Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)	Employer (See Ins				
Banker	BBVA Compass	,			
Date Full name of contributor out-of-state PAC (ID# Karjeker, Alexander	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/11/2014 Contributor address; City; State; Zip Code 4111 Village Corner Dr Houston, TX 77059-5550		\$100.00	 		
			Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Data Analyst	Employer (See Ins Uber Technolog				
Date Full name of contributor ☐ out-of-state PAC (ID# Kaso, David	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
08/20/2014 Contributor address; City; State; Zip Code 12804 Lantana Ridge Ct Austin, TX 78732-2024		\$50.00	 		
		(if travel outside of	Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Director of Conference Services	Employer (See Ins AT&T Executive		Conference Center		
Date Full name of contributor out-of-state PAC (ID# Kaso , Nick	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/23/2014 Contributor address; City; State; Zip Code 11202 Sierra Blanca St Austin, TX 78726-1433		\$100.00	 		
		(If travel outside of	Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Retired	Employer (See Ins NA	structions)			

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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 14	/26 Report: 16/49
2 FILER NAME	Paver, James (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Kollaros, Katherine)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/21/2014	6 Contributor address; City; State; Zip Code 4003 Crescent Dr Austin, TX 78722-1223		\$30.00	
			·	Texas, complete Schedule T)
	pation / Job title (See Instructions) alysis and Development	10 Employer (See In Stepping Stone		
Date	Full name of contributor	<u>+</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/23/2014	Contributor address; City; State; Zip Code 2608 Outlook Ridge Loop		\$25.00	
	Leander, TX 78641-4949			l
Principal occur	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
regional supe	evisor	steppingstones		
Date	Full name of contributor	<u>;</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/22/2014	Contributor address; City; State; Zip Code 722 Congress Ave Austin, TX 78701-3217		\$350.00	
	,		(if travel outside of	Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ☐ out-of-state PAC (ID# Kruger, Lea	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/22/2014	Contributor address; City; State; Zip Code 722 Congress Ave Austin, TX 78701-3217		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	istructions)	
Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/25/2014	Contributor address; City; State; Zip Code 1906 Scenic Dr Austin, TX 78703-2041	• • • • • • • • • • • • • • • • • • • •	\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Investor	pation / Job title (See Instructions)	Employer (See In Self	<u> </u>	

	1 PAGE # Schedule: 15	:/26 Report: 17/49
	3 ACCOUNT# 00000001	(Ethics Commission filers)
#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
••••••	\$25.00	
	(If travel outside of	Texas, complete Schedule T)
10 Employer (See In ATMI	structions)	
#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	\$200.00	
	(If travel outside of	Texas, complete Schedule T)
University of Te	exas	
#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	\$25.00	
T		Texas, complete Schedule T)
#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	\$350.00	
	(if travel outside of	Texas, complete Schedule T)
Employer (See In PSI	structions)	
#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	\$350.00	!
	(if travel outside of	Texas, complete Schedule T)
	#	Schedule: 15 3 ACCOUNT # 00000001 # 00000001 # 17 Amount of contribution (\$) \$25.00 [If travel outside of contribution (\$) # 10 Employer (See Instructions) ATMI # 200.00 [If travel outside of contribution (\$) \$200.00 [If travel outside of contribution (\$) # 25.00 [If travel outside of contribution (\$) \$25.00 [If travel outside of contribution (\$) \$350.00 [If travel outside of contribution (\$) # 350.00 [If travel outside of contribution (\$) \$350.00 # 3350.00

	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 16	/26 Report: 18/49
2	FILER NAME	Paver, James (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAG Loredo, Judith	C (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/09/2014	6 Contributor address; City; State; Zip C 8730 Chalk Knoll Dr Austin, TX 78735-1717	Code	\$100.00	
		,		(If travel outside of	Texas, complete Schedule T)
9	Principal occup Edu. Adminis	ation / Job title (See Instructions) trator	10 Employer (See I Texas Higher	nstructions) Education Coordina	ating Board
	Date	Full name of contributor	C (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable) Graphic Design Work
	09/23/2014	Contributor address; City; State; Zip C 1921 Richcreek Rd Austin, TX 78757	Code	\$350.00	
				(If travel outside of	Texas, complete Schedule T)
┢	Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date	Full name of contributor	C (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip C 4706 Hilwin Cir Austin, TX 78756	Code	\$200.00	↓ } ↓
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Banker	ation / Job title (See Instructions)	Employer (See I FROST Bank	nstructions)	
	Date	Full name of contributor	C (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/18/2014	Contributor address; City; State; Zip C 2106 Toro Canyon Rd Austin, TX 78746-2329	Code	\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See I Self-employed		
	Date	Full name of contributor	C (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/18/2014	Contributor address; City; State; Zip C 2106 Toro Canyon Rd Austin, TX 78746-2329	Code	\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Homemaker	ation / Job title (See Instructions)	Employer (See NA		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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The instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 17	/26 Report: 19/49
2 FILER NAME	Paver, James (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Mcclung, Neill)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
07/31/2014	6 Contributor address; City; State; Zip Code 2918 Ranch Road 620 N Apt 172 Austin, TX 78734-2251	,	\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup commercial re	pation / Job title (See Instructions) eal estate	10 Employer (See In self	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/25/2014	Contributor address; City; State; Zip Code 388 Cortona Dr West Lake Hills, TX 78746-4438		\$50.00]
			/H tenval outside of	Texas, complete Schedule T)
Dringing) agent	Lab title (Cas Instruction)	Empleyer (Co.)	1 -	Texas, complete schedule 1)
Principal occus	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/09/2014	Contributor address; City; State; Zip Code 2608 W 48th St Austin, TX 78731-5602		\$50.00	
				Texas, complete Schedule T)
Principal occup bartender	pation / Job title (See Instructions)	Employer (See In self-employed	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable) Event supplies
09/24/2014	Contributor address; City; State; Zip Code 2546 Scenic Drive Austin, TX 78703		\$350.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup President	pation / Job title (See Instructions)	Employer (See In SACHEM	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/10/2014	Contributor address; City; State; Zip Code 4700 W Guadalupe St Apt A223 Austin, TX 78751-3689	••••••	\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See In Retired	structions)	

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	The Instruction	א Guide explains how to complete this form.		1 PAGE # Schedule: 18	/26 Report: 20/49	
2	FILER NAME	Paver, James (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor ut-of-state PAC (ID# Nink, Michael	:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	09/25/2014	6 Contributor address; City; State; Zip Code 3204 Silverleaf Dr Austin, TX 78757-1613	•••••	\$100.00	 	
l				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Marketing	ation / Job title (See Instructions)	10 Employer (See In Intelechy Group			
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/24/2014	Contributor address; City; State; Zip Code 6808 Vine St Austin, TX 78757-2311		\$350.00	 	
ļ				(if travel outside of	Texas, complete Schedule T)	
H		ation / Job title (See Instructions)	Employer (See In	structions)	<u> </u>	
	Manager of A	ccount Services	Mckesson			
	Date	Full name of contributor ut-of-state PAC (ID# Paver, James	'	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/22/2014	Contributor address; City; State; Zip Code 438 Hillcrest Rd San Mateo, CA 94402-1125		\$250.00	 	
		Sall Mateu, CA 94402-1125		(if travel outside of	Texas, complete Schedule T)	
	Principal occup Vice Presider	ation / Job title (See Instructions)	Employer (See In Aon Corporation			
	Date	Full name of contributor ut-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
-	09/25/2014	Contributor address; City; State; Zip Code 5906 Mount Bonnell Rd Austin, TX 78731-3641		\$350.00	 	
				l '	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/05/2014	Contributor address; City; State; Zip Code 1108 Arcadia Ave Austin, TX 78757-3004		\$236.45	 	
L				<u> </u>	Texas, complete Schedule T)	
	Principal occup Physical The	ation / Job title (See Instructions) capist	Employer (See In Seton Family of			

