

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: 9 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI |
| | Fred | | L. |
| | NICKNAME | LAST | SUFFIX |
| | McGhee | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address | ADDRESS / PO BOX: | APT / SUITE #: | CITY: STATE: ZIP CODE |
| | 2316 Thrasher Ln. Austin, TX 78741 | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (512) | 275-6027 | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI |
| | Israel | | |
| | NICKNAME | LAST | SUFFIX |
| | Lopez | | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE): | APT / SUITE #: | CITY: STATE: ZIP CODE |
| | 6800 Villita Avenida Austin, TX 78741 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (512) | 791-5427 | |
| 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 |
| | 7 | 1 | 2014 |
| | THROUGH | Month | Day |
| | | 9 | 25 |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE |
| | Month | Day | Year |
| | 11 | 4 | 2014 |
| | <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) |
| | N/A | | Austin City Council District 3 |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

McGhee, Fred

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 pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 295

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER 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

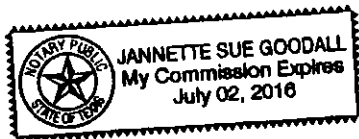
CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 4481.84

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 12,500

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 Fred McGhee, this the 6th day of October, 20 14, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Jannette Sue Goodall

Printed name of officer administering oath

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: 3 | |
| 2 FILER NAME McGhee, Fred | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 7/3/14 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCarthy, John 6 Contributor address; City; State; Zip Code 419 West Adams St. #1 Muncie, IN 47305 | 7 Amount of contribution (\$) \$10 | 8 In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) Archaeologist | | 10 Employer (See Instructions) Unemployed | |
| Date 7/8/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hutson, Scott Contributor address; City; State; Zip Code 102 Wabash Dr. Lexington, KY 40503 | Amount of contribution (\$) \$350 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Professor | | Employer (See Instructions) University of Kentucky | |
| Date 7/10/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kendrick, Corene Contributor address; City; State; Zip Code 431 Buena Vista Ave. East San Francisco, CA 94117 | Amount of contribution (\$) \$50 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Staff Attorney | | Employer (See Instructions) Prison Law Office | |
| Date 7/11/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roberts, Andrea Contributor address; City; State; Zip Code 3904 Tamil Street Austin, TX 78749 | Amount of contribution (\$) \$50 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Graduate Student | | Employer (See Instructions) University of Texas at Austin | |
| Date 7/16/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Plank, Shannon Contributor address; City; State; Zip Code 102 Wabash Dr. Lexington, KY 40503 | Amount of contribution (\$) \$350 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Archaeologist | | Employer (See Instructions) University of Kentucky | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 3 | |
| 2 FILER NAME McGhee, Fred | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 7/17/14 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tansey, Laura 6 Contributor address; City; State; Zip Code 8401 N. New Braunfels, Apt. 305 San Antonio, TX 78209 | 7 Amount of contribution (\$) \$50 | 8 In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) Attorney | | 10 Employer (See Instructions) Self | |
| Date 7/20/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Byrd, Lisa Contributor address; City; State; Zip Code 5204 Wayborne Hill Dr. Austin, TX 78723 | Amount of contribution (\$) \$50 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Cultural Worker | | Employer (See Instructions) African American Cultural Heritage District | |
| Date 7/30/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Chou, Jennie Contributor address; City; State; Zip Code 421 West 3rd St. Apt. 1412 Austin, TX 78701 | Amount of contribution (\$) \$50 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Analyst | | Employer (See Instructions) Texas Health and Human Services Commission | |
| Date 8/7/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Reed, Douglas Contributor address; City; State; Zip Code 360 Nueces St. #2708 Austin, TX 78701 | Amount of contribution (\$) \$100 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Computer Engineer | | Employer (See Instructions) Centaur Technology | |
| Date 8/20/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Scarlett, Christine Contributor address; City; State; Zip Code 2600 Barkwood Dr. Austin, TX 78748 | Amount of contribution (\$) \$250 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Marketing | | Employer (See Instructions) McKesson | |

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 3 | |
| 2 FILER NAME McGhee, Fred | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 8/28/14 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hamilton, Choquette 6 Contributor address; City; State; Zip Code 3002 Rock Rose Place Round Rock, TX 78665 | 7 Amount of contribution (\$) \$10 | 8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) |
| 9 Principal occupation / Job title (See Instructions) Fundraising | | 10 Employer (See Instructions) University of Texas at Austin | |
| Date 9/8/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jameson, Paul Contributor address; City; State; Zip Code 117 Oak Lane Cedar Creek, TX 78612 | Amount of contribution (\$) \$25 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) Programmer | | Employer (See Instructions) Spanion | |
| Date 9/10/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Springer, Keith Contributor address; City; State; Zip Code 966 Delaine St. Corpus Christi, TX 78411 | Amount of contribution (\$) \$250 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) Corpus Christi ISD | |
| Date 9/24/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cirkiel, Shawn Contributor address; City; State; Zip Code 3208 Sunny Lane Austin, TX 78731 | Amount of contribution (\$) \$350 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) Chef | | Employer (See Instructions) Parkside Projects | |
| Date 9/24/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cirkiel, Bria Contributor address; City; State; Zip Code 3208 Sunny Lane Austin, TX 78731 | Amount of contribution (\$) \$350 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) Home Maker | | Employer (See Instructions) Self | |

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POLITICAL EXPENDITURES**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 |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | 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: 4 | 2 FILER NAME McGhee, Fred | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 8/11/14 | 5 Payee name Checkmark Typesetting | |
| 6 Amount (\$) 4267.08 | 7 Payee address; City; State; Zip Code 3217 N. IH-35, Austin TX 78722 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Printing Expense | (b) Description (If travel outside of Texas, complete Schedule T) Signs |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 8/14/14 | Payee name Costco | |
| Amount (\$) 490 | Payee address; City; State; Zip Code 4301 W. William Cannon Dr., Austin, TX 78749 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Printing Expense | Description (If travel outside of Texas, complete Schedule T) Stamps |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 7/25/14 | Payee name Lowe's | |
| Amount (\$) 379 | Payee address; City; State; Zip Code 5510 S. IH-35, Austin, TX 78745 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Printing Expense | Description (If travel outside of Texas, complete Schedule T) Sign Hardware |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 9/15/14 | Payee name Facebook | |
| Amount (\$) 400 | Payee address; City; State; Zip Code 601 Willow Road, Menlo Park, CA 94025 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising Expense | Description (If travel outside of Texas, complete Schedule T) Social Media Advertising |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

POLITICAL EXPENDITURES**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 |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | 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: 4 | 2 FILER NAME McGhee, Fred | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 8/5/14 | 5 Payee name Bob Allen | |
| 6 Amount (\$) 2500 | 7 Payee address; City; State; Zip Code 4410 Banister Ln, Austin, TX 78745 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Consulting Expense | (b) Description (If travel outside of Texas, complete Schedule T) |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 6/8/14 | Payee name Opinion Analysts | |
| Amount (\$) 208.76 | Payee address; City; State; Zip Code 906 Rio Grande St., Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Fee | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 7/25/14 | Payee name Insty-Prints | |
| Amount (\$) 242.18 | Payee address; City; State; Zip Code 4360 S. Congress Ave. Ste 104, Austin TX 78745 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Printing Expense | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 8/1/14 | Payee name Austin Black Lawyers Foundation, Inc. | |
| Amount (\$) 125 | Payee address; City; State; Zip Code P.O. Box 13321, Austin, Texas 78711-3321 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Donation | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
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SCHEDULE F

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.

Revised 04/19/2013

POLITICAL EXPENDITURES**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 |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | 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: 4 | 2 FILER NAME McGhee, Fred | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 8/20/14 | 5 Payee name Callahan's General Store | | |
| 6 Amount (\$) 88.09 | 7 Payee address; City; State; Zip Code 501 Bastrop Hwy., Austin, TX 78741 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Printing Expense | (b) Description (If travel outside of Texas, complete Schedule T) Sign Hardware | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Date 7/15/14 | Payee name L.B. "Ben" Deyo | | |
| Amount (\$) 150 | Payee address; City; State; Zip Code 4801 Caswell Ave., Austin, TX 78751 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Printing Expense | Description (If travel outside of Texas, complete Schedule T) Graphic Design | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Date 7/15/14 | Payee name Callahan's General Store | | |
| Amount (\$) 184.88 | Payee address; City; State; Zip Code 501 Bastrop Hwy., Austin, TX 78741 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Printing Expense | Description (If travel outside of Texas, complete Schedule T) Sign Hardware | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Date 8/13/14 | Payee name REI | | |
| Amount (\$) 486.04 | Payee address; City; State; Zip Code 601 N. Lamar, Austin, TX 78703 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Office Overhead | Description (If travel outside of Texas, complete Schedule T) Campaign HQ | |
| 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 | | | |