CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		-		
The C/OH Instruction (Suide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. David NICKNAME LAST Senecal	MI C, SUFFIX	OFFICE USE ONLY Date Received CT REC	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / POBOX: APT / SUITE# CITY: 11300 Kingsg. Austin TX 7		Date Hand-delivered or Postmarked Receipt # Amount	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 460-2423	EXTENSION	Date Processed	
6 CAMPAIGN TREASURER NAME	MS/MS/MR FIRST Mr. Paul NICKNAME LAST Senecal	MI Q. SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE#, 8720 Vantag Austi TX	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (425) 233-473	2-5 EXTENSION —		
9 REPORT TYPE	January 15 30th day before election July 15 8th 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 THROUGH	Month Day 18 06 09 25	/2014 DCS	
11 ELECTION	Month Day Year ELECTION TYPE MONTH Day Year Primary	Runoff 1	General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICESOUGHT (If known) City (OU Districe	incil, Austin'	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

				
14 C/OH NAME	Dave	C. Senecal 15 AC	CCOUNT # (Ethics Commission Filers)	
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	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
·	SPECIFIC			
-		COMMITTEE CAMPAIGN TREASURER NAME	<u> </u>	
additional pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
i l	l			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 350 22	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 75022			
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			
	4. TOTAL POLITICAL EXPENDITURES \$ 588.19			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 16.81			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 255.		\$ 255,00	
18 AFFIDAVIT				
ANT PUR	************	I swear, or affirm, under penalty of perjuits true and correct and includes all informme under Title 15, Election Code.		
STACEY KRUSE My Commission Expires June 03, 2017				
***************************************	************	Signature of Candidate	; or Officeholder	
AFFIX NOTARY STAMP / SEAL ABOVE MALLIN SOME CALL				
Sworn to and subscribed before me, by the said <u>MANA SCIECA</u> , this the day of <u>Analysis</u> , 20 <u>H</u> , to certify which, witness my hand and seal of office.				
(Sacu	Mu	O Stacey Kruse Nov	lary Hravis Oxy	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME	Dava C. Senecal		3 ACCOUNT.# (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/15/14	Bob Sine (9) 6 Contributor address; City; State; Zip Code 8912 Ovalla Dr		\$50	
	Austin TX 787	-619	·	of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)				
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
	-		(If travel outside a	l
Principal occuj	pation / Job title (See Instructions)	Employer (See I		, complete control of
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			. (If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City; State; Zip Code			
-				[
			· ·	i of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside	! } of Texas, complete Schedule र)
Principal occu	pation / Job title (See Instructions)	Employer (See I		- reads, complete contended ()
lf c	ATTACH ADDITIONAL COPIES OF contributor is out-of-state PAC, please see instru			requirements.
			•	

P.O. Box 12070

LOANS				SCHEDULE E
The	Instruction Guide explains how to comp	plete this form.	1 Total pa	ges Schedule E
2 FILER NAME	re C. Seneco	a /	3 ACCOU	NT # (Ethics Commission Filers)
TOTA	L OF UNITEMIZED LOANS:		⇨	\$ 255.00
5 Date of loan 7 Name of lender out-of-state PAC (ID#) 9/10/2014 Dav-c C. Sene Cal			9 Loan Amount (\$) 255.00	
6 Is lender a financial Institution?	a financial 11300 Wings gate Dr			10 Interest rate
× 🚱	Austin TX	78748		Open
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 22				
14 Description of Call	lateral	15 Check if personal funds were	e 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 Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	out-of-state PAC (ID#:		Loan Amount (\$)
ls lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
Y N				Maturity date
Principal occupati	I on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	Check if personal funds were	deposited	into political account
none				·
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code				
Principal Occupat	ion (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

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	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)	
, ***	·	explains how to complete this t		
1 Total pages Schedule F:	2 FILER NAME OCV-L (Senecal	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/18/2014	5 Payee name Super Chen	n Signe		
6 Amount (\$)	7 Payee address; City; Sta	ite, Zip Code		
\$567.23 9804 Gray Blad Auston 7X78758				
8 PURPOSE OF	(a) Category (See categories listed at the top		n (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Sighi-Advitin Ego Check if Austin, TX, afficeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sou		
Date 9/15/2014	Payee name			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
20.96	www.godal	by com		
PURPOSE OF	Category (See categories listed at the top		n (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	other- system.	S . Checki	176 str. SUPPORT Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sou	ght Office held	
Date	Payee name			
Amount (\$)	Payee address; City; Sta	ite, Zip Code		
÷				
		<u> </u>		
PURPOSE OF	Category (See categories listed at the top	of this schedule) Descriptio	n (If travel outside of Texas, complete Schedule T)	
EXPENDITURE		Check	if Austin, TX, afficeholder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sou	ght Office held	
Date	Payee name			
Amount (\$)	Payee address; City; Sta	ste; Zip Code		
PURPOSE OF	Category (See categories listed at the top		on (if travel outside of Texas, complete Schedule T)	
EXPENDITURE	Opendidate 1075-1-14		if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sou	ght Office held	
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE A	S NEEDED	