

# 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:  11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Valerie	MI M
	NICKNAME	LAST MENTALD	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	P.O. Box 140022, Austin, TX 78714		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	926-1369	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Cathy	MI M
	NICKNAME	LAST VARGAS RIVERA	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	1704 E. 14th St. Ste. 103, Austin, TX 78702		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	478-3090	
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	15	2014
11 ELECTION	Month	Day	Year
	11	4	14
12 OFFICE	OFFICE HELD (if any)		
	NA		
13 OFFICE SOUGHT (if known)	OFFICE HELD (if any)		
	City Council DIST 1		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

**14 C/OH NAME** Valerie Menard **15 ACCOUNT # (Ethics Commission Filers)**

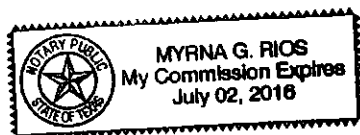
**16 NOTICE FROM POLITICAL COMMITTEE(S)**

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	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  <b>COMMITTEE ADDRESS</b>  <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 600
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2225
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 353.23
	4. TOTAL POLITICAL EXPENDITURES	\$ 1450.60
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 774.4
<b>OUTSTANDING LOAN TOTALS</b>	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.

*Valerie Menard*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Valerie Menard, this the 6 day of October, 20 14, to certify which, witness my hand and seal of office.

*Myrna Rios*  
Signature of officer administering oath

Myrna Rios  
Printed name of officer administering oath

Notary  
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:

6

2 FILER NAME

VALERIE MENARO

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/25/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

ARACELLI RIOS

7 Amount of contribution (\$)

\$50

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1600 BEACON ST, BROOKLINE, MA  
02446

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/21/14

Full name of contributor

☐ out-of-state PAC (ID#)

OLGA HERNANDEZ

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

14531 LA CUARTA ST, WHITTIER, CA  
90605

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/25/14

Full name of contributor

☐ out-of-state PAC (ID#)

DIANE VALERA

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1707 E 6TH ST, AUSTIN, TX 78702

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/18/14

Full name of contributor

☐ out-of-state PAC (ID#)

MARY E. SCRIBNER

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

13022 SILVER CREEK DR, AUSTIN, TX  
78727

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/22/14

Full name of contributor

☐ out-of-state PAC (ID#)

DR VN COMSTOCK

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3103 LOYOLA LN, AUSTIN, TX  
78723

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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:

6

2 FILER NAME

Viktorio Monard

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/23/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

JUAN RODRIGUEZ

6 Contributor address; City; State; Zip Code

1800 WHITE OAK LOOP  
ROUND ROCK, TX 786817 Amount of  
contribution (\$)

\$20

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/22/14

Full name of contributor

☐ out-of-state PAC (ID#)

CHRISTINE GRANADOS

Contributor address; City; State; Zip Code

608 TANYA ST  
FREDERICKS BURG, TX 78624Amount of  
contribution (\$)

\$50

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/19/14

Full name of contributor

☐ out-of-state PAC (ID#)

CATHERINE VASQUEZ-REVILLA

Contributor address; City; State; Zip Code

1704 E. 5TH ST  
AUSTIN, TX 78702Amount of  
contribution (\$)

\$100

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/20/14

Full name of contributor

☐ out-of-state PAC (ID#)

BERTHA MARTINEZ

Contributor address; City; State; Zip Code

2309 W. MULBERRY AVE  
SAN ANTONIO, TX 78201Amount of  
contribution (\$)

\$50

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/14

Full name of contributor

☐ out-of-state PAC (ID#)

ROBERT &amp; CAROL SANDOVAL

Contributor address; City; State; Zip Code

5611 WESTERDALE DR,  
FULLSHEAR, TX 77441Amount of  
contribution (\$)

\$25

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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: 6

2 FILER NAME

Viktor Montad

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7-22-14

5 Full name of contributor

☐ out-of-state PAC (ID#)

MARUS J. MONTAD

7 Amount of contribution (\$)

\$200

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

225 E ST NE #1014  
WASHINGTON, DC 20002

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

SELF-EMPLOYED

10 Employer (See Instructions)

Date

8-27-14

Full name of contributor

☐ out-of-state PAC (ID#)

LONDO PEREZ

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

126 COURTLAND CIR  
AUSTIN, TX 78737

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-15-14

Full name of contributor

☐ out-of-state PAC (ID#)

MELANIE THOMAS

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2904 HAWKS SWOOP DR.  
PLUGERVILLE, TX 78660

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-5-14

Full name of contributor

☐ out-of-state PAC (ID#)

JILL CHRISTINE KAMRIZ

Amount of contribution (\$)

\$200

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8309 PLAZA RD.  
AUSTIN, TX 78745

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

MANAGER

Employer (See Instructions)