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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 19	/26 Report: 21/49
2 FILER NAME	Paver, James (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Paver, Robert	1)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/25/2014	6 Contributor address; City; State; Zip Code 5906 Mount Bonnell Rd Austin, TX 78731-3641	'	\$350.00	
		·		Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In Campus Conne		
Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/25/2014	Contributor address; City; State; Zip Code 4106 Edwards Mountain Dr Austin, TX 78731-3902		\$300.00	! 1
	Additi, 17,70731-3302			
Principal conve	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
Retired	oation 7 Job title (See instituctions)	NA	structions)	
Date	Full name of contributor	F)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/30/2014	Contributor address; City; State; Zip Code 1108 Arcadia Ave Austin, TX 78757-3004		\$100.00	 -
	7.00.00, 17.70.07.000		(If travel outside of	Texas, complete Schedule T)
Principal occur Lawyer	pation / Job title (See Instructions)	Employer (See In FosterQuan, LL		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/05/2014	Contributor address; City; State; Zip Code 1108 Arcadia Ave Austin, TX 78757-3004		\$146.55	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Lawyer	pation / Job title (See Instructions)	Employer (See In FosterQuan, LL		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/01/2014	Contributor address; City; State; Zip Code 4106 Edwards Mountain Dr Austin, TX 78731		\$100.00	!
			(if travel outside of	Texas, complete Schedule T)
Principal occup psychologist	pation / Job title (See Instructions)	Employer (See In Sydney Paver,	structions)	

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	The Instruction	on Guide explains how to complete this form.		1 PAGE # Schedule: 20	/26 Report: 22/49
2	FILER NAME	Paver, James (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Paver, Sydney)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/31/2014	6 Contributor address; City; State; Zip Code 4106 Edwards Mountain Dr Austin, TX 78731		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup psychologist	ation / Job title (See Instructions)	10 Employer (See In Sydney Paver,		
	Date	Full name of contributor ut-of-state PAC (ID# Paver, Sydney)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/15/2014	Contributor address; City; State; Zip Code 4106 Edwards Mountain Dr Austin, TX 78731		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Psychologist	pation / Job title (See Instructions)	Employer (See In Sydney Paver, I		
	1 ayundogist		Gydney i aver,	. n.b.	
	Date	Full name of contributor))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/08/2014	Contributor address; City; State; Zip Code 2406 Pegram Ave Austin, TX 78757-2341		\$25.00	
				(if travel outside of	Texas, complete Schedule T)
	Principal occup Consultant	ation / Job title (See Instructions)	Employer (See In Hill+Knowlton S		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip Code 1110 W Oltorf St None Austin, TX 78704-5329		\$350.00	
	<u> </u>			<u> </u>	Texas, complete Schedule T)
	Principal occup Paralegal	pation / Job title (See Instructions)	Employer (See In Loewy Law Firn		
	Date	Full name of contributor ut-of-state PAC (ID# Pinnelli, Janis)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/29/2014	Contributor address; City; State; Zip Code PO Box 50038 Austin, TX 78763-0038		\$350.00	
L				(if travel outside of	Texas, complete Schedule T)
	Principal occup Accountant	pation / Job title (See Instructions)	Employer (See In Pinnelli Compa		

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 21	/26 Report: 23/49
2	FILER NAME	Paver, James (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Quinn, Colin	·)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/22/2014	6 Contributor address; City; State; Zip Code 149 Rua Melo e Castro Austin, TX 78704		\$25.00	[[]
			ļ	(If travel outside of	Texas, complete Schedule T)
9	Principal occup scientist	ation / Job title (See Instructions)	10 Employer (See In USAID	<u> L'</u>	
	Date	Full name of contributor	}	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/09/2014	Contributor address; City; State; Zip Code 6308 Wilbur Dr Austin, TX 78757-2751		\$50.00	
		,		(If travel outside of	Texas, complete Schedule T)
	Principal occur	eation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete schedule 1)
	Analyst	,	Apple Inc.	,	
	Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/09/2014	Contributor address; City; State; Zip Code 5711 Marilyn Dr Austin, TX 78757-4420		\$50.00	
		Austin, 17/10/37-4420		(If travel outside of	Texas, complete Schedule T)
•	Principal occup Sales	ation / Job title (See Instructions)	Employer (See In Facebook	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Roberts, Nathaniel)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/24/2014	Contributor address; City; State; Zip Code 5711 Marilyn Dr Austin, TX 78757-4420		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Director	ation / Job title (See Instructions)	Employer (See In IPsoft	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/29/2014	Contributor address; City; State; Zip Code 12008 Scribe Dr Austin, TX 78759-3146	• • • • • • • • • • • • • • • • • • • •	\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	eation / Job title (See Instructions)	Employer (See In Retired	l '	
		· · · · · · · · · · · · · · · · ·			

				<u> </u>	-
	The Instruction	on Guide explains how to complete this form.		1 PAGE # Schedule: 22	2/26 Report: 24/49
2	FILER NAME	Paver, James (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAG Robinson, Teresa	C (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/24/2014	6 Contributor address; City; State; Zip C 12008 Scribe Dr Austin, TX 78759-3146	code	\$200.00	,
9	Principal occup Retired	ation / Job title (See Instructions)	10 Employer (See Retired		f Texas, complete Schedule T)
	Date	Full name of contributor ut-of-state PAR Roche, David (Mr.)	C (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip C 1600 Mount Larson Rd Austin, TX 78746	Code	\$350.00	l
				(If travel outside o	f Texas, complete Schedule T)
	Principal occup Principal	ation / Job title (See Instructions)	Employer (Se Endeavor Re	e Instructions) eal Estate Group	
	Date	Full name of contributor	C (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/25/2014	Contributor address; City; State; Zip C 1600 Mount Larson Rd Austin, TX 78746	code	\$350.00	1 1 1
				(if travel outside o	f Texas, complete Schedule T)
	Principal occup Homemaker	ation / Job title (See Instructions)	Employer (Sec NA	e Instructions)	
	Date	Full name of contributor	C (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/23/2014	Contributor address; City; State; Zip C 3409 Esperanza Xing Apt 7213	Code	\$50.00	1 1 1
	•	Austin, TX 78758-8707		(if travel outside o	f Texas, complete Schedule T)
	Principal occup Development	ation / Job title (See Instructions) Manager	Employer (Se IBM Corpora	e Instructions)	· · · · · · · · · · · · · · · · · · ·
-	Date	Full name of contributor ut-of-state PA	C (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/23/2014	Contributor address; City; State; Zip C 9506 San Diego Rd Austin, TX 78737-3036	Code	\$200.00	1 1 1
				(If travel outside o	f Texas, complete Schedule T)
	Principal occup Psychologist	ation / Job title (See Instructions)	Employer (Se Side by Side	e Instructions) e,Inc.	

P.O.Box 12070

	The Instruction	on Guide explains how to complete this form.		1 PAGE # Schedule: 23	/26 Report: 25/49		
2	FILER NAME	Paver, James (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Sandra, Briley)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/24/2014	6 Contributor address; City; State; Zip Code 16797 Fm 32 Blanco, TX 78606-4515		\$10.00	! 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Lecturer	eation / Job title (See Instructions)	10 Employer (See In Texas state unit				
	Date	Full name of contributor ut-of-state PAC (ID# Schuette, Thomas	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/23/2014	Contributor address; City; State; Zip Code 2700 Addison Ave Austin, TX 78757-2317		\$25.00	 		
				(if travel outside of	Texas, complete Schedule T)		
		ation / Job title (See Instructions)	Employer (See In				
	Senior Vice P	resident/Head of Research	Gurtin Fixed Inc	come			
	Date	Full name of contributor ut-of-state PAC (ID# Sihi, Debika	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	08/01/2014	Contributor address; City; State; Zip Code 8128 Forest Heights Ln Austin, TX 78749-3500		\$50.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Assistant Pro	ation / Job title (See Instructions) fessor	Employer (See In Southwestern L				
	Date	Full name of contributor ut-of-state PAC (ID# Smith, David	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/23/2014	Contributor address; City; State; Zip Code 3816 Travis Country Cir Austin, TX 78735-6103		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/23/2014	Contributor address; City; State; Zip Code 9210 Creeks Edge Cir Austin, TX 78733		\$200.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>			

