

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <b>8</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>Mr. David M</b>		<b>OFFICE USE ONLY</b> <b>AUSTIN CITY CLERK</b> <b>RECEIVED</b> <b>2014 OCT 6 PM 3:31</b>
	NICKNAME LAST SUFFIX <b>Orshalick</b>		
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> change of address		
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>2710 W 49th 1/2 St Austin, TX 78731</b>		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 971-1895</b>		Date Received
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>Mr. David M</b>		Date Hand-delivered or Postmarked
	NICKNAME LAST SUFFIX <b>Orshalick</b>		Receipt # Amount
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>2710 W 49th 1/2 St Austin, TX 78731</b>		Date Processed
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 971-1895</b>		Date Imaged
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year <b>7 / 1 / 14</b> THROUGH    Month Day Year <b>9 / 25 / 14</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>11 / 4 / 14</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <b>Mayor of Austin</b>
GO TO PAGE 2			

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

**FORM C/OH**  
**COVER SHEET PG 2**

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filers)

## **16 NOTICE FROM POLITICAL COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

### **COMMITTEE TYPE**

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

## **17 CONTRIBUTION TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

## **EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

## **CONTRIBUTION BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

## **OUTSTANDING LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

## **18 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering 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 David M. Orshalick 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> additional pages	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS
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17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>910.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,637.24</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>735.75</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1,500.00</u>

## 18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

D. Orshalick

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David Orshalick, this the 16th day of October, 20 14, to certify which, witness my hand and seal of office.

Deena Estrada Salinas  
Signature of officer administering oath

Deena Estrada Salinas  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1

2 FILER NAME

David M. Orshalick

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/8/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Kathleen Carbone

6 Contributor address; City; State; Zip Code

2710 W 49th 1/2 St Austin, TX 78731

7 Amount of contribution (\$)

350.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

N/A

10 Employer (See Instructions)

Regired

Date

9/11/14

Full name of contributor

☐ out-of-state PAC (ID#)

Judy Scholl

Contributor address; City; State; Zip Code

16051 Fontaine Ave  
Austin, TX 78734

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

Austin Community College

Date

9/12/14

Full name of contributor

☐ out-of-state PAC (ID#)

Patricia E. Spencer

Contributor address; City; State; Zip Code

7605 Elkhorn Mtn. Tr.  
Austin, TX 78729

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Director, Comp. Sci. Dept.

Employer (See Instructions)

University of TX at Austin

Date

9/13/14

Full name of contributor

☐ out-of-state PAC (ID#)

Leif B. Allred

Contributor address; City; State; Zip Code

2210 White Horse Trail  
Austin, TX 78757

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Applied Materials

Date

9/29/14

Full name of contributor

☐ out-of-state PAC (ID#)

Kerry McKesson

Contributor address; City; State; Zip Code

1504 Citation Circle Lot C  
Del Valle, TX 78617

Amount of contribution (\$)

10.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

Precision Tune

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

David M. Orshalick

3 ACCOUNT # (Ethics Commission Filers)

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

8/15/14

7 Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

David M. Orshalick

9 Loan Amount (\$)

500.00

6 Is lender  
a financial  
institution?

Y N

8 Lender address; City; State; Zip Code

2710 W 49th 1/2 St

Austin, TX 78731

10 Interest rate

0

11 Maturity date

12/31/14

12 Principal occupation / Job title (See Instructions)

N/A

13 Employer (See Instructions)

Retired

14 Description of Collateral

☒ none

15 Check if personal funds were deposited into political account

☐16 GUARANTOR  
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

☒ not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

8/15/14

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

David M. Orshalick

Loan Amount (\$)

1,000.00

Is lender  
a financial  
institution?

