CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

	·			
The C/OH Instruction (Guide explains how to comp	plete this form.	1 ACCOUNT # (Ethics Commission File	Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MT. Dav	id AST Shalick	SUFFE	OFFICE BE ONLY Date Received OCT S RECEI
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address 5 CANDIDATE/ OFFICEHOLDER PHONE	27/0W 49th AREA CODE PHONE N (572) 97/-	1/25+ Austin,	TX 787	Date Hand-delivered or Posimarked
6 CAMPAIGN TREASURER NAME	Mr. Day	inst vid AST Shalick	SUFFI	Date Imaged ~
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEA 27/0 W 49	批为当	CITY: STATE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE N (5/2) 97	umber 1-1895	EXTENSION .	
9 REPORT TYPE		th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 / 1 / 14	THROUGH	Month 9 /2.	Day Year 5 / 14
11 ELECTION	Month Day Year	ELECTION TYPE Primary	Flunoff	General Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICESOUGHT	or of Austin
		GO TO PAG	GE 2)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME				15 ACCOUNT # (Ethics Commission File)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	HOLDER. THESE EXPENDITURE	TES MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT THE ANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME	,	
·	GENERAL		/	
		COMMITTEE ADDRESS		
,	SPECIFIC			:
	<u> </u>			
<u> </u>	1	COMMITTEE CAMPAIGN TR	REASURER NAME	
additional pages				
	1	COMMITTEE CAMPAIGN TI	REASURER ADDRESS	
	1	-		
	,		/	
17 CONTRIBUTION TOTALS			ONS OF \$50 OR LESS (OTHER THAN NTEES OF LOANS), UNLESS ITEMIZ	
		. POLITICAL CONTRII R THAN PLEDGES, LOAN	BUTIONS IS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITUR	RES OF \$100 OR LESS, UNLESS ITE	EMIZED \$
	4. TOTAL	POLITICAL EXPENDI	ITURES	\$
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIO PRTING PERIOD	ONS MAINTAINED AS OF THE LAST	T DAY \$
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF AY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF PERIOD	FTHE \$
18 AFFIDAVIT	7			
			· · ·	of perjury, that the accompanying report all information required to be reported by e.
	/			
/	<i>:</i>		Signature of Ca	andidate or Officeholder
AFFIX NOTARY STAM	MP / SEAL ABOVE	:		
/				
Sworn to and sub-	scribed before	me, by the said _		, this the
day	of	, 20	, to certify which, witness	my hand and seal of office.
Signature of officer adm	inistering oath	Printed name of	officer administering oath	Title of officer administering oath

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Do	evid M.	Orshalick 1	5 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	DE BY POLITICAL COMMITTEES TO SUPPORT THE DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAŁ SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages	!	COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ -0	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9/0.00	
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	nized \$ -	
	4. TOTAL POLITICAL EXPENDITURES \$ 1,637.24			
CONTRIBUTION BALANCE	5. TOTAL P OF REPO	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	\$ 735.75	
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	* 1,500.00	
18 AFFIDAVIT				
N	DEENA ESTRADA S Notary Public. State My Commission E November 19.	is true and correct and includes all is me under Title 15, Election Code. action of Texas expires	perjury, that the accompanying report information required to be reported by	
"Magain"	(totelliber 17)	- Grande	didate or Officeholder	
ASSIV MOTARY OTAM			·	
Sworn to and subs		me by the said Lavid Dustablick	obia aba	
(day	Lah.	~ · · · · · · · · · · · · · · · · · · ·	ny hand and seal of office.	
Signature of officer admin	Sollwas nistering oath	Printed name of officer administering path	Notary Dubliz Title of officer administering oath	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	David M. Orshall	ck	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of	8 In-kind contribution
9/8/14			350.00	description (if applicable)
•	27/0 W 49th/25+ Austin,	TX 7873)	_	
9 Principal occur	pation / Job title (See Instructions)	40 5 1 10		of Texas, complete Schedule T)
T Timespar occup	WA (See Histroctions)	10 Employer (See	ed (
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of	In-kind contribution
	Judy Scholl		contribution (\$)	description (if applicable)
9/11/14	Contributor address; City; State; Zip Code 1605/ Fontaine Ave		200.00	
	Austin, TX 7	18734	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
	Professor	Hustin	Commu	uty College
Date	Full name of contributor out-of-state PAC (ID#:_ Padricia E. Spacer		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/12/14	Contributor address: City: State; Zip Code 7605 Elkhorn Mtn. Tr.	n Pana	200,00	
	Austin, TX	10121	(If travel outside	l of Texas, complete Schedule T)
Principal occur	Director, Comp. Sci. Dest.	Employer (See I		& at Austin
Date	Full name of contributor out-of-state PAC (ID#_ Leif D. Allred		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/13/14	Contributor address; City; State: Zip Code 2210 White Horse Trail		150,00	
	Austin, TX	78757	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (Şee I	netructions) Mater	→ 1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
_	Kerry McKesson		contribution (\$)	description (if applicable)
9/29/14	Contributor address; City; State; Zip Code 1504 Citation Circle 2	otc	10,00	
	Del Valle, TX	78617	(If travel outside r	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Manager	Employer (See, 1	nstructions)	
-	T T			