The Instruction Guide explains how to complete this form.				1 PAGE # Schedule: 24	/26 Report: 26/49	
2	FILER NAME	Paver, James (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor ut-of-state PAC (ID# Stanfield, Vincent)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	07/20/2014	6 Contributor address; City; State; Zip Code 2505 Lark Glen Ln Austin, TX 78748-3959		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup administrator	ation / Job title (See Instructions)	10 Employer (See In The University	istructions) of Texas at Austin		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/25/2014	Contributor address; City; State; Zip Code 2505 Lark Glen Ln Austin, TX 78748-3959		\$100.00	 	
		Additi, 17.70140-0000		(If travel outside of	Texas, complete Schedule T)	
		ation / Job title (See Instructions)	Employer (See In			
	administrator		i ne University	of Texas at Austin		
	Date	Full name of contributor ut-of-state PAC (ID# Stansberry, Blayne)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/06/2014	Contributor address; City; State; Zip Code 605 Arroyo Vista Dr Manchaca, TX 78652-3745		\$100.00	 	
		-			·	
L	Principal occur	ation / Joh title (See Instructions)	Employer (See In	`	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Civil Engineer			pineering Co., Inc.			
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/12/2014	Contributor address; City; State; Zip Code 1509 Aggie Ln Austin, TX 78757-1829		\$40.00	1 	
		700mi, 17,70707-1020			' <u> </u>	
	Branton Loren		England (C	<u></u>	Texas, complete Schedule T)	
	marketing	ation / Job title (See Instructions)	Employer (See In Dell inc	istructions)		
	Date	Full name of contributor ut-of-state PAC (ID# Trexler, Molly)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/25/2014	Contributor address; City; State; Zip Code 7700 Valburn Dr Austin, TX 78731-1154		\$100.00	 	
L				(If travel outside of	Texas, complete Schedule T)	
		ation / Job title (See Instructions)	Employer (See In			
	PNP		Dell Children's	поѕрнан		

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	The Instruction Guide explains how to complete this form.			1 PAGE # Schedule: 25/26 Report: 27/49			
2	FILER NAME	Payer, James (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Walker, Jamie	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	09/07/2014	6 Contributor address; City; State; Zip Code 6911 Hardy Dr		\$10.00	 		
		# A Austin, TX 78757-2441		(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Administrator	ation / Job title (See Instructions)	10 Employer (See In Stepping Stone				
	Date	Full name of contributor ut-of-state PAC (ID# Walton, Neal		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/09/2014	Contributor address; City; State; Zip Code 4608 Sinclair Ave Austin, TX 78756-3019		\$50.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup CPA	ation / Job title (See Instructions)	Employer (See In AMD	structions)			
	Date	Full name of contributor	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/19/2014	Contributor address; City; State; Zip Code 3905 Island Knoll Dr Austin, TX 78746		\$200.00	 		
					 		
_	Principal occur	pation / Job title (See Instructions)	Employer (See In	t ·	Texas, complete Schedule T)		
	Homemaker	,	NA	,			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/12/2014	Contributor address; City; State; Zip Code 700 White Bluff Trl Burnet, TX 78611-3485		\$100.00	 		
		Bullet, 17 70011 0400					
<u> </u>	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)		
	Retired	· · · · · · · · · · · · · · · · · · ·	None				
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/23/2014	Contributor address; City; State; Zip Code 6218 Аппароlis Ln Dallas, ТХ 75214-2103		\$25.00	; [[
				(If trave) outside of	Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Ir	<u> </u>	-,			
	full time stude		none	,			

The Instruction Guide explains how to complete this form.				1 PAGE # Schedule: 26	s/26 Report: 28/49		
2	FILER NAME	Paver, James (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Wilk, Adam)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	08/07/2014	6 Contributor address; City; State; Zip Code 7506 Crossdraw Dr Austin, TX 78731-1103		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Attorney	ation / Job title (See Instructions)	10 Employer (See In Sneed, Vine & I				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 8209 Dark Ridge Cv Austin, TX 78737-3511		\$50.00	 		
				<u>L.'</u>	Texas, complete Schedule T)		
	Principal occup Attorney	eation / Job title (See Instructions)	Employer (See In Metcalfe Wolff (structions) Stuart and William	ns, LLP		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/08/2014	Contributor address; City; State; Zip Code 122 Mist Flower Dr Pflugerville, TX 78660-7823		\$25.00	 		
		Flidgelville, 17.70000-7623			Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Higher Ed Admin		Employer (See In UT Austin	structions)				
	Date	Full name of contributor ut-of-state PAC (ID# Zinda, John (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	09/25/2014	Contributor address; City; State; Zip Code 1411 Gorham Street Austin, TX 78756		\$350.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Attorney	nation / Job title (See Instructions)	Employer (See In Zinda & Davis F	structions)			
┝	Date	Full name of contributor ut-of-state PAC (ID#	' 	Amount of	In-kind contribution		
	54.5	Zuniga, Diana	· ———/	contribution (\$)	description (if applicable)		
	08/21/2014	Contributor address; City; State; Zip Code 300 Bowie St Apt 3302		\$100.00	 		
		Austin, TX 78703-4679					
<u> </u>	Principal assure	pation / Joh title (See Instructions)	Employee (Car I	L:	Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Real Estate			Employer (See In Investors Allian				

EXPENDITURE CATEGORIES

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Gifts/Awards/Memorial Expense Loan Repayment/Reimbursement Legal Services Transportation Equipment & Related Expense Food/Beverage Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Polling Expense Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Paver, James (Mr.) 00000001 Schedule: 1/20 Report: 29/49 Date 5 Payee name **Austin Diner** 07/16/2014 Payee address 6 Amount (\$) City; State; Zip Code 5222 Burnet Rd \$24.23 Austin, TX 78756 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Lunch with consultant Consulting Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Paver, Jimmy (Mr.) Date Payee name Austin's Pizza 09/18/2014 Amount (\$) Pavee address City: State: Zip Code 3637 Far W Blvd \$36.83 Austin, TX 78731 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Phonebanking Snacks Food/Beverage Expense OF **EXPENDITURE** Check If Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure Paver, Jimmy (Mr.) to benefit C/OH Date Payee name 09/25/2014 Austin's Pizza Amount (\$) Payee address City; State; Zip Code 3637 Far W Blvd \$34.57 Austin, TX 78731 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Phonebanking Snacks Food/Beverage Expense OF **EXPENDITURE** Check If Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Paver, Jimmy (Mr.) Date Payee name 07/31/2014 Bill Me Later Amount (\$) Payee address City; State; Zip Code 9690 Deereco Rd \$4.95 Lutherville-Timonium, MD 21093 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** bill pay fee Fees OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure Paver, Jimmy (Mr.)

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Food/Beverage Expense Polling Expense

P.O.Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Paver, James (Mr.) Schedule: 2/20 Report: 30/49 00000001 4 Date Payee name Bill Me Later 08/29/2014 6 Amount (\$) Payee address City; State; Zip Code 9690 Deereco Rd \$4.95 Lutherville-Timonium, MD 21093 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** fee **Fees EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Paver, Jimmy (Mr.) Payee name 08/04/2014 Black Star CoOp Amount (\$) Payee address City: State: Zip Code 7020 Easy Wind Dr \$37.00 Ste 100 Austin, TX 78757 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Meet and Greet **Event Expense** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Office sought: Candidate / Officeholder name Office held: direct expenditure to benefit C/OH Paver, Jimmy (Mr.) Date Payee name **Bob Bullock Museum Parking** 08/27/2014 Amount (\$) Pavee address City; State; Zip Code 1800 Congress Ave \$8.00 Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Parking fees Fees OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure Paver, Jimmy (Mr.) to benefit C/OH Date Payee name 07/01/2014 Burns, Heather Amount (\$) Payee address City; State; Zip Code 2601 Penny Lane \$2,485,18 #115 Austin, TX 78757 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salary Salaries/Wages/Contract Labor OF **EXPENDITURE** Check If Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Paver, Jimmy (Mr.)

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

P.O.Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Paver, James (Mr.) Schedule: 3/20 Report: 31/49 00000001 4 Date 5 Payee name 08/01/2014 Burns, Heather 6 Amount (\$) Payee address City: State: Zip Code 2601 Penny Lane \$2,485.18 #115 Austin, TX 78757 (b) Description Salary (a) Category (See Categories listed at the top of this schedule) 8 (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Paver, Jimmy (Mr.) Date Pavee name Burns, Heather 09/01/2014 Amount (\$) Payee address City: State: Zip Code 2601 Penny Lane \$2,485.18 #115 Austin, TX 78757 Category (See Categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T) **PURPOSE** Salary Salaries/Wages/Contract Labor ΩE **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure Paver, Jimmy (Mr.) to benefit C/OH Date Payee name Café Java 09/23/2014 Amount (\$) Payee address City: State: Zip Code 11900 Metric Blvd \$6.00 Austin, TX 78758 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Coffee with constituents Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure Paver, Jimmy (Mr.) to benefit C/OH Date Pavee name 08/27/2014 Chevron Payee address City; State; Zip Code Amount (\$) 2909 W Anderson Ln Austin, TX 78757 \$15.00 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Gas (Truck) Transportation Equipment & Related Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure Paver, Jimmy (Mr.) to benefit C/OH

SCHEDULE F

Advertising Expense Event Expense

direct expenditure

to benefit C/OH

Paver, Jimmy (Mr.)

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement

Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees Printing Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Paver, James (Mr.) Schedule: 4/20 Report: 32/49 00000001 4 Date Payee name 08/11/2014 City of Austin 6 Amount (\$) Payee address City; State; Zip Code 301 W 2nd Street \$3.00 Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Parking fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Paver, Jimmy (Mr.) Date Payee name Facebook 07/01/2014 Amount (\$) Pavee address City: State: Zip Code 1 Hacker Way \$72.96 Menlo Park, CA 94025 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertisements Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure Paver, Jimmy (Mr.) to benefit C/OH Date Pavee name Facebook 08/01/2014 Amount (\$) Payee address City; State; Zip Code 1 Hacker Way \$75.00 Menlo Park, CA 94025 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertisements Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Paver, Jimmy (Mr.) Date Payee name 08/01/2014 Facebook Amount (\$) Payee address City: State: Zip Code 1 Hacker Way Menlo Park, CA 94025 \$106.00 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertisements Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held:

Austin, Texas 78711-2070

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) 1 PAGE# Paver, James (Mr.) Schedule: 5/20 Report: 33/49 00000001 Date 5 Payee name 09/02/2014 Facebook 6 Amount (\$) Pavee address City; State; Zip Code 1 Hacker Way \$5.17 Menlo Park, CA 94025 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE Advertisements** Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Paver, Jimmy (Mr.) Date Pavee name Facebook 09/02/2014 Amount (\$) Payee address City: State: Zip Code 1 Hacker Way Menlo Park, CA 94025 \$112.98 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertisements Advertising Expense 0F EXPENDITURE Check if Austin, TX, officeholder living expense Office sought: Candidate / Officeholder name Complete ONLY if Office held: direct expenditure to benefit C/OH Paver, Jimmy (Mr.) Date Pavee name Facebook 09/18/2014 Amount (\$) Pavee address City: State: Zip Code 1 Hacker Wav \$1.67 Menlo Park, CA 94025 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertisements Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure Paver, Jimmy (Mr.) to benefit C/OH Date Payee name 07/30/2014 Franciscan Charities Amount (\$) Payee address City; State; Zip Code P.O. Box 425120 \$300.00 San Fransisco, CA 94142 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Franciscan Charities Event Contributions/Donations Made By OF Candidate/Officeholder/Political Committee **EXPENDITURE** Check If Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure Paver, Jimmy (Mr.) to benefit C/OH

EXPENDITURE CATEGORIES

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Paver, James (Mr.) Schedule: 6/20 Report: 34/49 00000001 Date 5 Payee name Gatti's Pizza 07/28/2014 6 Amount (\$) Payee address City; State; Zip Code 2931 W Anderson Ln \$31.68 Austin, TX 78757 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 Phonebanking snacks **PURPOSE** Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Paver, Jimmy (Mr.) Date Payee name Gatti's Pizza 08/11/2014 Amount (\$) Pavee address City: State: Zip Code 2931 W Anderson Ln \$29.43 Austin, TX 78757 Category (See Categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T) **PURPOSE** Phonebanking snacks Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure Paver, Jimmy (Mr.) to benefit C/OH Date Payee name 08/25/2014 Gatti's Pizza Amount (\$) Payee address City; State; Zip Code 2931 W Anderson Ln \$25.18 Austin, TX 78757 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Phonébanking snacks Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Paver, Jimmy (Mr.) Date Payee name 08/25/2014 Gatti's Pizza Amount (\$) Payee address City; State; Zip Code 2931 W Anderson Ln \$18.69 Austin, TX 78757 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Phonebanking snacks Food/Beverage Expense OF **EXPENDITURE** Check If Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure Paver, Jimmy (Mr.) to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

EXPENDITURE CATEGORIES 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)

Polling Expense Printing Expense The Instruction Guide explains how to complete this form. PAGE # 2 FILER NAME 3 ACCOUNT # (TEC filers) Paver, James (Mr.) Schedule: 7/20 Report: 35/49 00000001

4 Date	5 Payee name	
09/04/2014	Gatti's Pizza	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$26.72	2931 W Anderson Ln Austin, TX 78757	
	Addin, 17 10101	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Food/Beverage Expense	Phonebanking snacks
OF EXPENDITURE	, , , , , , , , , , , , , , , , , , ,	
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH	Paver, Jimmy (Mr.)	
Date	Payee name	
09/11/2014	Gatti's Pizza	
Amount (\$)	Payee address City; State; Zip Code	
\$25.72	2931 W Anderson Ln	
4	Austin, TX 78757	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Phonebanking snacks
OF	Food/Beverage Expense	Filotiebanking stracks
EXPENDITURE		n
Complete ONLY if	Candidate / Officeholder name	Check If Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure	Paver, Jimmy (Mr.)	Office dought.
to benefit C/OH		
Date	Payee name	
07/03/2014	Google	<u> </u>
Amount (\$)	Payee address City; State; Zip Code	
\$10.00	1600 Amphitheatre Pkwy Mountain View, CA 94043	
	mountain view, ex eve is	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Fees	Business account fee
OF EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH	Paver, Jimmy (Mr.)	
Date	Payee name	
Date 08/06/2014	Payee name Google	
	Y .	
08/06/2014 Amount (\$)	Google Payee address City; State: Zip Code 1600 Amphitheatre Pkwy	
08/06/2014	Google Payee address City; State; Zip Code	
08/06/2014 Amount (\$)	Google Payee address City; State: Zip Code 1600 Amphitheatre Pkwy	
08/06/2014 Amount (\$) \$10.00	Google Payee address City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043 Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
08/06/2014 Amount (\$) \$10.00 PURPOSE OF	Google Payee address City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043	Description (If travel outside of Texas, complete Schedule T)
08/06/2014 Amount (\$) \$10.00	Google Payee address City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043 Category (See Categories listed at the top of this schedule)	Business Account fee
08/06/2014 Amount (\$) \$10.00 PURPOSE OF	Google Payee address City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043 Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Business Account fee Check If Austin, TX, officeholder living expense Office sought: Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Event Expense Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)			
1 PAGE #	The Instruction Guide explains ho			
1 PAGE # Schedule: 8/20 P	2 FILER NAME Paver, James (Mr.)	3 ACCOUNT # (TEC filers) 00000001		
4 Date	5 Payee name	1 00000001		
09/08/2014	Google			
6 Amount (\$)	7 Payee address City; State; Zip Code			
\$10.00	1600 Amphitheatre Pkwy Mountain View, CA 94043	<u>:</u>		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)		
OF	Fees	Business account fee		
EXPENDITURE		Constitution TV -40b-ldes living average		
9 Complete ONLY if	Candidate / Officeholder name	Check If Austin, TX, officeholder living expense Office sought: Office held:		
direct expenditure to benefit C/OH	Paver, Jimmy (Mr.)	555		
Date	Payee name			
08/18/2014	Herronstock			
Amount (\$)	Payee address City; State; Zip Code			
\$215.42	3428 Greystone Dr Austin, TX 78731			
	Austin, 17 70707	۸		
<u> </u>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
PURPOSE	Advertising Expense	Stock photo		
OF EXPENDITURE	- ,	<u> </u> _		
		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure	Candidate / Officeholder name Paver, Jimmy (Mr.)	Office sought: Office held:		
to benefit C/OH	Paver, Junitry (Mr.)			
Date	Payee name	 		
09/10/2014	Ink and Toner Station			
Amount (\$)	Payee address City; State; Zip Code	•		
\$61.69	8222 N Lamar Blvd Austin, TX 78753			
	Adami, IX 10100			
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
PURPOSE	Printing Expense	Ink		
OF EXPENDITURE		<u> _</u>		
		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure	Candidate / Officeholder name Paver, Jimmy (Mr.)	Office sought: Office held:		
to benefit C/OH	Paver, Juniny (MIL)			
Date	Payee name			
09/04/2014	Jewish Community Association of Austin			
Amount (\$)	Payee address City; State; Zip Code			
\$193.00	7300 Hart Ln Austin, TX 78731			
	Austri, IA 70731			
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
PURPOSE	Advertising Expense	Advertisements		
OF EXPENDITURE	5 1			
		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:		
to benefit C/OH	Paver, Jimmy (Mr.)			