Y N

Lender address; City; State; Zip Code

2710 W 49th 1/2 St

Austin, TX 78731

Interest rate

0

Maturity date

12/31/14

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

Retired

Description of Collateral

☒ none

Check if personal funds were deposited into political account

☒GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☒ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>4</b>		2 FILER NAME <b>David M. Orshalick</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/15/14</b>		5 Payee name <b>City of Austin</b>			
6 Amount (\$) <b>500.00</b>		7 Payee address; City; State; Zip Code <b>P.O. Box 1088, Austin, TX 78767</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Fees</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Gen'l Election Candidate Filing Fee</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>8/17/14</b>		Payee name <b>Network Solutions</b>			
Amount (\$) <b>19.50</b>		Payee address; City; State; Zip Code <b>12808 Gran Bay Pkwy, Jacksonville, FL 32258</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Domain URL-Internet</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>8/27/14</b>		Payee name <b>Harland Clarke / UFCU</b>			
Amount (\$) <b>19.50</b>		Payee address; City; State; Zip Code <b>P.O. Box 9350, Austin, TX 78766</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Acctg/Banking</b>		Description (If travel outside of Texas, complete Schedule T) <b>Check printing</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>8/28/14</b>		Payee name <b>Kevin Head Shots</b>			
Amount (\$) <b>225.00</b>		Payee address; City; State; Zip Code <b>902 Gardner Rd., Austin, TX 78721</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Photo Headshots</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>4</b>	2 FILER NAME <b>David M. Orshalick</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>3/28/14</b>	5 Payee name <b>Cox Newspapers/Austin American Statesman</b>	
6 Amount (\$) <b>19.00</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 670, Austin, TX 78767</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Newspaper</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Subscription</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>9/10/14</b>	Payee name <b>Capital City Printing/Creation Station</b>	
Amount (\$) <b>82.92</b>	Payee address; City; State; Zip Code <b>2410 E Riverside, Austin, TX 78741</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Campaign cards</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>9/15/14</b>	Payee name <b>Tarka Indian Kitchen</b>	
Amount (\$) <b>62.56</b>	Payee address; City; State; Zip Code <b>2525 W Anderson Ln #300, Austin, TX 78757</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food Beverages Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Team lunch</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>9/23/14</b>	Payee name <b>Super Cheap Signs</b>	
Amount (\$) <b>399.44</b>	Payee address; City; State; Zip Code <b>9804 Gray Blvd., Austin, TX 78758</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Yard signs</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>4</b>	2 FILER NAME <b>David M. Orshalick</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>9/24/14</b>	5 Payee name <b>Capital City Printing/Creation Station</b>
6 Amount (\$) <b>178.61</b>	7 Payee address; City; State; Zip Code <b>2410 E. Riverside, Austin, TX 78741</b>

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Campaign Card</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>9/25/14</b>	Payee name <b>Cox Newspapers/Austin American Statesman</b>
Amount (\$) <b>24.99</b>	Payee address; City; State; Zip Code <b>P.O. Box 670, Austin, TX 78767</b>

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Newspaper</b>	Description (If travel outside of Texas, complete Schedule T) <b>Subscription</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>9/27/14</b>	Payee name <b>Network Solutions</b>
Amount (\$) <b>12.99</b>	Payee address; City; State; Zip Code <b>12808 Gran Bay Pkwy, Jacksonville, FL 32258</b>

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>URL Forwarding - Internet</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/2/14</b>	Payee name <b>Got Print</b>
Amount (\$) <b>54.23</b>	Payee address; City; State; Zip Code <b>7651 San Fernando Rd., Burbank CA 91505</b>

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Capel Sticker</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>4</b>		2 FILER NAME <b>David M. Orshalick</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>9/2/14</b>		5 Payee name <b>Nation Builder</b>			
6 Amount (\$) <b>19.00</b>		7 Payee address; City; State; Zip Code <b>448 S. Hill St., Los Angeles, CA 90013</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Web Services</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Website Hosting</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>10/2/14</b>		Payee name <b>Nation Builder</b>			
Amount (\$) <b>19.00</b>		Payee address; City; State; Zip Code <b>448 S. Hill St., Los Angeles, CA 90013</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Web Services</b>		Description (If travel outside of Texas, complete Schedule T) <b>Website Hosting</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>10/4/14</b>		Payee name <b>Google</b>			
Amount (\$) <b>0.50</b>		Payee address; City; State; Zip Code <b>1600 Amphitheatre Pkwy, Mountain View, CA 94043</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Web Services</b>		Description (If travel outside of Texas, complete Schedule T) <b>Email account</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED