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: 17
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
NAME	Mr. William NICKNAME LAST Floyd		Date Received
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX: APT / SUITE #: CITY: 911 Josephine Street	STATE; ZIP CODE	Date Hand-delivered or B ostmarked
ADDRESS	Austin, Texas 78704		0 H S N
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	
OFFICEHOLDER PHONE	(512) 590-1470		Date Processed O C C T
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	
NAME	Mr. Nicholas	P	<u>_</u>
	Laurent	JUFFIX	80
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #,	CITY; STATE;	ZIP CODE
ADDRESS (residence or business)	600 Congress Ave., Suite	2100	
	Austin, Texas 78701		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 495-6081	EXTENSION	
9 REPORT TYPE	January 15 XX 30th day before election	Runoff	15th day after campaign treasurer appointment
	July 15 8th day before election	Exceeded \$500 limit	(officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month Day	Year
COVERED	07 / 01 / 2014 THROUGH	09 / 25 /	2014
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary		
	11/04 /2014	Runoff XX	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		Austin City	Council
		District 5	
	GO TO PAG	SE 2	

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CANDIDAT		CEHOLDER REPORT: .S	FORM C/OH Cover Sheet pg 2
14 C/OH NAME William D.	Floyd	15	ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOT CANDIDATE / OFFICE	L ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TH	ATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE		
	GENERAL	N/A	
		COMMITTEE ADDRESS	
		, ,	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
7 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,710.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,935.00
EXPENDITURE	3. TOTAL I	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	zed \$ 1,820.62
	4. TOTAL	POLITICAL EXPENDITURES	\$ 7,274.38
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	^Y \$ 1,660.62
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	^{ie} \$ _{N/A}
18 AFFIDAVIT			
Y			perjury, that the accompanying report information required to be reported by
	EMILY PENNIN		
	My Commission June 4, 201		
		Signature of Candi	date or Officeholder
AFFIX NOTARY STAM	IP / SEAL ABOVE		
	A	me, by the said William D. F	
6th day	of Octob	ec 20 4 , to certify which, witness my	y hand and seal of office.
E.P =	\leftarrow	Emilia Rennington	Financial Represe
Signature of officer adm	inistering oath	Printed name of officer administering oath	Title of officer administering oath

www.ethics.state.tx.us

Revised 07/28/2014

SCHEDULE A

The	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 10	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
William I). Floyd			
4 Date	5 Full name of contributorout-of-state PAC (ID#		7 Amount of	8 In-kind contribution
07/02/14			contribution (\$)	description (if applicable)
	Edward Kargbo	•••••	\$350.00	·
	6 Contributor address; City; State; Zip Code		· · · ·	I
	8426 Antero Drive			,
·	Austin, Texas 78759		(If travel outside	of Texas, complete Schedule T)
9 Principal occup President	pation / Job title (See Instructions)	10 Employer (See I		
			Austin Tra	nsportation Co.
Date	Full name of contributor 🔲 out-of-state PAC (ID#_)	Amount of contribution (\$)	ln-kind contribution description (if applicable)
07/07/14	Mehul Patel		contribution (\$) \$100.00	
	Contributor address; City; State; Zip Code			
	3005 S. Lamar, Suite D109-1	40		
	Austin, Texas 78704			
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Owner		Self-emp		
Date	Full name of contributor 🛛 out-of-state PAC (ID#_		Amount of	In-kind contribution
07/10/14	Jim Kaighin, Jr.		contribution (\$) \$100.00	description (if applicable)
,,	Contributor address; City; State; Zip Code		42 00.00	
	1409 Hartford Road			,
	Austin, Texas 78703			of Texas, complete Schedule T)
	pation / Job title (See Instructions) Advisory	Employer (See)	,	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
07/14/14	Adam Loewy		\$350.00	1
	Contributor address; City; State; Zip Code			1
	101 Colorado Street, Apt. 3	1602		
	Austin, Texas 78701		(If travel outside -	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Lawyer		Loewy La	<u>w Firm</u>	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution
07/17/14	Greg Hart		\$100.00	description (if applicable)
	Contributor address; City; State; Zip Code			
	12820 Withers Way			l
	Austin, Texas 78727			
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Attorney			tcheson, P	LLC
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	
lifc	ontributor is out-of-state PAC, please see instr			requirements.

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 10		
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
William D). Floyd			
4 Date	5 Full name of contributorout-of-state PAC (ID#)	7 Amount of	8 In-kind contribution
07/17/14	Frank King		contribution (\$) \$100.00	description (if applicable)
	6 Contributor address; City; State; Zip Code	• • • • • • • • • • •		
	5602 Shoal Edge Ct.			ļ
	Austin, Texas 78756			
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I		of Texas, complete Schedule T)
	Attorney General		torney Ger	neral
Date	Full name of contributor 🔲 out-of-state PAC (ID#:		Amount of	In-kind contribution
07/21/14	Kirby Hopkins		contribution (\$) \$350.00	description (if applicable)
	Contributor address; City; State; Zip Code		·	
	6 Knotwood Ct.			
	The Woodlands, Texas 77389			
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Attorney		Drucker	Hopkins, I	LLP
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
07/21/14	Rich Villa		contribution (\$) \$100.00	description (if applicable)
	Contributor address; City; State; Zip Code			
	3000 Cohoba Drive			
	Austin, Texas 78748		(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Attorney		Streusar	id, Landon	& Ozburn, LLP
Date	Full name of contributor Dout-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
07/21/14	Julienne Vanderziel		contribution (\$) \$100.00	
	Contributor address; City; State; Zip Code			
	851 Polo Club Drive			
	Austin, Texas 78737		(If travel outside (of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	nstructions)	······································
IT Direct	or	UT Aust	<u></u>	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/21/14	Chris Engle		\$100.00	
	Contributor address; City; State; Zip Code			
	1516 Treadwell St, Unit A			
	Austin, Texas 78704		(If travel outside	f of Texas, complete Schedule T)
Principal occup Consultar	pation / Job title (See Instructions)	Employer (See I		
Consultat	40	Avalanci	Le CONSUIT	<u> </u>
	ATTACUADDITIONAL CODICO			
lfc	ATTACH ADDITIONAL COPIES C ontributor is out-of-state PAC, please see instr			reguirements.
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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A: 10
2 FILER NAME William D	. Floyd	<u> </u>	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Full name of contributor	,	7 Amount of 8 In-kind contribution
07/23/14	Seth Sather)	contribution (\$) description (if applicable) \$100.00
	6 Contributor address; City; State; Zip Code	· · · · · · · · · · · ·	
	7816 Manassas Dr.		
	Austin, Texas 78745		(If travel outside of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See	-
Developme		Leadersl	hip Austin
Date	Full name of contributor 🔲 out-of-state PAC (ID#		Amount of In-kind contribution contribution (\$) description (if applicable)
07/23/14	Adam Flagg		\$150.00
	Contributor address; City; State; Zip Code		
	2400 Shire Ridge Dr.		
	Austin, Texas 78732		(If travel outside of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	
<u>Financia</u>	l Advisory	Self-em	ployed
Date	Full name of contributor out-of-state PAC (ID#)	Amount of In-kind contribution contribution (\$) description (if applicable)
07/24/14	Mike Rubin		contribution (\$) description (if applicable) \$100.00
	Contributor address; City; State; Zip Code	<i></i>	
	108 Black Wolf Run		
	Lakeway, Texas 78738		(If travel outside of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	Instructions)
Attorney		Self-em	ployed
Date	Full name of contributor 🛛 out-of-state PAC (ID#)	Amount of In-kind contribution contribution (\$) description (if applicable)
07/24/14			\$100.00
	Contributor address; City; State; Zip Code		
	5930 Worth Street		l l
	Austin, Texas 75214		(If travel outside of Texas, complete Schedule T)
Principal occup Lawyer	pation / Job title (See Instructions)	Employer (See I	Instructions) Care Service Corp.
	Full name of contributor 🔲 out-of-state PAC (ID#_		Amount of In-kind contribution contribution (\$) description (if applicable) \$200.00
07/24/14	James Fry Contributor address; City; State; Zip Code		
	306 N. Travis		
	Sherman, Texas 75090		I (If travel outside of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	
Attorney		j James A	. Fry, P.C.
			
l If a	ATTACH ADDITIONAL COPIES C ontributor is out-of-state PAC, please see instr		
"`	Automator is out-of-state LWC' hisses as just	action guide forado	nuonai reporting requirements.

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch 10	edule A:
2 FILER NAME William D	. Floyd		3 ACCOUNT # (E	thics Commission Filers)
4 Date 07/24/14	5 Full name of contributor Dout-of-state PAC (ID# Tommy Siragusa	······································	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 2100 Travis Heights Austin, Texas 78704			
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
	ct Manager		<u>ieling Syst</u>	oma
DI	Full name of contributor O out-of-state PAC (ID#_			
07/25/14	Ryan Leonard Contributor address; City; State; Zip Code	· · · · · <i>·</i> · · · · · ·	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	9450 Logan Lane			
	Douglasville, Georgia 3013	5	/If travel outside /	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Chief Ass	istant District Attorney			strict Atty's Ofe
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
07/25/14	Reed Arnos		contribution (\$) \$200.00	description (if applicable)
	Contributor address; City; State; Zip Code	· <i>·</i> · · · · · · · · ·		1
	6403 Rotan Drive			
	Austin, Texas 78749		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Computer		Semicon		
Date	Full name of contributor 🔲 out-of-state PAC (ID#_)	Amount of	In-kind contribution
07/29/14	Vijay George Contributor address; City: State; Zip Code		contribution (\$) \$100.00	description (if applicable)
	2500 Shire Ridge Dr.			1
	Austin, Texas 78732			of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See		
Director	······································	Texas C		· <u>·</u> ··································
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/19/14	Antonio Fuentez Contributor address: City: State; Zip Code		\$100.00	
	1720 Timber Ridge, #164			
	Austin, Texas 78741		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		
Realtor		Keller	<u>Williams</u>	
lfc	ATTACH ADDITIONAL COPIES C ontributor is out-of-state PAC, please see instr			requirements.

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch 10	edule A:
2 FILER NAME William D	. Floyd		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
08/26/14	Scott Thomas		contribution (\$) \$100.00	description (if applicable)
	6 Contributor address: City; State; Zip Code	· <i>· ·</i> · · · · · · · ·		
	5308 Tortuga Trail			
	Austin, Texas 78731		(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See I		·
Marketing		<u>Intelech</u>	iy Group	
Date	Full name of contributor Out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/27/14	John Schutze		\$100.00	description (ir approable)
	Contributor address; City; State; Zip Code			
	475 Mustang Mesa			l
	Liberty Hill, Texas 78642			
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Loan Offi			Lending	
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
08/27/14	Dustin Little		contribution (\$) \$350.00	description (if applicable)
	Contributor address; City; State; Zip Code	<i>,</i> , , , , , , , , , , , , , , , , , ,	7	
	7700 Shoal Creek Blvd.			
	Austin, Texas 78757			l
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	Executive		vices Grou	up
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of	In-kind contribution
09/03/14			contribution (\$) \$350.00	description (if applicable)
,, -	Contributor address; City; State; Zip Code		TODOLO	-
	1617 Northwood Rd			
	Austin, Texas 78703			
Principal occur	Auscill, lexas / 6/05	Employer (See I		of Texas, complete Schedule T)
Attorney	• • • • • •		rp Firm	
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
		,	contribution (\$)	description (if applicable)
09/10/14	David Chun Contributor address; City; State; Zip Code		\$350.00	91
	600 Westbrook Dr.			1
	Austin, Texas 78746			
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
N/A		N/A		
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	
lfc	ontributor is out-of-state PAC, please see instr	uction guide forado	litional reporting	requirements.