SCHEDULE F

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Consulting Exper Event Expense Fees	Polling Expense Trave Printing Expense Office	If In District Contributions/Donations Made By OUTO District Candidate/Officeholder/Political Committee Outerhead/Rental Expense OTHER (enter a category not listed above) plains how to complete this form.
- DAGE #		
1 PAGE # Schedule: 9/20 F	2 FILER NAME Paver, James (Mr.)	3 ACCOUNT # (TEC filers) 00000001
4 Date	5 Payee name	
08/28/2014	Kathie Tam Photography	
6 Amount (\$)	7 Payee address City; State; Zip Co	de
\$324.75	2602 Orsobello Place Cedar Park, TX 78613	,
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Advertising Expense	edute) (b) Description (If travel outside of Texas, complete Schedule T) Campaign Photos
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH	Paver, Jimmy (Mr.)	
Date	Payee name	
08/26/2014	Lowes	
Amount (\$)	Payee address City; State; Zip Co	ode
\$91.58	8000 Shoal Creek Blvd Austin, TX 78757	
PURPOSE OF	Category (See Categories listed at the top of this sch Advertising Expense	edule) Description (If travel outside of Texas, complete Schedule T) Sign posts
EXPENDITURE		Check if Austin, TX, officeholder living expense
		I Check if Additit, 17, directioner fixing expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH	Candidate / Officeholder name Paver, Jimmy (Mr.)	
direct expenditure to benefit C/OH Date	Paver, Jimmy (Mr.) Payee name	
direct expenditure to benefit C/OH Date 09/15/2014	Paver, Jimmy (Mr.) Payee name Monkey Nest Coffee	Office sought: Office held:
direct expenditure to benefit C/OH Date 09/15/2014 Amount (\$)	Paver, Jimmy (Mr.) Payee name Monkey Nest Coffee Payee address City; State; Zip Co	Office sought: Office held:
direct expenditure to benefit C/OH Date 09/15/2014	Paver, Jimmy (Mr.) Payee name Monkey Nest Coffee Payee address City; State; Zip Co	Office sought: Office held:
direct expenditure to benefit C/OH Date 09/15/2014 Amount (\$) \$144.04	Paver, Jimmy (Mr.) Payee name Monkey Nest Coffee Payee address City; State; Zip Co 5353 Burnet Rd Austin, TX 78756 Category (See Categories listed at the top of this sch	Office sought: Office held: ode edule) Description (If travel outside of Texas, complete Schedule T)
Date 09/15/2014 Amount (\$) \$144.04	Paver, Jimmy (Mr.) Payee name Monkey Nest Coffee Payee address City; State; Zip Co 5353 Burnet Rd Austin, TX 78756	Office sought: Office held:
direct expenditure to benefit C/OH Date 09/15/2014 Amount (\$) \$144.04	Paver, Jimmy (Mr.) Payee name Monkey Nest Coffee Payee address City; State; Zip Co 5353 Burnet Rd Austin, TX 78756 Category (See Categories listed at the top of this sch	Office sought: Office held: ode edule) Description (If travel outside of Texas, complete Schedule T) Meet and Greet- reservation and coffee
direct expenditure to benefit C/OH Date 09/15/2014 Amount (\$) \$144.04 PURPOSE OF EXPENDITURE	Paver, Jimmy (Mr.) Payee name Monkey Nest Coffee Payee address City; State; Zip Co 5353 Burnet Rd Austin, TX 78756 Category (See Categories listed at the top of this sch Event Expense	edule) Description (If travel outside of Texas, complete Schedule T) Meet and Greet- reservation and coffee Check If Austin, TX, officeholder living expense
Date 09/15/2014 Amount (\$) \$144.04	Paver, Jimmy (Mr.) Payee name Monkey Nest Coffee Payee address City; State; Zip Co 5353 Burnet Rd Austin, TX 78756 Category (See Categories listed at the top of this sch	Office sought: Office held: ode edule) Description (If travel outside of Texas, complete Schedule T) Meet and Greet- reservation and coffee
direct expenditure to benefit C/OH Date 09/15/2014 Amount (\$) \$144.04 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Paver, Jimmy (Mr.) Payee name Monkey Nest Coffee Payee address City; State; Zip Co 5353 Burnet Rd Austin, TX 78756 Category (See Categories listed at the top of this sch Event Expense Candidate / Officeholder name Paver, Jimmy (Mr.)	edule) Description (If travel outside of Texas, complete Schedule T) Meet and Greet- reservation and coffee Check It Austin, TX, officeholder living expense
direct expenditure to benefit C/OH Date 09/15/2014 Amount (\$) \$144.04 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Paver, Jimmy (Mr.) Payee name Monkey Nest Coffee Payee address City; State; Zip Co 5353 Burnet Rd Austin, TX 78756 Category (See Categories listed at the top of this sch Event Expense Candidate / Officeholder name	edule) Description (If travel outside of Texas, complete Schedule T) Meet and Greet- reservation and coffee Check It Austin, TX, officeholder living expense
direct expenditure to benefit C/OH Date 09/15/2014 Amount (\$) \$144.04 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Paver, Jimmy (Mr.) Payee name Monkey Nest Coffee Payee address City; State; Zip Co 5353 Burnet Rd Austin, TX 78756 Category (See Categories listed at the top of this sch Event Expense Candidate / Officeholder name Paver, Jimmy (Mr.) Payee name NGP VAN	Office sought: Office held: ode edule) Description (If travel outside of Texas, complete Schedule T) Meet and Greet- reservation and coffee Check it Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure to benefit C/OH Date 09/15/2014 Amount (\$) \$144.04 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/22/2014 Amount (\$)	Paver, Jimmy (Mr.) Payee name Monkey Nest Coffee Payee address City; State; Zip Co 5353 Burnet Rd Austin, TX 78756 Category (See Categories listed at the top of this sch Event Expense Candidate / Officeholder name Paver, Jimmy (Mr.) Payee name NGP VAN Payee address City; State; Zip Co	Office sought: Office held: ode edule) Description (If travel outside of Texas, complete Schedule T) Meet and Greet- reservation and coffee Check it Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure to benefit C/OH Date 09/15/2014 Amount (\$) \$144.04 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/22/2014	Paver, Jimmy (Mr.) Payee name Monkey Nest Coffee Payee address City; State; Zip Co 5353 Burnet Rd Austin, TX 78756 Category (See Categories listed at the top of this sch Event Expense Candidate / Officeholder name Paver, Jimmy (Mr.) Payee name NGP VAN Payee address City; State; Zip Co	Office sought: Office held: ode edule) Description (If travel outside of Texas, complete Schedule T) Meet and Greet- reservation and coffee Check it Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure to benefit C/OH Date 09/15/2014 Amount (\$) \$144.04 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/22/2014 Amount (\$) \$1,050.00	Paver, Jimmy (Mr.) Payee name Monkey Nest Coffee Payee address City; State; Zip Co 5353 Burnet Rd Austin, TX 78756 Category (See Categories listed at the top of this sch Event Expense Candidate / Officeholder name Paver, Jimmy (Mr.) Payee name NGP VAN Payee address City; State; Zip Co 1101 15th St NW Ste 500	edule) Description (If travel outside of Texas, complete Schedule T) Meet and Greet- reservation and coffee Check if Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure to benefit C/OH Date 09/15/2014 Amount (\$) \$144.04 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/22/2014 Amount (\$) \$1,050.00	Paver, Jimmy (Mr.) Payee name Monkey Nest Coffee Payee address City; State; Zip Co 5353 Burnet Rd Austin, TX 78756 Category (See Categories listed at the top of this sch Event Expense Candidate / Officeholder name Paver, Jimmy (Mr.) Payee name NGP VAN Payee address City; State; Zip Co 1101 15th St NW Ste 500 Washington DC, DC 20005	edule) Description (If travel outside of Texas, complete Schedule T) Meet and Greet- reservation and coffee Check If Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure to benefit C/OH Date 09/15/2014 Amount (\$) \$144.04 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/22/2014 Amount (\$) \$1,050.00	Paver, Jimmy (Mr.) Payee name Monkey Nest Coffee Payee address City; State; Zip Co 5353 Burnet Rd Austin, TX 78756 Category (See Categories listed at the top of this sch Event Expense Candidate / Officeholder name Paver, Jimmy (Mr.) Payee name NGP VAN Payee address City; State; Zip Co 1101 15th St NW Ste 500 Washington DC, DC 20005 Category (See Categories listed at the top of this sch	edule) Description (If travel outside of Texas, complete Schedule T) Meet and Greet- reservation and coffee Check If Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure to benefit C/OH Date 09/15/2014 Amount (\$) \$144.04 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/22/2014 Amount (\$) \$1,050.00 PURPOSE OF	Paver, Jimmy (Mr.) Payee name Monkey Nest Coffee Payee address City; State; Zip Co 5353 Burnet Rd Austin, TX 78756 Category (See Categories listed at the top of this sch Event Expense Candidate / Officeholder name Paver, Jimmy (Mr.) Payee name NGP VAN Payee address City; State; Zip Co 1101 15th St NW Ste 500 Washington DC, DC 20005 Category (See Categories listed at the top of this sch Fees	edule) Description (If travel outside of Texas, complete Schedule T) Meet and Greet- reservation and coffee Check If Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure to benefit C/OH Date 09/15/2014 Amount (\$) \$144.04 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/22/2014 Amount (\$) \$1,050.00 PURPOSE OF	Paver, Jimmy (Mr.) Payee name Monkey Nest Coffee Payee address City; State; Zip Co 5353 Burnet Rd Austin, TX 78756 Category (See Categories listed at the top of this sch Event Expense Candidate / Officeholder name Paver, Jimmy (Mr.) Payee name NGP VAN Payee address City; State; Zip Co 1101 15th St NW Ste 500 Washington DC, DC 20005 Category (See Categories listed at the top of this sch	edule) Description (If travel outside of Texas, complete Schedule T) Meet and Greet- reservation and coffee Check If Austin, TX, officeholder living expense Office sought: Office held:

SCHEDULE F

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Event Expense	Polling Expense Travel Out Of Distr	
Fees	Printing Expense Office Overhead/R The Instruction Guide explains how	· · · · · · · · · · · · · · · · · · ·
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 10/20	Report: 38/49 Paver, James (Mr.)	00000001
4 Date 07/01/2014	5 Payee name Office Depot	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$5.40	2620 W Anderson Lane	
φ ο.4 υ	Austin, TX 78757	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	Office supplies
EXPENDITURE		
O Consolete CNII V if	Candidate / Officeholder name	Office sought: Office held:
9 Complete ONLY if direct expenditure	Paver, Jimmy (Mr.)	Office sought: Office held:
to benefit C/OH		· · · · · · · · · · · · · · · · · · ·
Date	Payee name	
07/18/2014	Office Depot	
Amount (\$)	Payee address City; State; Zip Code	
\$39.83	2620 W Anderson Lane Austin, TX 78757	
	Austin, 1270707	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	Labels
OF EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH	Paver, Jimmy (Mr.)	
Date	Payee name	
07/21/2014	Office Depot	
Amount (\$)	Payee address City; State; Zip Code	
\$47.37	2620 W Anderson Lane	
	Austin, TX 78757	
} 	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Labels
OF EXPENDITURE	, is to thomas and a second of	
EXI ENDITORE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH	Paver, Jimmy (Mr.)	
Date	Payee name	
08/05/2014	Office Depot	•
Amount (\$)	Payee address City; State; Zip Code	
\$48.15	2620 W Anderson Lane	
	Austin, TX 78752	
	0-1	Barrier W. J.
PURPOSE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Office supplies
OF .	Onice Overneau/nerital Expense	
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH	Paver, Jimmy (Mr.)	
	<u> </u>	

SCHEDULE F

Advertising Expense

Gifts/Awards/Memorial Expense

P.O.Box 12070

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

Accounting/Bank Consulting Exper Event Expense Fees	nse Food/Beverage Expense 1 Polling Expense 1	Solicitation/Fundraising Expense Fravel In District Fravel Out Of District Office Overhead/Rental Expense	Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
	5 •	explains how to complete this fo	
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 11/20	Report: 39/49 Paver, James (Mr.)		0000001
4 Date	5 Payee name		
09/11/2014	Office Depot		
6 Amount (\$)	7 Payee address City; State; Zi	p Code	·
\$98.00	2620 W Anderson Lane Austin, TX 78757		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this Advertising Expense	s schedule) (b) Description Stamps	(If travel outside of Texas, complete Schedule T)
EXPENDITURE		l ₋	
	0		n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Paver, Jimmy (Mr.)	Office sou	ught: Office held:
Date	Payee name		
09/11/2014	Office Depot		
Amount (\$)	Payee address City; State; Zi	p Code	
\$90.95	2620 W Anderson Lane Austin, TX 78757		
PURPOSE OF	Category (See Categories listed at the top of this Advertising Expense	s schedule) Description Stamps	(If travel outside of Texas, complete Schedule T)
EXPENDITURE		ln	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Paver, Jimmy (Mr.)	Office sou	n, TX, officeholder llying expense ught: Office held:
Date	Payee name		
09/12/2014	Office Depot		
Amount (\$)	Payee address City; State; Zig	p Code	
\$49.00	2620 W Anderson Lane Austin, TX 78757		
PURPOSE OF	Category (See Categories listed at the top of this Advertising Expense	s schedule) Description Mailing supp	(If travel outside of Texas, complete Schedule T)
EXPENDITURE		In	TV officebaldes listen assesses
Complete ONLY if	Candidate / Officeholder name	Office sou	n, TX, officeholder IIving expense ught: Office held:
direct expenditure to benefit C/OH	Paver, Jimmy (Mr.)		
Date	Payee name		
09/15/2014	Office Depot		
Amount (\$)	Payee address City; State; Zi	p Code	
\$28.99	2620 W Anderson Lane Austin, TX 78757		
PURPOSE OF	Category (See Categories listed at the top of this Advertising Expense	s schedule) Description Mailing supp	(If travel outside of Texas, complete Schedule T)
EXPENDITURE		l _	· ·
Complete ONLY if	Candidate / Officeholder name	<u> </u>	n, TX, officeholder living expense ught: Office held:
direct expenditure to benefit C/OH	Paver, Jimmy (Mr.)	Office sot	ogni. Oniça naid.

SCHEDULE F

Advertising Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donalions Made By Candidate/Officeholder/Political Committee

Accounting/Banking Consulting Expense OTHER (enter a category not listed above) Fees Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Paver, James (Mr.) Schedule: 12/20 Report: 40/49 00000001 4 Date 5 Payee name Paver, Anetta (Mrs.) 09/25/2014 Payee address 6 Amount (\$) City: State: Zip Code 6808 Vine St \$116.63 Austin, TX 78757 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Repayment for web domain expenses Loan Repayment/Reimbursement **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 09/16/2014 RATL Inc Amount (\$) Payee address City; State; Zip Code 7710-T Cherry Drive \$295.03 Ste 349 Houston, TX 77095 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Door Hangers Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Paver, Jimmy (Mr.) Date Pavee name Real Estate Council of Austin 09/23/2014 Amount (\$) Pavee address City: State: Zip Code 98 San Jacinto Blvd. \$110.00 Ste 510 Austin, TX 78701 Description Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Affordability luncheon Event Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office squahr Office held: direct expenditure Paver, Jimmy (Mr.) to benefit C/OH Date Payee name 07/02/2014 Sage Payment Solutions City: State: Zip Code Amount (\$) Payee address 1750 Old Meadow Rd \$197.56 Ste 300 McLean, VA 22102 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Credit card fees OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Paver, Jimmy (Mr.)