KIND HEALTH CARE FORUM

Date

9-23-14

Full name of contributor

☐ out-of-state PAC (ID#)

HARRY MONTAD

Amount of contribution (\$)

\$200

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1109 S. STONEMAN AVE.  
ACHAMBA, CA 91801

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RA

Employer (See Instructions)

RETIRED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**PLEDGED CONTRIBUTIONS****SCHEDULE B**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule B:**2** FILER NAME**3** ACCOUNT # (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

**5** Date**6** Full name of pledgor☐ out-of-state PAC (ID#: \_\_\_\_\_)**8** Amount of  
pledge (\$)**9** In-kind description  
(if applicable)**7** Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

**10** Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor 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 pledgor

☐ out-of-state PAC (ID#: \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor 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 pledgor

☐ out-of-state PAC (ID#: \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor 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 pledgor

☐ out-of-state PAC (ID#: \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**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:

76

2 FILER NAME

V. Marko Monard

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/5/14

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

ESTEPANIA LEBARON

6 Contributor address; City; State; Zip Code

4304 KILGORE LN  
AUSTIN, TX 787277 Amount of  
contribution (\$)

\$15

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8/22/14

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

GLORIA SANDOVAL

Contributor address; City; State; Zip Code

300 WESTWOOD TERRACE  
AUSTIN, TX 78746Amount of  
contribution (\$)

\$50

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/22/14

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

BEVERLY POND

Contributor address; City; State; Zip Code

1809 MADISON AVE  
AUSTIN, TX 78767Amount of  
contribution (\$)

\$50

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/9/14

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

PETE RIVERA

Contributor address; City; State; Zip Code

5405 PROCK LN  
AUSTIN, TX 78721Amount of  
contribution (\$)

\$20

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-22-14

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

LUMA MUÑOZ

Contributor address; City; State; Zip Code

7513 DETAILING AVE, AUSTIN, TX  
78792Amount of  
contribution (\$)

\$15

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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:

76

2 FILER NAME

V. HORSE MONTARD

3 ACCOUNT (Ethics Commission Filers)

4 Date

8/11/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

LINDA WATER NELSON

6 Contributor address; City; State; Zip Code

116 W. EAGLE DR  
THE HILLS, TX 78738

7 Amount of contribution (\$)

\$150

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

7/15/14

Full name of contributor

☐ out-of-state PAC (ID#)

NORMA LOUISE FLORES

Contributor address; City; State; Zip Code

909 E. ARROYO TERR  
ALHAMBRA, CA, ~~91801~~ 91801

Amount of contribution (\$)

\$35

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/22/14

Full name of contributor

☐ out-of-state PAC (ID#)

GLORIA SANDOVAL

Contributor address; City; State; Zip Code

300 WESTWOOD TERR  
AUSTIN, TX 78746

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/17/14

Full name of contributor

☐ out-of-state PAC (ID#)

DOMINIQUE HERNANDEZ

Contributor address; City; State; Zip Code

8941 VALLEY VIEW AVE  
WHITTIER, CA 90605

Amount of contribution (\$)

\$20

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/18/14

Full name of contributor

☐ out-of-state PAC (ID#)

ERNESTINA F HERNANDEZ

Contributor address; City; State; Zip Code

8941 VALLEY VIEW AVE  
WHITTIER, CA 90605

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 ACCOUNT (Ethics Commission Filers)

2 FILER NAME

V. H. MONTRO

4 Date

8/22/14

5 Full name of contributor ☐ out-of-state PAC (ID#)

ROCHELLE GONZALES

6 Contributor address; City; State; Zip Code

8404 FARMDALE LN  
AUSTIN, TX 787497 Amount of  
contribution (\$)

\$100

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8/21/14

Full name of contributor ☐ out-of-state PAC (ID#)

LYNDON CONRAD-BELL

Contributor address; City; State; Zip Code

LAFAYETTE, CA 94549

Amount of  
contribution (\$)

\$20

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/21/14

Full name of contributor ☐ out-of-state PAC (ID#)

JENNIFER E. JEANES

Contributor address; City; State; Zip Code

8837 N. PLAZA CRT  
AUSTIN, TX 78753Amount of  
contribution (\$)

\$75

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/15/14

Full name of contributor ☐ out-of-state PAC (ID#)

RODOLFO MENDEZ

Contributor address; City; State; Zip Code

3111 GARWOOD ST  
AUSTIN, TX 78702Amount of  
contribution (\$)

\$100

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/6/14

Full name of contributor ☐ out-of-state PAC (ID#)