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch 10	edule A:
2 FILER NAME		· · ·		thics Commission Filers)
William D	. Floyd			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
09/14/14	Sam Colleti		contribution (\$) \$100.00	description (if applicable)
	6 Contributor address; City; State; Zip Code			
	2504 Cedarview Dr.			
	Austin, Texas 78704		(if travel outside o	of Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See		
Attorney		Noelke Eng	lish Maples	<u>St. Leger Blai</u> r
Date	Full name of contributor 🛛 out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/18/14	Lance Cawthon Contributor address; City; State; Zip Code	· · · · · · · · · · ·	\$100.00	
	2515 Wilson			
	Austin, Texas 78704		(If travel outside o	of Texas, complete Schedule T)
	ation / Job title (See Instructions)	Employer (See	Instructions)	
Attorney		Walsh A	nderson Ga	
Date	Full name of contributor 🔲 out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/20/14	Brian Telano Contributor address; City; State; Zip Code	••••••••••••••••••••••••••••••••••••••	\$75.00	
	8206 Dixon Dr.			
	Austin, Texas 78745		(If travel outside o	of Texas, complete Schedule T)
Principal occup Nurse	ation / Job title (See Instructions)	Employer (See Seton H	nstructions) ealthcare	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
09/23/14	Robert Nellis Contributor address; City; State; Zip Code		contribution (\$) \$100.00	description (if applicable)
	11408 Woodland Hills Trl			
	Austin, Texas 78732			
Principal occup	ation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Consultar	1t	Experis		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
09/23/14	Lauren Schoenbaum		contribution (\$) \$100.00	description (if applicable)
	Contributor address; City; State; Zip Code	· · · · · · · · · · ·		
	2406 Briargrove Dr.			
	Austin, Texas 78704		(If travel outside o	of Texas, complete Schedule T)
Principal occup Lawyer	ation / Job title (See Instructions)	Employer (See The Sch		
lf c	ATTACH ADDITIONAL COPIES (ontributor is out-of-state PAC, please see instr			requirements.

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 10		
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)		
William D	. Floyd			
4 Date	5 Full name of contributorout-of-state PAC (ID#			8 In-kind contribution
09/23/14	Karen Bogisch		\$100.00	description (if applicable)
	6 Contributor address; City; State; Zip Code	· · · · · · · · · · ·		
	8616 Winterstein Dr.		1	
	Austin, Texas 78745		(If travel outside of	Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I		
<u>Attorney</u>		<u>Goldsmit</u>	<u>h & Bogisch</u>	1
Date	Full name of contributor 🔲 out-of-state PAC (ID#_		Amount of	In-kind contribution
09/24/14	John Rubin		s350.00	description (if applicable)
	Contributor address; City; State; Zip Code	· · · · · · · · · · · ·		
	1001 Kinney Ave.			
	Austin, Texas 78704		(If travel outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		
Attorney		Rubin La	aw Firm	
Date	Full name of contributor 🛛 out-of-state PAC (ID#:)	Amount of	In-kind contribution
09/24/14	Peni Ellis		\$350.00	description (if applicable)
	Contributor address; City; State; Zip Code	· · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	1303 Lorrain			
	Austin, Texas 78703		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
N/A		N/A		
Date	Full name of contributor 🛛 out-of-state PAC (ID#		Amount of	In-kind contribution
09/24/14	James Floyd		\$100.00	description (if applicable)
	Contributor address; City; State; Zip Code	•••••••		
	712 Norwalk Lane			
	Austin, Texas 78703			
Principal occur	pation / Job title (See Instructions)	Employer (See I		Texas, complete Schedule T)
Analyst		Stratfor		
Date	Full name of contributorout-of-state PAC (ID#)	Amount of	In-kind contribution
09/24/14	Andrew Weber		contribution (\$) \$100.00	description (if applicable)
• • • • • • • • • • • • • • • • • • • •	Contributor address; City; State; Zip Code			
	913 University Rd		1	
	Wimberley, Texas 78676		(If travel evide of	Terrer complete Cabadula Th
Principal occup	pation / Job title (See Instructions)	Employer (See I		Texas, complete Schedule T)
Attorney		Kelly, H	Hart & Hall	man, LLP
	ATTACH ADDITIONAL COPIES C			
	ontributor is out-of-state PAC, please see instr	uction guide foradd	iitional reporting r	equirements.

The	Instruction Guide explains how to complete this	e form.	1 Total pages Sch 10	edule A:
2 FILER NAME	<u> </u>	<u></u>		thics Commission Filers)
William D	. Floyd			
4 Date	5 Full name of contributorout-of-state PAC (ID#		7 Amount of	8 In-kind contribution
09/24/14	John Greenwood		contribution (\$) \$100.00	description (if applicable)
	6 Contributor address; City; State; Zip Code			
	8145 Jester Blvd.			
	Austin, Texas 78750		(If travel outside	of Texas, complete Schedule T
	pation / Job title (See Instructions)	10 Employer (See	Instructions)	<u> </u>
Banker		Frost Ba	ank	
Date	Full name of contributor Dout-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/24/14	Jean Latsha		\$100.00	
	Contributor address; City; State; Zip Code			
	5014 W. Frances Pl.			
	Austin, Texas 78731			I of Texas, complete Schedule T)
	oation / Job title (See Instructions) of Multifamily Finance	Employer (See I Tex. Dep		ing & Comm. Affair
Date	Full name of contributor)	Amount of	
09/24/14	Christopher Mugica		contribution (\$) \$100.00	description (if applicable)
	Contributor address; City; State; Zip Code	••••••		
	3107 Carnousty Street			I
	Round Rock, Texas 78664			f Texas, complete Schedule T)
Principal occup	Dation / Job title (See Instructions)	Employer (See I	Instructions)	
Attorney		Jackson	Walker, L	
Date	Full name of contributor 🛛 out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/25/14	.		\$100.00	
	Contributor address; City; State; Zip Code			ł
	2907 Rae Dell Ave.			1
	Austin, Texas 78704	· · ·		(of Texas, complete Schedule T)
Attorney	pation / Job title (See Instructions)	Employer (See Vtterbe	Instructions) rg Deery K	ר ו נות
Date	Full name of contributor 🛛 out-of-state PAC (ID#.		Amount of	
09/25/14			contribution (\$) \$100.00	
03/23/21	Contributor address; City; State; Zip Code			
	1910 Collier Street			
	Austin, Texas 78704			
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Managemei	nt		ry Senior	Liv <u>ing</u>
lf c	ATTACHADDITIONAL COPIES (contributor is out-of-state PAC, please see instr			requirements.

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
			10 3 ACCOUNT # (Ethics Commission Filers)	
2 FILER NAME William D	Floyd		3 ACCOUNT# (E	thics Commission Filers)
4 Date		<u>_</u>		
)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/25/14	Rob Latsha		\$100.00	
	6 Contributor address; City; State; Zip Code			
	5014 West Frances			
	Austin, Texas 78731		· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Financial	pation / Job title (See Instructions) Analvst	10 Employer (See) State of	•	
Date	Full name of contributor Out-of-state PAC (ID#_	<u> </u>	Amount of	In-kind contribution
09/25/14	Dallas Richard		contribution (\$) \$100.00	description (if applicable)
,,	Contributor address; City; State; Zip Code		+=00100	
	524 Dragon			
	Austin, Texas 78734			
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	of Texas, complete Schedule T)
Marketing	g Executive	Deloitt	e	
Date	Full name of contributor 🚺 out-of-state PAC (ID#_)	Amount of	In-kind contribution description (if applicable)
08/21/14	Jean Floyd		contribution (\$) \$100.00	
	Contributor address; City; State; Zip Code			
	2604 Tip Cove			
	Austin, Texas 78704		(If travel outside	 of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	instructions)	
Retired		N/A		
	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/09/14	Jean Floyd Contributor address; City; State; Zip Code		\$100.00	
	2604 Tip Cove			
	Austin, Texas 78704			
Principal occur	AUSCIII, TEXAS / 0/04	Employer (See I		of Texas, complete Schedule T)
Retired		N/A		
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
09/09/14	Jean Floyd		\$100.00	description (if applicable)
	Contributor address; City; State; Zip Code			
	2604 Tip Cove			
	Austin, Texas 78704		(If travel outside)	of Tex <u>as,</u> complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I		
Retired		N/A	_	
ļ				
l If c	ATTACH ADDITIONAL COPIES O ontributor is out-of-state PAC, please see instr			requirements.
	· · · · · · · · · · · · · · · · · · ·	G		

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:	
2 FILER NAME			10 3 ACCOUNT # (F	3 ACCOUNT # (Ethics Commission Filers)	
William D	. Floyd				
4 Date	5 Full name of contributorout-of-state PAC (ID#)	7 Amount of	8 In-kind contribution	
07/09/14	Amber Hausenfluck		\$100.00	description (if applicable)	
	& 50 ohtri Brior Longss Spicky gstat Rozo dod	101			
	Austin, Texas 78704				
			(If travel outside -	f Texas, complete Schedule T)	
9 Principal occuj	pation / Job title (See Instructions)	10 Employer (See	Instructions)		
Deputy Le	<u>gislative Director</u>	Senator	Van de Put	te	
Date	Full name of contributor 🔲 out-of-state PAC (ID#_		Amount of	In-kind contribution	
09/12/14	Mike Meroney Contributor address; City; State; Zip Code		contribution (\$) \$100.00	description (if applicable)	
	6901 Glen Ridge Dr.				
	Austin, Texas 78731		(if travel outside (of Texas, complete Schedule T)	
	pation / Job title (See Instructions)	Employer (See I	Instructions)		
Lobbyist_		Self-emp	loyed		
Date	Full name of contributor 🔲 out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
09/20/14	Frank Brame		\$200.00		
	Contributor address; City; State; Zip Code				
	3711 Binkley Ave.				
	Dallas, Texas 75205		(If travel outside	of Texas, complete Schedule T)	
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See)	Instructions) Elkins, I	LP	
Date	Full name of contributor Out-of-state PAC (ID#:	·	Amount of	In-kind contribution	
09/25/14	Steve Puryear	,	contribution (\$)	description (if applicable)	
09/23/14	Contributor address; City; State; Zip Code		\$100.00		
	800 West 5th				
	Austin, Texas 78703			of Texas, complete Schedule T)	
	pation / Job title (See Instructions)	Employer (See I	•		
Self-empl		Self-emp			
Date	Full name of contributor Dout-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	· · · · · · · · · · · · · · · · · · ·			4	
	Contributor address; City; State; Zip Code				
			(If travel outside	 of Texas, complete Schedule T)	
Principal occuj	pation / Job title (See Instructions)	Employer (See			
_	ATTACH ADDITIONAL COPIES (•••••••••••••••••••••••••••••••••••••••			
llfc	contributor is out-of-state PAC, please see inst	ruction guide forade	ditional reporting	requirements.	

The Instruction Guide explains how to complete this form. 1 Total process Schedule B: 2 FILER NAME 1 Willliam D. Floyd 3 ACCOUNT # (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES: 0 <th>PLEDG</th> <th>ED CONTRIBUTIONS</th> <th></th> <th></th> <th>SCHEDULE B</th>	PLEDG	ED CONTRIBUTIONS			SCHEDULE B
2 FILER NAME 3 ACCOUNT # (Ebics Commission Filers) William D. Floyd 4 TOTAL OF UNITEMIZED PLEDGES:	The	Instruction Guide explains how to complete thi	is form.		edule B:
4 TOTALOF UNITEMIZED PLEDGES: © © © © © © © § \$50.00 5 Date © Full name of pledgor out-of-state PAC(DD § \$ Amount of pledge (\$) § In-kind description (if applicable) 09/25/14 Jackson Beaman Floyd, Jr. ? ? Pledge address: City: State; Zip Code \$350.00 ? <td?< td=""> ? ?</td?<>	2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
S Date 6 Full name of pledgor out-of-state PAC (DPL 8 Anount of pledgo (\$) 9 In-kind description (if applicable) 09/25/14 Jackson Beaman Floyd, Jr. 7 Pledgo (\$) 3316 Moon Shadow Austin, Texas 78735 8 Anount of pledgo (\$) 9 In-kind description (if applicable) 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) (If taxel outside of Texas, complete Schedule T Date Full name of pledgor out-of-state PAC (DPL) Amount of pledge (\$) In-kind description (if applicable) Date Full name of pledgor out-of-state PAC (DPL) Amount of pledge (\$) In-kind description (if applicable) Date Full name of pledgor out-of-state PAC (DPL) Amount of pledge (\$) In-kind description (if applicable) Date Full name of pledgor out-of-state PAC (DPL) Amount of pledge (\$) In-kind description (if applicable) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind description (if applicable) Date Full name of pledgor out-of-state PAC (DPL) Amount of pledge (\$) In-kind description (if applicable) Date Full name of pledgor out-of-state PAC (DPL) Amount of pledge (\$) In-kind description (if applicable)	William	D. Floyd			
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10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Lobby1st Self-employed Date Full name of pledgor out-of-tate PAC (D#		Austin, Texas 78735		(If travel outside o	 of Texas, complete Schedule T)
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Date Full name of pledgor out-of-state PAC (ID#	Lobbyist		Self-emp	oloyed	
Pledgor address; City, State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor out-of-statePAC (D#	Date	Full name of pledgor out-of-state PAC (ID#:)		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor out-of-statePAC (ID#		Pledgor address; City; State; Zip Code			
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Pledgor address; City; State; Zip Code		· · · · ·		,	
	Date	Full name of pledgor out-of-state PAC (ID#			
		Pledgor address; City; State; Zip Code	e		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occu	Jupation / Job title (See Instructions)	Employer (See I	•	or rexas, complete Schedule 1)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		contributor is out-of-state PAC, please see inst			requirements. Revised 07/28/201