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Amount (\$)

\$395.65

Payee address

1910 Justin Lane

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES 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. PAGE # 2 FILER NAME 2 ACCOUNT # (TEC filers)

I AGE #	Z I ICERTANIC	(120 meis
Schedule: 13/20	Report: 41/49 Paver, James (Mr.)	0000001
4 Date	5 Payee name	
08/04/2014	Sage Payment Solutions	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$80.38	1750 Old Meadow Rd Ste 300 McLean, VA 22102	
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 fees Check If Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Paver, Jimmy (Mr.)	Office sought: Office held:
Date	Payee name	
09/02/2014	Sage Payment Solutions	
Amount (\$)	Payee address City; State; Zip Code	
\$99.83	1750 Old Meadow Rd Ste 300 McLean, VA 22102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Credit card fees
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Paver, Jimmy (Mr.)	Office sought: Office held:
Date	Payee name	
07/17/2014	Stepping Stones School	

Austin, TX 78757 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Repay for shirts Loan Repayment/Reimbursement OF EXPENDITURE

City; State; Zip Code

Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Paver, Jimmy (Mr.) Date Payee name 07/25/2014 The Bread Basket Amount (\$) Payee address City; State; Zip Code

2213 Justin Ln \$35.16 Austin, TX 78757 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Phonebanking snacks Food/Beverage Expense OF

EXPENDITURE Check If Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Paver, Jimmy (Mr.)

SCHEDULE F

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Consulting Experience Event Expense Fees		strict Candidate/Officeholder/Political Committee //Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 14/20	Report: 42/49 Paver, James (Mr.)	0000001
4 Date	5 Payee name	
07/25/2014	The Bread Basket	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$13.94	2213 Justin Ln Austin, TX 78757	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) Phonebanking snacks
EXPENDITURE		Check If Austin, TX, officeholder (lying expense
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH	Paver, Jimmy (Mr.)	
Date	Payee name	
09/24/2014	The Bread Basket	
Amount (\$)	Payee address City; State; Zip Code	
\$39.26	2213 Justin Ln Austin, TX 78757	
PURPOSE OF	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Phonebanking snacks
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Paver, Jimmy (Mr.)	Office sought: Office held:
direct expenditure	Payee name	Office sought: Office held:
direct expenditure to benefit C/OH	Paver, Jimmy (Mr.)	Office sought: Office held:
direct expenditure to benefit C/OH Date	Paver, Jimmy (Mr.) Payee name Tiff's Treats Payee address City; State; Zip Code	Office sought: Office held:
direct expenditure to benefit C/OH Date 09/18/2014	Paver, Jimmy (Mr.) Payee name Tiff's Treats	Office sought: Office held:
Date 09/18/2014 Amount (\$) \$35.00	Paver, Jimmy (Mr.) Payee name Tiff's Treats Payee address City; State; Zip Code 11011 Research Blvd #310	Description (If travel outside of Texas, complete Schedule T)
direct expenditure to benefit C/OH Date 09/18/2014 Amount (\$) \$35.00	Paver, Jimmy (Mr.) Payee name Tiff's Treats Payee address City; State; Zip Code 11011 Research Blvd #310 Austin, TX 78759	
Date 09/18/2014 Amount (\$) \$35.00	Paver, Jimmy (Mr.) Payee name Tiff's Treats Payee address City; State; Zip Code 11011 Research Blvd #310 Austin, TX 78759 Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
direct expenditure to benefit C/OH Date 09/18/2014 Amount (\$) \$35.00 PURPOSE OF EXPENDITURE	Paver, Jimmy (Mr.) Payee name Tiff's Treats Payee address City; State; Zip Code 11011 Research Blvd #310 Austin, TX 78759 Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Phonebanking snacks Check if Austin, TX, officeholder living expense
Date 09/18/2014 Amount (\$) \$35.00	Paver, Jimmy (Mr.) Payee name Tiff's Treats Payee address City; State; Zip Code 11011 Research Blvd #310 Austin, TX 78759 Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Phonebanking snacks
direct expenditure to benefit C/OH Date 09/18/2014 Amount (\$) \$35.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure	Paver, Jimmy (Mr.) Payee name Tiff's Treats Payee address City; State; Zip Code 11011 Research Blvd #310 Austin, TX 78759 Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate / Officeholder name	Description (If travel outside of Texas, complete Schedule T) Phonebanking snacks Check if Austin, TX, officeholder living expense
direct expenditure to benefit C/OH Date 09/18/2014 Amount (\$) \$35.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Paver, Jimmy (Mr.) Payee name Tiff's Treats Payee address City; State; Zip Code 11011 Research Blvd #310 Austin, TX 78759 Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate / Officeholder name Paver, Jimmy (Mr.)	Description (If travel outside of Texas, complete Schedule T) Phonebanking snacks Check if Austin, TX, officeholder living expense
direct expenditure to benefit C/OH Date 09/18/2014 Amount (\$) \$35.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Paver, Jimmy (Mr.) Payee name Tiff's Treats Payee address City; State; Zip Code 11011 Research Blvd #310 Austin, TX 78759 Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate / Officeholder name Paver, Jimmy (Mr.) Payee name	Description (If travel outside of Texas, complete Schedule T) Phonebanking snacks Check if Austin, TX, officeholder living expense
direct expenditure to benefit C/OH Date 09/18/2014 Amount (\$) \$35.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 09/04/2014	Paver, Jimmy (Mr.) Payee name Tiff's Treats Payee address City; State; Zip Code 11011 Research Blvd #310 Austin, TX 78759 Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate / Officeholder name Paver, Jimmy (Mr.) Payee name Time Warner Cable	Description (If travel outside of Texas, complete Schedule T) Phonebanking snacks Check if Austin, TX, officeholder living expense
direct expenditure to benefit C/OH Date 09/18/2014 Amount (\$) \$35.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 09/04/2014 Amount (\$) \$261.86	Paver, Jimmy (Mr.) Payee name Tiff's Treats Payee address City; State; Zip Code 11011 Research Blvd #310 Austin, TX 78759 Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate / Officeholder name Paver, Jimmy (Mr.) Payee name Time Warner Cable Payee address City; State; Zip Code 12012 N Mopac Expy	Description (If travel outside of Texas, complete Schedule T) Phonebanking snacks Check if Austin, TX, officeholder living expense
direct expenditure to benefit C/OH Date 09/18/2014 Amount (\$) \$35.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 09/04/2014 Amount (\$) \$261.86	Paver, Jimmy (Mr.) Payee name Tiff's Treats Payee address City; State; Zip Code 11011 Research Blvd #310 Austin, TX 78759 Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate / Officeholder name Paver, Jimmy (Mr.) Payee name Time Warner Cable Payee address City; State; Zip Code 12012 N Mopac Expy Austin, TX 78759 Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Phonebanking snacks Check if Austin, TX, officeholder living expense Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) Internet
direct expenditure to benefit C/OH Date 09/18/2014 Amount (\$) \$35.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 09/04/2014 Amount (\$) \$261.86	Paver, Jimmy (Mr.) Payee name Tiff's Treats Payee address City; State; Zip Code 11011 Research Blvd #310 Austin, TX 78759 Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate / Officeholder name Paver, Jimmy (Mr.) Payee name Time Warner Cable Payee address City; State; Zip Code 12012 N Mopac Expy Austin, TX 78759 Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Phonebanking snacks Check if Austin, TX, officeholder living expense Office sought: Office held:

Complete ONLY if

direct expenditure

to benefit C/OH

Candidate / Officeholder name

Paver, Jimmy (Mr.)