JULIE MENARD

Contributor address; City; State; Zip Code

4010 OAK BEND  
BRYAN, TX 77802Amount of  
contribution (\$)

\$100

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor 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>3</b>		2 FILER NAME <b>Valerie Menard</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>9-11-14</b>		5 Payee name <b>LA PAMA</b>			
6 Amount (\$) <b>40.03</b>		7 Payee address; City; State; Zip Code <b>6640 E. Hwy 290, Austin, TX 78723</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>CONVIVIAL EXPENSE</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>LUNCH</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Valerie Menard</b>		Office sought / Office held <b>CITY COUNCIL / DIST 1</b>	
Date <b>8-22-14</b>		Payee name <b>Bob Bullock Museum</b>			
Amount (\$) <b>8.00</b>		Payee address; City; State; Zip Code <b>1800 N. Congress Ave., Austin, TX 78701</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>TRANSPORTATION</b>		Description (If travel outside of Texas, complete Schedule T) <b>PARKING</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Valerie Menard</b>		Office sought / Office held <b>CITY COUNCIL</b>	
Date <b>8-8-14</b>		Payee name <b>Adon Office</b>			
Amount (\$) <b>70.96</b>		Payee address; City; State; Zip Code <b>9222 Bulwer Rd., Austin, TX 78758</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Meals</b>		Description (If travel outside of Texas, complete Schedule T) <b>BUS. MEALS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Valerie Menard</b>		Office sought / Office held <b>CITY COUNCIL</b>	
Date <b>8-21-14</b>		Payee name <b>Los Amigos</b>			
Amount (\$) <b>14.85</b>		Payee address; City; State; Zip Code <b>7535 Hwy 290 West</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>CONVIVIAL EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T) <b>LUNCH w/ Austin Am. Statesman</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Valerie Menard</b>		Office sought / Office held <b>CITY COUNCIL</b>	

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: <b>3</b>		2 FILER NAME <b>Valerie Menard</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>9-21-14</b>		5 Payee name <b>Ampro</b>			
6 Amount (\$) <b>\$400.00</b>		7 Payee address: City: State: Zip Code <b>7202 Smolen Hill RD., AUSTIN, TX 78736</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Printing</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Campaign Signs</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Valerie Menard</b>		Office sought <b>City Council</b> Office held	
Date <b>9-17-14</b>		Payee name <b>US Postmark</b>			
Amount (\$) <b>15.68</b>		Payee address: City: State: Zip Code <b>8225 PLEASANT DR., AUSTIN, TX 78710</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Solicitation / Fundraising</b>		Description (If travel outside of Texas, complete Schedule T) <b>STAMPS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Valerie Menard</b>		Office sought <b>City Council</b> Office held	
Date <b>9-15-14</b>		Payee name <b>ELITE TAX ASSESSOR</b>			
Amount (\$) <b>\$9.10</b>		Payee address: City: State: Zip Code <b>5501 AIRPORT BLVD, AUSTIN, TX 78751</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>VOTE BOUS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Valerie Menard</b>		Office sought <b>City Council</b> Office held	
Date <b>9-8-14</b>		Payee name <b>Ampro</b>			
Amount (\$) <b>500.00</b>		Payee address: City: State: Zip Code <b>7202 Smolen Hill RD., AUSTIN, TX 78736</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Printing</b>		Description (If travel outside of Texas, complete Schedule T) <b>CAMPAIGN SIGNS / POSTCARDS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Valerie Menard</b>		Office sought <b>City Council</b> Office held	

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: <b>3</b>		2 FILER NAME <b>Valerie Montano</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>9-8-14</b>		5 Payee name <b>Office Depot</b>			
6 Amount (\$) <b>47.63</b>		7 Payee address; City; State; Zip Code <b>816 TRAPP ST. AUSTIN, TX 78752</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Printing</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>POST CARDS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Valerie Montano</b>		Office sought <b>City Council</b> Office held	
Date <b>8-22-14</b>		Payee name <b>THE AMERICAN RESTAURANT</b>			
Amount (\$) <b>296.56</b>		Payee address; City; State; Zip Code <b>7535 Hwy. 290 EAST, AUSTIN, TX 78723</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Event Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>CHAIRMAN PARTY</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Valerie Montano</b>		Office sought <b>City Council</b> Office held	
Date <b>8-22-14</b>		Payee name <b>Office Max</b>			
Amount (\$) <b>46.98</b>		Payee address; City; State; Zip Code <b>4615 N. IHAR, AUSTIN, TX 78756</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Printing</b>		Description (If travel outside of Texas, complete Schedule T) <b>POST CARDS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Valerie Montano</b>		Office sought <b>City Council</b> Office held	
Date <b>7-30-14</b>		Payee name <b>MOBILE LLC</b>			
Amount (\$) <b>100.00</b>		Payee address; City; State; Zip Code <b>6010 W. ALAMOSA PT SE CROFTON, MI 49316</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>Web Page</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Valerie Montano</b>		Office sought <b>City Council</b> Office held	

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