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Austin, Texas 78711-2070

(512) 463-5800 (TE

PULITICAL	EXPENDITURES		SCHEDULE F
	EXPENDITURE CATEGO		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wa Legal Services Solicitation/ Food/Beverage Expense Travel In D Polling Expense Travel Out	ages/Contract Labor /Fundraising Expense listrict Of District rhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committe OTHER (enter a category not listed above) m.
Total pages Schedule F: 4	2 FILER NAME William D. Floyd		3 ACCOUNT # (Ethics Commission File
1 Date	5 Payee name		· ·· ··· ·
07/08/2014	Austin Java Company		
S Amount (S)	7 Payee address; City; State; Zip Code		
\$243.46	1608 Barton Springs Dr.	, Austin, Tex	as 78704
B PURPOSE	(a) Category (See categories listed at the top of this schedule	e) (b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food/Beverage Expense	Food/d	drinks kickoff event
		Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	t Office held
Date 08/08/2014	Payeename Texas Democratic Party		<u> </u>
Amount (\$)	Payee address; City; State; Zip Co	de	. <u>.</u>
\$550.00	4818 E. Ben White Blvd,		stin, Texas 78741
PURPOSE OF	Category (See categories listed at the top of this schedul	Voter	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Solicitation/Fundraising	9 Check if A	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	t Office held
Date	Payee name		
07/14/14	VistaPrint		
Amount (\$)	Payee address; City; State; Zip Co		
\$203.19	www.vistaprint.com		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scheduk Printing Expense	T-Shir	(If travel outside of Texas, complete Schedule T) CTS ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	
Date 07/30/2014	Payee name Alt-Creative		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$216.50	2222 Western Trails Blvd		Cexas 78745
PURPOSE	Category (See categories listed at the top of this schedul	Description	(If travel outside of Texas, complete Schedule T) 1 Of push cards
EXPENDITURE	Printing Expense		≁ ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	t Office held

Austin, Texas 78711-2070

(TDD 1-800-735-2989)

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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/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor Lo ising Expense Tr Co rict	ban Repayment/Reimbursement cansportation Equipment & Related Expense portributions/Donations Made By Candidate/Officeholder/Political Committee
1000	The Instruction Guid		•	THER (enter a category not listed above)
1 Total pages Schedule F: 4	2 FILER NAME William D. Floyd			3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name			_ _
08/22/2014	Hotcards			
6 Angunt (\$)	7 Payee address 2400 Superior Ave	ate; Zip-Code 2., CIEVel	-	
	Printing Expense		Push ca	ards
-08/26/2014 8 PURPOSE \$105095 EXPENDITURE	(a) Category (See categories listed at the to WWW.Vistaprint.co	om .		travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	l <u>Printing Expense</u> Candidate/Officeholdername OH	•	Office sought	igns/stands Office held
Date	Payee name			
Amount (\$)	Payee address; City; S	tate; Zip Code		
PURPOSE OF	Category (See categories listed at the to	p of this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)
EXPENDITURE				
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	•	Office sought	Office held
Date	Payee name			
09/22/2014	Ashley Collins			
\$119 ^t .(\$)5	Payee address: Antonio	Street, Au		
00/05/0014	Contract Labor		Admin	work/analysis
	FedEx Category (See categories listed at the to www.fedex.com	p of this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	•	<u>Push</u> C Office sought	office held
Date	Payee name			
Amount (\$)	Payee address; City; S	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description (if t	raval outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	2	Office sought	Office held
	ATTACH ADDITIONAL	OPIES OF THIS	SCHEDULE AS NE	EDED