Texas Ethics Commission P.O.Box 12070 (512)463-5800 TDD 1-800-735-2989 Austin, Texas 78711-2070 POLITICAL EXPENDITURES SCHEDULE F EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Advertising Expense Gifts/Awards/Memorial Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Accounting/Banking Consulting Expense Legal Services Food/Beverage Expense Event Expense Polling Expense Travel Out Of District Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees Printing Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Paver, James (Mr.) Schedule: 15/20 Report: 43/49 00000001 4 Date Payee name Travis County Democratic Party 08/08/2014 6 Amount (\$) Payee address City; State; Zip Code 1909 E. MLK Blvd \$100.00 Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Trio of Stars Luncheon Contributions/Donations Made By Candidate/Officeholder/Political Committee **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure Paver, Jimmy (Mr.) to benefit C/OH Date Payee name **UPS Store** 07/01/2014 Amount (\$) Payee address City; State; Zip Code 7301 Burnet Road \$5.97 Ste 102 Austin, TX 78757 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Postage Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure Paver, Jimmy (Mr.) to benefit C/OH Date Payee name **UPS Store** 08/13/2014 Payee address Amount (\$) City: State: Zip Code 7301 Burnet Road \$4.43 Ste 102 Austin, TX 78757 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Postage Advertising Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held: Complete ONLY if Office sought: direct expenditure to benefit C/OH Paver, Jimmy (Mr.) Date Payee name USPS 07/23/2014 Amount (\$) Payee address City; State; Zip Code 8225 Cross Park Dr \$680.00 Austin, TX 78710 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Postage Advertising Expense OF EXPENDITURE

Office held:

Check if Austin, TX, officeholder living expense

Office sought:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expens

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Oul Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above) Printing Expense Fees Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME PAGE # 3 ACCOUNT # (TEC filers) Paver, James (Mr.) Schedule: 16/20 Report: 44/49 00000001 4 Date 5 Payee name USPS 07/31/2014 6 Amount (\$) Payee address City; State; Zip Code 8225 Cross Park Dr \$440.00 Austin, TX 78710 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Postage Advertising Expense **EXPENDITURE** Check If Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Paver, Jimmy (Mr.) Date Payee name USPS 08/14/2014 Amount (\$) Payee address City; State; Zip Code 8225 Cross Park Dr \$100.00 Austin, TX 78710 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Postage Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Paver, Jimmy (Mr.) Date Pavee name USPS 09/08/2014 Amount (\$) Payee address City: State: Zip Code 8225 Cross Park Dr \$3,200.00 Austin, TX 78710 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Postage Advertising Expense OF EXPENDITURE Check If Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure Paver, Jimmy (Mr.) to benefit C/OH Date Payee name 09/17/2014 USPS Amount (\$) Payee address City; State; Zip Code 8225 Cross Park \$198.00 Austin, TX 78710 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Postage Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Paver, Jimmy (Mr.)

Date

07/24/2014

\$124.97

Amount (\$)

PURPOSE

OF **EXPENDITURE**

Complete ONLY if

direct expenditure

to benefit C/OH

Payee name

95 Hayden Ave

Lexington, MA 02421

Advertising Expense

Paver, Jimmy (Mr.)

Candidate / Officeholder name

Vistaprint Payee address

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Accounting/Banking Consulting Expense Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Event Expense Polling Expense Travel Out Of District OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Paver, James (Mr.) Schedule: 17/20 Report: 45/49 00000001 4 Date 5 Payee name **USPS** 09/19/2014 6 Amount (\$) Payee address City; State; Zip Code 8225 Cross Park Dr \$205.16 Austin, TX 78710 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Postage Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure Paver, Jimmy (Mr.) to benefit C/OH Date Payee name Vistaprint 07/18/2014 Amount (\$) Payee address City; State; Zip Code 95 Hayden Ave \$66.98 Lexington, MA 02421 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE Postcards** Advertising Expense OF EXPENDITURE Check If Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Paver, Jimmy (Mr.) Date Pavee name Vistaprint 07/21/2014 Amount (\$) Payee address City: State: Zip Code 95 Hayden Ave \$30.22 Lexington, MA 02421 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Postcards Advertising Expense **OF EXPENDITURE** Check If Austin, TX, officeholder Ilving expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure Paver, Jimmy (Mr.) to benefit C/OH

City; State; Zip Code

Category (See Categories listed at the top of this schedule)

SCHEDULE F

Advertising Expense Accounting/Banking Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense olling Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Consulting Expense OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Paver, James (Mr.) Schedule: 18/20 Report: 46/49 00000001 4 Date Payee name Vistaprint 08/27/2014 6 Amount (\$) Payee address City; State; Zip Code 95 Havden Ave \$456.96 Lexington, MA 02421 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE Postcards** Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Paver, Jimmy (Mr.) Payee name Vistaprint 09/04/2014 Amount (\$) Payee address City: State: Zip Code 95 Hayden Ave \$149.99 Lexington, MA 02421 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Postcards Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY it Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Paver, Jimmy (Mr.) Date Pavee name 09/04/2014 Vistaprint Amount (\$) Pavee address State: Zip Code City 95 Hayden Ave \$138.99 Lexington, MA 02421 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE Postcards** Advertising Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure Paver, Jimmy (Mr.) to benefit C/OH Date Payee name 09/17/2014 Vistaprint Amount (\$) Payee address City; State; Zip Code 95 Hayden Ave \$310.91 Lexington, MA 02421 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE Postcards** Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Paver, Jimmy (Mr.)

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

anse Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Event Expense	Polling Expense Travel Out Of Di	istrict Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead The INSTRUCTION Guide explains ho	d/Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 19/20	· ·	00000001
4 Date 08/27/2014	5 Payee name Walgreens	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$6.81	l · · ·	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Food/Beverage Expense	Phonebanking snacks
EXPENDITURE		
0.0	Condidate (Officebolder	Check If Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Paver, Jimmy (Mr.)	Office sought: Office held:
Date	Payee name	- "
08/22/2014	Walmart	
Amount (\$)	Payee address City; State; Zip Code	
\$94.82	2525 W Anderson Ln	
	Austin, TX 78757	
,	Cotogogy (Co- Onto-od- Paradis) by Ara-of-this asked to	Description (figure) to take the control of the con
PURPOSE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Meet and Greet Supplies
OF	Eveni Expense	
EXPENDITURE		Check If Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH	Paver, Jimmy (Mr.)	
Date	Payee name	
09/04/2014	Walmart	
Amount (\$)	Payee address City; State; Zip Code	
\$23.69	1	
φ20.03	Austin, TX 78757	
BUDBOOF	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Office Overhead/Rental Expense	Office supplies
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Check If Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure	Paver, Jimmy (Mr.)	Onice sought. Onice field.
to benefit C/OH		
Date	Payee name	
09/23/2014	Walmart	
Amount (\$)	Payee address City; State; Zip Code	
\$21.13	2525 W Anderson Ln Austin, TX 78757	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Event Expense	Name tags
OF EXPENDITURE		_
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH	Paver, Jimmy (Mr.)	

EXPENDITURE CATEGORIES

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement

Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Paver, James (Mr.) Schedule: 20/20 Report: 48/49 00000001 4 Date 5 Payee name Wonk Consulting 07/21/2014 6 Amount (\$) Payee address City; State; Zip Code 1163 Poquito \$62.50 Austin, TX 78702 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Consulting Consulting Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Paver, Jimmy (Mr.) Date Pavee name Wonk Consulting 08/07/2014 Amount (\$) Payee address City; State: Zip Code 1163 Poquito \$75.00 Austin, TX 78702 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Consulting Expense OF **EXPENDITURE** Check If Austin, TX, officeholder (lving expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Paver, Jimmy (Mr.) Date Payee name 09/15/2014 Wonk Consulting Payee address City; State; Zip Code Amount (\$) 1163 Poquito Austin, TX 78757 \$125.00 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting fee Consulting Expense OF **EXPENDITURE** Check If Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Paver, Jimmy (Mr.) Date Pavee name 09/18/2014 Worley Printing City; State; Zip Code Amount (\$) Payee address 3217 N Interstate 35 Frontage Rd \$2.840.48 Austin, TX 78722 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Mailer Advertising Expense OF **EXPENDITURE** Check If Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure Paver, Jimmy (Mr.) to benefit C/OH

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Consulting Expense Event Expense Fees	Polling Expense Travel Out Of Dis Printing Expense Office Overhead	/Rental Expense OTHER (enter a category not listed above)
1 PAGE#	The Instruction Guide explains ho	3 ACCOUNT # (TEC file
Schedule: 1/1 Rep	1 5 , ,,,	00000001
	5 Payee name	
07/01/2014	Austin Screen Printing	
	7 Payee address City; State; Zip Code	
\$395.65	4204 Medical Parkway	
	Austin, TX 78756	
Reimbursement from political contributions intended		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Advertising Expense	Campaign Shirts
EXPENDITURE		
		Check if Austin, TX, officeholder living expense
		•
•		
	•	