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

LOANS				SCHEDULE E
The	Instruction Guide explains how to comp	plete this form.	1 Total pa	eges Schedule E:
2 FILER NAME Da	wid M. Orshalic	£	3 ACCOU	INT # (Ethics Commission Filers)
4 TOTA	AL OF UNITEMIZED LOANS:			\$
5 Date of loan 8/15/14	7 Name of lender David M. Orsha	out-of-state PAC (ID#:)	9 Loan Amount (\$) 500.00
6 Is lender a financial Institution?	2710 W 49th /25			10 Interest rate
Y N	<u> </u>	TX 78731		11 Maturity date 12/31/14
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions) Retired		
14 Description of Coli	lateral	15 Check if personal funds were	e deposited	l into political account
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code		·
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	out-of-state PAC (ID#:		Loan Amount (\$)
8/15/14	Dovid M. Orshu	alick		1,000.00
Is lender a financial Institution?	2710 W 49th 1/2:	Zip Code		Interest rate
Y N	<u> </u>	tx 78731		Maturity date
Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions) Retired		
Description of Colla	ateral	Check if personal funds were	deposited	into political account
none		Œ.		
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; 5	State; Zip Code		
Principal Occupati	ion (See Instructions)	Employer (See Instructions)		
lf len	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instr	ES OF THIS SCHEDULE AS NEE ruction guide for additional rep	DED orting rec	quirements.

P.O. Box 12070

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Polling Expense Travel Out Of District **Printing Expense** Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 3 ACCOUNT # (Ethics Commission Filers) David M. Orshalick 4 Date e address; City; State; Zip Code P.O. Box 1088, Austin, TX 78767 500.00 (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
Geril Election Candidate Filing Fee PURPOSE OF EXPENDITURE Fees Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Payee name

Wetwork Solutions

Payee address; City; State; Zip Code 12808 Gran Bay Pkwy, Jacksonville, FL 32258 19.50 Description (If travel outside of Texas, complete Schedule T)

Domain URL-Internet Category (See categories listed at the top of this schedule) PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name
Harland Clarke/UFCU

Payee address; City; State; ZipCode

P.O. Box 9350, Austin, 7x 78766 19,50 PURPOSE Accta/Banking EXPENDITURE Complete ONLY if direct Office held expenditure to benefit C/OH 902 Gardner Rd., Austin, 8x 78721 725,00 **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

Complete **ONLY** if direct

expenditure to benefit C/OH

Office held

SCHEDULE F

	EXPENDITURE C	ATEGORIES FOR BOX 8(EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense		alaries/Wages/Contract Labor	Loan Repayment/Reimb	ursement					
Accounting/Banking Consulting Expense		olicitation/Fundraising Expense	Transportation Equipmen						
Event Expense		ravel In District	Contributions/Donations	Made By					
Fees		ravel Out Of District Office Overhead/Rental Expense		er/Political Committee					
	<u> </u>	xplains how to complete this	OTHER (enter a categor form,	y not listed above)					
1 Total pages Schedule F:	2 FILER NAME	<u>· </u>		hina Camping Times					
4	David M. Ors	halick	3 ACCOUNT # (Et	hics Commission Filers)					
4 Date	5 Payee name	11 16	Λ ς	-11					
8/28/14	Cox Newspap		American	Statesman					
6 Amount (\$)	7 Payee address; City; State	; Zip Code							
19.00	P.O.Bex 670, A	fustin, TX 7	8767						
8 PURPOSE	(a) Category (See categories listed at the top of	this schedule) (b) Description	Ort (If travel outside of Texas, com	plete Schedule T)					
OF EXPENDITURE	# to .aca -ac-		osch otion						
EXPERIDITORE	Newspaper		if Austin, TX, officeholder living	DVNonce					
9 Complete ONLY if direct	Candidate / Officeholder name	Office sou		·					
expenditure to benefit C/C		Office sou	igni	Office held					
Date	Payee name		1.4						
9/10/14	Casital City A	riving Cted	ation Sta	ation					
Amount (\$)	Payee address; City State	; Zip Code							
82.92	2410 Eliver	side, Austin	, TX 7874	\mathcal{H}					
PURPOSE	Category (See categories listed at the top of		on (If travel outside of Texas, com						
OF	A Call Luna.	/4	maaign car	<i>()</i>					
EXPENDITURE	Frinting Expen		if Austin, TX officeholder living						
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sou		Office held					
Date	Payee name	1 4							
9/15/14	Tarka India	n Litchen							
Amount (\$)	Payee address; City; State	Zip Code		·					
62,56	2575 W. And	erson Ln#3	00, Austin,	攻 78757					
PURPOSE	Category (See categories listed at the top of	this schedule) Description	on (If travel outside of Texas, com	plete Schedule T)					
OF	Food Beverages #		im tunch						
EXPENDITURE	1000 Devering ES R	Check	if Austin, TX, officeholder living	expense					
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sou	ght	Office held					
Date	Payee name								
9/23/14		Signs							
Amount (ft)									
Amount (\$)	Payee address; City; State	Zip Cōde	V HI MO	MED					
399.44	9804 Gray	3lvd., Austi	in, 1x 18	758					
PURPOSE	Category (See categories listed at the top of	this schedule) Description	on (If travel outside of Texas, com	plete Schedule T)					
OF EXPENDITURE	Printing Exper	1<0 Yar	<i></i>						
Complete ONLY if direct	Candidate / Officenolder name	Office sou		Office held					
expenditure to benefit C/6	DH								
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									

