CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete	this form.	1 ACCOUNT # (Ethics Commission Filers	2 Total pages filed: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Fred NICKNAME LAST McGh		L. SUFFIX	OFFICE SEONLY Date Received DCT & PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address 5 CANDIDATE/ OFFICEHOLDER PHONE	ADDRESS / PO BOX: APT / SUITE #; 2316 Thra: Austin, TX AREA CODE PHONE NUMBE (512) 275-6027	78741	STATE: ZIP COI	Date Hand-delivered or Postmarked Receipt # Amount Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST ISrael NICKNAME LAST LOPEZ		MI 	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	street address (no po box please); 6800 Villita Av Austin, TX 787		CITY; STATE,	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBE (512) 791-5427	ER	EXTENSION	
9 REPORT TYPE		y 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 / 2014	THROUGH	Month 9	Day Year 25 / 2014
11 ELECTION	ELECTION DATE Month Day Year 11 / 4 / 2014	LECTION TYPE Primary	Runoff	X General Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT Austin City	(if known) y Council District 3
		GO TO PAC	GE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	cGhee, Fred	11	5 ACCOUNT#	(Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTI	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADI HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDI ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TO	DATE'S OR OFFICE	HOLDER'S KNOWLEDGE OR
,	COMMITTEE TYPE COMMITTEE NAME			
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		295
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2295
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			0
	4. TOTAL	POLITICAL EXPENDITURES	\$	10321.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		AY \$	4481.84
OUTSTANDING LOAN TOTALS	1	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$	12,500
18 AFFIDAVIT		that the second		
SAY POS	VINETTE SUE GOODAL y Commission Expired July 02, 2016	I swear, or affirm, under penalty of is true and correct and includes a me under Title 15, Election Code. Signature of Can	information re	quired to be reported by
AFFIX NOTARY STAM	MP / SEAL ABOVE	,		
		me, by the said <u>Frod MCらん。</u> -V , 20 <u>I</u> , to certify which, witness r		
Samotte	Sue Les	dood In needs suc Goods	e N	Hary
Signature of officer adm	ninistering oath	Printed name of officer administering oath	Title of of	ficer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

~				
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	McGhee, Fred		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID# McCarthy, John)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
7/3/14	6 Contributor address; City; State; Zip Code 419 West Adams St. #1 Muncie, IN 47305		\$10	
	Widness, IIV 47 000		(If travel outside o	of Texas, complete Schedule T)
9 Principal occup Archaeologi	pation / Job title (See Instructions) St	10 Employer (See I		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/8/14	Contributor address: City: State; Zip Code 102 Wabash Dr. Lexington, KY 40503		\$350	
		<u> </u>		of Texas, complete Schedule T)
Principal occu Professor	pation / Job title (See Instructions)	Employer (See University	nstructions) of Kentucky	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/10/14	Contributor address; City; State; Zip Code 431 Buena Vista Ave. East San Francisco, CA 94117	,	\$50	
Principal occu Staff Attorne	pation / Job title (See Instructions) V	Employer (See Prison Law Offic		
Date	Full name of contributor ut-of-state PAC (ID#_	1	Amount of	In-kind contribution
Date	Roberts, Andrea		contribution (\$)	description (if applicable)
7/11/14	Contributor address; City; State; Zip Code 3904 Tamil Street		\$50	
	Austin, TX 78749		(If travel outside	of Texas, complete Schedule T)
Principal occu Graduate Stu	pation / Job title (See Instructions) dent	Employer (See University of	Instructions) Texas at Austin	!
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/16/14	Contributor address; City; State: Zip Code 102 Wabash Dr. Lexington, KY 40503		\$350	
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Archaeologis		University	of Kentucky	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(TDD 1-800-735-2989)

				· **
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch 3	edule A:
2 FILER NAME	McGhee, Fred		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID# Tansey, Laura)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
7/17/14	6 Contributor address; City; State; Zip Code 8401 N. New Braunfels, Apt. 305 San Antonio, TX 78209		\$50	
-			(If travel outside	of Texas, complete Schedule T)
9 Principal occup Attorney	pation / Job title (See Instructions)	10 Employer (See Self	Instructions)	
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of	In-kind contribution
	Byrd, Lisa		contribution (\$)	description (if applicable)
7/20/14	Contributor address; City; State; Zip Code			
7720714	5204 Wayborne Hill Dr.		\$50	
	Austin, TX 78723			ı
	Addan, 170 To 20		(If travel outside	I of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See	 	,
Cultural Wor			rican Cultural He	eritage District
Date	Full name of contributor ut-of-state PAC (ID#_		Amount of	In-kind contribution
	Chou, Jennie		contribution (\$)	description (if applicable)
7/30/14	Contributor address; City; State; Zip Code		φ.c.ο.	
7700714	421 West 3rd St. Apt. 1412		\$50 	
	Austin, TX 78701		(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See	<u> </u>	o
Analyst				ervices Commission
Date	Full name of contributor ut-of-state PAC (ID#_)	Amount of	In-kind contribution
	Reed, Douglas		contribution (\$)	description (if applicable)
8/7/14	Contributor address; City; State; Zip Code			1
0///14			\$100	Ì
	360 Nueces St. #2708			1
	Austin, TX 78701		(If traval outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		or rexas, complete concaute 17
Computer En		Centaur Tech	nology	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of	In-kind contribution
	Scarlett, Christine		contribution (\$)	description (if applicable)
0/00/44	Contributor address; City; State; Zip Code		1	1
8/20/14	2600 Barkwood Dr.		\$250	1
	Austin, TX 78748			1
	Ausiii, 17 /0/40		(If traval outside	of Texas, complete Schedule T)
Principal poor	pation / Job title (See Instructions)	Employer (See		or reves' complete ochiednie 1)
Marketing	panell, doe the (doe mandalia)	McKesson		
i				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

		· · · · · · · · · · · · · · · · · · ·	4 Total acces Seb	adula A
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	equie A:
2 FILER NAME	McGhee, Fred		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
	Hamilton, Choquette		contribution (\$)	description (if applicable)
8/28/14	6 Contributor address; City; State; Zip Code		640	1
	3002 Bock Rose Place		\$10 	
	Round Rock, TX 78665		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	<u> </u>
Fundraising		University o	f Texas at Austir	<u> </u>
Date	Fuli name of contributor		Amount of	In-kind contribution
	Jameson, Paul		contribution (\$)	description (if applicable)
9/8/14	Contributor address; City; State; Zip Code			1
0/0/11	117 Oak Lane		\$25	1
	Cedar Creek, TX 78612			1
				of Texas, complete Schedule T)
Principal occup Programmer	pation / Job title (See Instructions)	Employer (See I Spansion	Instructions)	18 18
Date	Full name of contributor ut-of-state PAC (ID#		Amount of	In-kind contribution
	Springer, Keith		contribution (\$)	description (if applicable)
9/10/14	Contributor address; City; State; Zip Code		\$250	!
	966 Delaine St.] [
	Corpus Christi, TX 78411		(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	Instructions)	
Teacher		Corpus Chris	Sti ISD	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Cirkiel, Shawn		CONTRIBUTION (U)	description (ii applicable)
9/24/14	Contributor address; City; State; Zip Code		\$350	
0,2	3208 Sunny Lane		φ350	
	Austin, TX 78731			
Principal accu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Chef	patient, 900 title (eee meteetens)	Parkside Pro		
Date	Full name of contributor out-of-state PAC(ID#:_	}	Amount of contribution (\$)	In-kind contribution
	Cirkiel, Bria		(\$)	description (if applicable)
9/24/14	Contributor address; City; State; Zip Code		\$350	
	3208 Sunny Lane		+300	!
	Austin, TX 78731			ļ
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Home Ma	ker	Self	, , , , , , , , , , , , , , , , , , ,	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

(512) 463-5800

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EYPENDITUR	E 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/C Solicitation/Funda Travel In District Travel Out Of Di Office Overhead	Contract Labor aising Expense strict Rental Expense	Loan Repayment/ Transportation Eq Contributions/Don Candidate/Offi OTHER (enter a c	uipment & Related Expense
1 Total pages Schedule F:	The Instruction Gui	de explains now to	- Complete this to		T # (Ethics Commission Filers)
4	McGhee, F	red			· · · (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4 Date 8/11/14	5 Payee name Checkmark Typesetting			• •	
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
4267.08	3217 N. IH-35, Austin TX	78722			
8 PURPOSE	(a) Category (See categories listed at the	top of this schedule)	(b) Description	(If travel outside of Te	xas, complete Schedule T)
OF EXPENDITURE	Printing Expense		Signs		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nan DH	ne	Office sough	ht	Office held
Date 8/14/14	Payee name Costco		* #		
Amount (\$)	Payee address; City;	State; Zip Code			
490	4301 W. William Cannon [Or., Austin, TX 7	3749		
PURPOSE	Category (See categories listed at the	top of this schedule)	Description	(If travel outside of Te	xas, complete Schedule T)
OF EXPENDITURE	Printing Expense		Stamps		
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder nar DH	ne	Office sough	ht	Office held
Date	Payee name				
725/14	Lowe's				
Amount (\$)		State; Zip Code			
379	5510 S. IH-35, Austin, TX	78745			
PURPOSE	Category (See categories listed at the	top of this schedule)	Description) (If travel outside of To	exas, complete Schedule T)
OF EXPENDITURE	Printing Expense		Sign Har	dware	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder nar DH	me	Office soug	ht	Office held
Date 9/15/14	Payee name Facebook				· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address; City;	State; Zip Code			
400	601 Willow Road, Menlo	Park, CA 94025			
PURPOSE	Category (See categories listed at the	(op of this schedule)	Description	ો (If travel outside of To	exas, complete Schedule T)
OF EXPENDITURE	Advertising Expense		Social Med	dia Advertising	I
Complete ONLY if direct expenditure to benefit C		me	Office soug	jht	Office held
	ATTACH ADDITIONAL	COPIES OF THI	S SCHEDULE AS	NEEDED	

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

(512) 463-5800

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Advertising Expense 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 Pollina Expense Travel Out Of District **Printing Expense** Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule F: 2 FILER NAME McGhee, Fred 4 Date 5 Payee name 8/5/14 **Bob Allen** 6 Amount (\$) 7 Payee address; City; State; Zip Code 2500 4410 Banister Ln, Austin, TX 78745 (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** 8 OF Consulting Expense EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Opinion Analysts 6/8/14 Payee address; City; State; Zip Code Amount (\$) 906 Rio Grande St., Austin, TX 78701 208.76 Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** Fee **EXPENDITURE** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Insty-Prints 7/25/14 City; State; Zip Code Amount (\$) Payee address; 4360 S. Congress Ave. Ste 104, Austin TX 78745 242.18 Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Category (See categories listed at the top of this schedule) Printing Expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Austin Black Lawyers Foundation, Inc. 8/1/14 City; State; Zip Code Amount (\$) Payee address; P.O. Box 13321, Austin, Texas 78711-3321 125 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF Donation **EXPENDITURE** Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

4 4 -	G(0) 4 1 154 1 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1	RE CATEGORIES FOR BO		(Databases)
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labo		t/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expen	•	quipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		nations Made By ficeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District Office Overhead/Rental Expe		
Fees	Printing Expense	•	category not listed above)	
	The Instruction Gu	iide explains how to complete t	this form.	
Total pages Schedule F:	2 FILER NAME McGhee,	Fred	3 ACCOU	NT # (Ethics Commission Filers)
Date	5 Payee name			
8/6/14	Dove Springs Proud			
Amount (\$)	7 Payee address; City;	State; Zip Code		
100	4103 Sojourner St., Austi	n, TX 78725		
PURPOSE	(a) Category (See categories listed at the	ne top of this schedule) (b) Desc	cription (If travel outside of T	exas, complete Schedule T)
OF EXPENDITURE	Donation			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder па DH	me Office	e sought	Office held
Date	Payee name			
9/12/14	Austin Tejano Democrats	.		
Amount (\$)	Payee address; City;	State; Zip Code		
50	2544 Stoutwood Circle, A	austin TX 78745		
PURPOSE	Category (See categories listed at th	ne top of this schedule) Desc	cription (If travel outside of I	exas, complete Schedule T)
OF EXPENDITURE	Donation			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder na DH	ame Office	e sought	Office held
Date	Payee name			
9/15/14	South Austin Democrats			
Amount (\$)	Payee address; City;	State; Zip Code		
50	PO Box 152592. Austin,	TX 78715-2592		
PURPOSE	Category (See categories listed at t	he top of this schedule) Des	cription (If travel outside of	Fexas, complete Schedule T)
OF EXPENDITURE	Donation			
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder na OH	ame Office	e sought	Office held
Date	Payee name			
7/25/14	La Voz			
Amount (\$)	Payee address; City;	State; Zip Code		
600	P.O. Box 19457, Austin,	TX 78760		
PURPOSE	Category (See categories listed at t	he top of this schedule) Des	cription (if travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	Advertising			
	Candidate / Officeholder na	ame Offic	e sought	Office held
Complete ONLY if direct expenditure to benefit C				
· —	/OH	AL COPIES OF THIS SCHEDU	IL E AC NEEDED	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor

Accounting/Banking Consulting Expense Event Expense

Advertising Expense

Legal Services Food/Beverage Expense Polling Expense

P.O. Box 12070

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

(512) 463-5800

Event Expense Fees	Printing Expense Irravel Out Of Dis		a category not listed above)
	The Instruction Guide explains how to	complete this form.	
Total pages Schedule F: 4	2 FILER NAME McGhee, Fred	3 ACCO	UNT # (Ethics Commission Filers)
Date 8/20/14	5 Payee name Callahan's General Store		
Amount (\$)	7 Payee address; City; State; Zip Code	·	
88.09	501 Bastrop Hwy., Austin, TX 78741		
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	Printing Expense	Sign Hardware	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date 7/15/14	Payee name L.B. "Ben" Deyo		
Amount (\$)	Payee address; City; State; Zip Code		
150	4801 Caswell Ave., Austin, TX 78751		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside o	f Texas, complete Schedule T)
OF EXPENDITURE	Printing Expense	Graphic Design	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
7/15/14	Callahan's General Store		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Amount (\$)	Payee address; City; State; Zip Code		
184.88	501 Bastrop Hwy., Austin, TX 78741		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	of Texas, complete Schedule T)
OF EXPENDITURE	Printing Expense	Sign Hardware	
Complete ONLY if direct expenditure to benefit C		Office sought	Office held
Date 8/13/14	Payee name REI		
Amount (\$)	Payee address; City; State; Zip Code		
486.04	601 N. Lamar, Austin, TX 78703		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	of Texas, complete Schedule T)
OF EXPENDITURE	Office Overhead	Campaign HQ	
Complete ONLY if direct expenditure to benefit (Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI		

Revised 04/19/2013 www.ethics.state.tx.us