Austin, Texas 78711-2070

(512) 463-5800 (TD

POLITICAL	EXPENDITURES		
	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/I The Instruction Guide explains how to	ontract Labor aising Expense strict Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committe OTHER (enter a category not listed above) m.
Total pages Schedule F: 4	2 FILER NAME William D. Floyd		3 ACCOUNT # (Ethics Commission File
Date	5 Payee name		
) <u>8/12/2014</u> Amount (\$)	John Russell 7 Payee address; City; State; Zip Code		
1,000.00	www.therussellconsultinggr	oup.com	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consultant Expense	(b) Description (If travel outside of Texas, complete Schedu Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	t Office held
Date	Payee name	• • •	······
09/05/2014	John Russell		
Amount (\$)	Payee address; City; State; Zip Code		
\$300.00	www.therussellconsultinggr	oup.com	
PURPOSE	Category (See categories listed at the top of this schedule)	Description ((If travel outside of Texas, complete Schedule T)
EXPENDITURE	Consultant Expense	Consul	lting
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	
Date	Payee name		
09/09/2014	John Russell		
Amount (\$)	Payee address; City; State; Zip Code		
\$200.00	www.therussellconsultinggr	oup.com	
PURPOSE	Category (See categories listed at the top of this schedule)	Description ((If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Consultant Expense	Consu	lting
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	t Office held
Date	Payee name		
07/16/2014	Engage ATX		
Amount (\$)	Payee address; City; State; Zip Code		
\$100.00	www.engageatx.org		
PURPOSE OF	Category (See categories listed at the top of this schedule) Solicitation/Fundraising	Description (Membe	(If travel outside of Texas, complete Schedule T) TShip
EXPENDITURE			
EXPENDITURE Complete ONLY if direct expenditure to benefit C/4	Candidate / Officeholder name DH	Office sought	Office held

Austin, Texas 78711-2070

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POLITICAL	EXPENDITURES			SCHEDULE F
·····	EXPENDITU	RE CATEGORIES FOR BO		
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Contract Lab Solicitation/Fundraising Expe Travel In District Travel Out Of District	oor Loan Repaymen Inse Transportation E Contributions/Do Candidate/Of	t/Reimbursement quipment & Related Expense mations Made By fficeholder/Political Committe
Fees	Printing Expense	Office Overhead/Rental Exp		category not listed above)
Total pages Schedule F:	2 FILER NAME	ide explains how to complete		
4	William D. Floyd		3 ACCOU	NT # (Ethics Commission File
Date	5 Payee name			<u>_</u>
09/22/2014	Ampro Production	IS		
Amount (\$)		State; Zip Code		- <u></u>
\$1,634.58	7202 Smokey Hill	l Rd., Austin, T	'exas 78736	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the Printing Expense		scription (If travel outside of T ard signs	exes, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/(Candidate / Officeholder nar DH	ne Offic	e sought	Office held
Date	Payee name			<u> </u>
Amount (\$)	Payee address; City;	State; Zip Code		
	:			
PURPOSE OF EXPENDITURE	Category (See categories listed at the	a top of this schedule) Des	Cription (If travel outside of T	exas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/(Candidate / Officeholder nar DH	me Offic	e sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City;	State; Zip Code		<u></u>
PURPOSE	Category (See categories listed at the	e top of this schedule) Des	scription (If travel outside of T	exas, complete Schedule T)
OF EXPENDITURE				
Complete <u>ONLY</u> if direct expenditure to benefit C/(Candidate / Officeholder nar DH	me Offic	æ sought	Office held
Date	Payee name		- · · · · · · · · · · · · · · · · · · ·	·····
	+	Distan Zin Onda		······
Amount (\$)	Payee address; City;	State; Zip Code		
Amount (\$) PURPOSE OF EXPENDITURE	Payee address; City; Category (See categories listed at the		scription (If travel outside of T	exas, complete Schedule T)
PURPOSE OF	Category (See categories listed at the Candidate / Officeholder nar	s top of this schedule) Des	scription (If travel outside of T	exas, complete Schedute T) Office held