SCHEDULE F

				
	EXPENDITUR	E CATEGORIES FOR BOX	8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor		imbure and a d
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Loan Repayment/Re	ment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donation	
Event Expense	Polling Expense	Travel Out Of District		older/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expens		gory not listed above)
	The Instruction Gui	de explains how to complete th	,	gory not nated above;
1 Total pages Schedule F:	2 FILER NAME	•		
4	David M	Orshalick	3 ACCOUNT #	(Ethics Commission Filers)
4 Date 9/24/14	Capital Cit	y Arinding/C	reation :	Station
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
178.61	2410 E. Riv	erside, Austi.	~, TX 787	41
8 PURPOSE	(a) Category (See categories listed at the	top of this schedule) (b) Descrip	ption (If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	Printing Exp	souse C	ampaign C	ard
9 Complete ONLY if direct	Candidate / Officeholder nan		_ 	Office held
expenditure to benefit C/C	H	<u> </u>		
9/25/14	Cox Hews	Aers/Austin A	Imerican	Statesman
Amount (\$)	Payee address; City;	State; Zip Code		·
24.99	P.O. Box 670	, Austin, tx	78767	
PURPOSE	Category (See categories listed at the	top of this schedule) Descrip	ption (If travel outside of Texas,	complete Schedule T)
OF	110000000000000000000000000000000000000		UD SCHTOSION	,
EXPENDITURE	Newspaper		ack if Austin, TX, officeholder liv	
Camplete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder nam			Office held
Date 9/27/14	Nedwork 5	olutions		
Amount (\$)	Payee address; City;	State; Zip Code		
12.99	12808 Gran B	zyfkwy, Jack	sonville, Fl	1 32258
PURPOSE	Category (See categories listed at the	top of this schedule) Descrip	otion (If travel outside of Texas,	complete Schedule T)
OF	10.14	111.07	Forwarding.	-Internet
EXPENDITURE	Hoversing th	porse che	eck if Austin, TX, officeholder liv	ving expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder nam H	ne Office s	ought	Office held
Date	Payee name			
10/2/14	Got Print			
Amount (\$)	Payee address; City;			
54,23	7651 San Fe	rnando Rd., Bi	urbank CA	91505
DURROSS	Category (See categories listed at the	top of this schedule) Descri	ption (If travel outside of Texas,	complete Schedule TV
PURPOSE OF	N 1 10 - F.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Del Sticke	Final Concedity
EXPENDITURE	Frinting Ex	DYNSE	ck if Austin, TX, officeholder liv	
Complete ONUTY II	Candidate / Office halders			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder nam	oe Office s	ought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr.		
Consulting Expense	Food/Beverage Expense Travel In District	aising Expense Transportation Equipment & Related Expens Contributions/Donations Made By	3e
Event Expense Fees	Polling Expense Travel Out Of Dis	strict Candidate/Officeholder/Political Committee	
L662	Printing Expense Office Overhead/	(the design of the later above)	
1 Total pages Schedule F:	The Instruction Guide explains how to		
4	Dovid M. Orshall	3 ACCOUNT # (Ethics Commission File	lers)
4 Date 9/2/14	Nation Builder		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
19,00	448 5.4811 St., LOSA	mgeles, CA 90013	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If Iravel outside of Texas, complete Schedule T)	
EXPENDITURE	Web Services	Website Aosting Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held	
10/2/14	Nation Builder		
Amount (\$)	Payee address; City; State; Zip Code		
19,00	448 S. Hill St., Los	Angeles, CA 90013	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Web Services	Website Hosting Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held	
Date 1, 1, 1	Payee name		
10/4/14	Google		
Amount (\$)	Payee address City; State; Zip Code		
0.50	1600 Amphitheatre PK	wy, Mountain View, CA 9404	13
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Web Services	Email account Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF		_	
EXPENDITURE		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	